# Kentucky's Annual Progress and Services Report for Federal Fiscal Year 2024, 2023 Submission

Child and Family Services Plan for Fiscal Years 2020-2024

# Contents

# Introduction

The Cabinet for Health and Family Services (CHFS/cabinet), Department for Community Based Services (DCBS/department) presents Kentucky's Annual Progress and Services Report (APSR) for 2023. This report was completed per the program instructions, ACYF-CB-PI-23-01. The department is the entity responsible for administering the state's statutes and regulations relating to child welfare. The APSR provides a comprehensive summary of Kentucky's commitment to achieve positive outcomes for children and families through a more comprehensive, coordinated, and effective child and family services continuum. The state checklist for submission is available as Attachment 1. The 2023 APSR submission can also be located at https://chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/cfsp.aspx.

## A. Agency Administration and Organization

The cabinet is the state government agency that administers programs to promote public safety and public health (see Attachment 2 for the cabinet's organizational chart). It is the largest of Kentucky's nine cabinets. The department remains the largest department within the cabinet (see Attachment 3 for the department's organizational chart). The department administers the state's array of protective and program support services to families including prevention activities and services to support family self-sufficiency, child protection, foster care, adoption, adult services, and many others. The cabinet's structure affords the department unique opportunities to collaborate and better coordinate with providers of mental health, developmental disabilities, and addiction services; health care providers of children with special needs; public health; Medicaid services, long-term care providers and aging services; school-based family resource centers; volunteer services; and income supports, such as child support. The department's direct service delivery is provided by nine service regions, which cover all 120 Kentucky counties. Each region, led by a service region administrator (SRA), implements the cabinet's programs, and manages resources to meet regional needs. The cabinet's organizational structure provides an opportunity to maximize resources, leverage additional funds, and evolve the overall child welfare service continuum in Kentucky. The cabinet also collaborates with other external state agencies and community resources to assist in providing efficient and timely services to families and children.

Reorganization occurred within the department in October 2018. With the reorganization, DCBS established new branches and sections within the Division of Protection and Permanency (DPP/division) and Division of Service Regions (DSR). These additions have allowed promotional opportunities for staff and have strengthened divisions by allowing improved workflow and processing. In addition, the reorganization consolidated the four family support service regions with the nine protection and permanency service regions.

A separate reorganization occurred in 2022 that created a new division within DCBS focused on prevention and community efforts. The Division of Prevention and Community Well Being (DPCW) houses three branches, Primary Prevention Branch, Community Response and Well-Being Branch, and Prevention Evidence-Based Practices Branch, that focus on primary, secondary, and tertiary prevention efforts.

## B. Legislative Updates

The 2023 Regular Session of the General Assembly ended on March 30, 2023. This was a short session, which occurs in odd numbered years. The General Assembly filed over 800 pieces of legislation, not including amendments. DCBS reviewed and tracked over 50 pieces of legislation and many amendments. DCBS worked with many stakeholders and partners in the development of legislation, supporting and urging passage of legislation, and causing concerning legislation to be thoughtfully considered and sometimes amended.

Pieces of legislation which passed both the House and Senate, and were signed into law by the Governor, included many bills to assist individuals and families served by the department and its programs – bills that support public assistance recipients transitioning out of assistance programs, close child abuse or neglect reporting loopholes, allow the department to conduct announced home visits when appropriate, strengthen protections for survivors of domestic violence and human

trafficking, increase crime victim compensation awards, restrict locations that registered sex offenders can go, and more. There were also concerning bills that passed this session that the department and cabinet will strive to implement in ways that continue to best serve the most vulnerable citizens of the commonwealth.

The following is a summary of legislation related to child welfare enacted during the 2023 session. Unless otherwise noted, the legislation will become effective in July 2023:

- Senate Bill (SB) 229, relating to child abuse, closes loopholes in cross-agency child abuse or neglect reporting and clarifies that child abuse or neglect reports should be made directly by the person who has first-hand knowledge of abuse or neglect and not their supervisors. SB 229 also allows cabinet attorneys to attend to the prosecution of dependency, neglect, and abuse cases upon written notice to the county attorney and judge, providing support to department social workers. Finally, SB 229 gives the department the option to conduct an announced home visit for child protective service cases that warrant an assessment.
- SB 79 created a new program similar to the address protection program, but with additional protections for survivors of domestic violence, rape, sexual assault, human trafficking, stalking, and other sex crimes. This bill also removes the requirement that survivors must have an emergency protective order to hide their address on public records.
- SB 110, relating to health care, includes that the Board of Nursing shall have the power to reprimand, deny, limit, revoke, probate, or suspend a license or credential to practice nursing if an individual has been listed on either the adult caregiver misconduct registry or has a substantiated finding or judicial finding of the abuse or neglect of a child.
- House Bill (HB) 3 affects the juvenile justice system in Kentucky, however, child welfare will also be impacted. The court system will involve local child protection via court requested activity, especially if a case moves to disposition.

Additional summaries of the 2023 regular session and legislation is available through the Kentucky Legislative Research Commission's (LRCs) website at: https://apps.legislature.ky.gov/record/23rs/record.html.

## C. Child Welfare Continuum and Ongoing Collaboration

During Kentucky's 2016 Child and Family Services Review (CFSR), Kentucky was found to be in substantial conformity with the systemic factor of Agency Responsiveness to the Community. One of the two items within this systemic factor was rated as a strength. Item 31, State Engagement and Consultation with Stakeholder Pursuant to CFSP (Child and Family Services Plan) and APSR, was an area needing improvement for the state. The CFSR final report noted lack of active engagement and ongoing consultation with key stakeholders in the development of the CFSP and annual updates included in the APSR. Coordination of CFSP services with other federal programs was rated a strength during the CFSR, as information gathered showed how the department actively coordinated with other agencies, including mental health providers, schools, housing services, and courts.

The department has made great strides toward improving engagement and consultation with stakeholders in the development of the CFSP, as well as the updates provided within this APSR. The department collaborated with many entities during the development of the 2020-2024 CFSP, including families, children, and community partners. For many years, the CFSP Stakeholder Continuous Quality Improvement (CQI) group met once or twice per year to discuss CFSR and CFSP activities, however, this group was not used to its fullest potential. The department was aware that more meaningful conversations were needed with these valuable partners to inform the CFSP and other department initiatives. In early 2018, the group met to discuss a realignment to ensure that meetings were beneficial to both the department and the stakeholders who participate. The group was reoriented to the true purpose of the group and discussed a meeting frequency that would meet the needs of everyone. After that discussion, the group began holding quarterly meetings facilitated by the Eastern Kentucky University (EKU) Facilitation Center. Meetings have included meaningful stakeholder input to inform the development of the CFSP, as well as assessing the implementation of current APSR and previous program improvement plan (PIP) initiatives.

The current CFSP Stakeholder CQI group invitee list includes, but is not limited to department staff to include frontline staff and supervisors, program staff, and leadership; the Administrative Office of the Courts (AOC); Department for Medicaid Services (DMS); Court Appointed Special Advocates (CASA); Division of Family Support (DFS); Prevent Child Abuse Kentucky (PCAK); the Department of Juvenile Justice (DJJ); the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID); Orphan Care Alliance (OCA); the Children's Alliance; Family Resource and Youth Service Centers (FRYSCs); parent representatives; Children's Justice Act (CJA) representatives; various service providers including those receiving Community-Based Child Abuse Prevention Program (CBCAP) funding; various partners from different universities, including the training resource consortium; Early Childhood Education; the Department for Public Health (DPH); foster and adoptive parents; and the Kentucky Department of Education (KDE). Current and former foster/adoptive youth are invited, however, are often unable to attend on a consistent basis due to time constraints.

An area of concern over the years has been in the inclusion of parents, youth, foster parents, and frontline staff in the group. In 2022, efforts to include parents with lived experience intensified. The department partnered with Kentucky Partnership for Families and Children (KPFC) to engage biological, foster, kinship, fictive kin, and adoptive parents. Separate monthly meetings are held to introduce and acquaint the new members to the CFSP Stakeholders CQI group in a smaller and less intimidating group setting. There is one department representative and one parent representative present at the meetings who can answer questions. All parents who attend monthly meetings along with the quarterly CFSP Stakeholder CQI meetings are eligible to receive a stipend. The department is working with the service regions, community partners, and participating parents to ask for assistance with getting more parental involvement.

Multiple foster/adoptive parents, frontline staff, and frontline supervisors participate in meetings and provide feedback. Feedback received noted that the meeting time was typically during school hours and not conducive for youth attendees. To allow for youth representation, the department has sought out a spokesperson, of the youths' choosing, to attend on their behalf to communicate and act as a liaison between the two groups. A successful feedback loop has been established with the representative attending both the Voices of the Commonwealth (VOC) meetings and the CFSP Stakeholder CQI meetings. The department works with the Chafee program administrator to assist with soliciting youth participation in the meetings. Youth who have participated in the past were selected from across the state and included youth from urban and rural areas, and diverse placement backgrounds ranging from foster care, relative placement, and residential placements. To improve the relationship between the two groups, starting in May 2023, the coordinator of the stakeholder meetings began attending the VOC meetings. This group has been provided with the meeting minutes, and discussions will focus on any questions they may have, as well as any feedback from those minutes. Discussion will also include how best to include them in Round 4 self-assessment and CFSR.

Although there are not federally or state recognized Native American tribes in Kentucky, the department continues to attempt to engage the two tribal groups within the state, the Southern Cherokee, and the Ridgetop Shawnee. The department has invited tribal representatives to upcoming and ongoing CFSP Stakeholder CQI meetings. The Ridgetop Shawnee contact was discovered to be fraudulent, as reported through media outlets. The Ridgetop Shawnee indicated that they would attend the April 2022 CFSP Stakeholder CQI meeting when contacted via email. However, their attendance was unable to be confirmed via the attendance roster from the meeting. Although there has been no further response from the tribal group, Kentucky will continue to reach out and to engage them in partnership attempts. The Southern Cherokee Nation has been contacted and the chief has stated that the tribe is unable to participate due to funding issues. The department continues to email the meeting agendas, invites, and meeting minutes prior to and following each meeting. The emails are not returned as "undeliverable," leading to the assumption that the tribes have received the information. The department will continue to invite the tribes to attend virtually in hopes that this will remove any barriers to participation. Additionally, the department has reached out to the faith-based community with an invitation to the CFSP Stakeholder CQI meeting.

To continue to encourage widespread and accessible participation, the department has held all CFSP Stakeholder CQI meetings virtually since the COVID-19 pandemic began, utilizing the Zoom platform. The most recent meeting occurred in April 2023. The department received positive, real-time feedback from the approximately 80 participants in attendance regarding the flexibility that the virtual meeting provided. The department is brainstorming ways to develop a hybrid-meeting model in the future which would allow participants to attend in person or virtually, thus providing opportunity for additional participants who have been previously unable to attend due to travel and other barriers. The department shares information related to the goals and objectives of the CFSP, as well as the PIP. At each meeting, information and updates are shared on CFSP goals to keep stakeholders informed of the department's progress towards the five-year plan, and feedback is solicited. There is also a portion of the meeting dedicated for the stakeholders to present information related to their programs and services, as well as their successes and challenges to the rest of the group. Additionally, information on how an organization is working with the department to assist with meeting the goals of the CFSP is shared.

Outside of the CFSP Stakeholder CQI meeting, the department collaborates with the above noted partners in numerous projects and activities. Data is shared and formal Comprehensive Child Welfare Information System (CCWIS), known in Kentucky as The Worker's Information SysTem (TWIST), data interfaces exist between many partners including KDE and AOC.

The CFSP Stakeholder CQI Group participated in the assessment of APSR and goals through review of relevant outcome data, assessing the current functioning of the child welfare system, and providing input into the development of goals and objectives at each meeting. Each meeting includes updates on selected CFSP activities, which includes presentations from department staff and stakeholders involved in those activities. Feedback is solicited during the meetings from the stakeholders through conversation and Zoom chat. Additionally, a survey, accompanied with up-to-date data, has been developed to send to all attendees yearly requesting feedback on the department's performance on the CFSP goals, CFSR outcomes, and CFSR systemic factors. The feedback and survey responses are shared with leadership and disseminated to program staff for discussion, possible integration into the work, and utilized in the department's assessment of progress. Data from the most recent survey is provided throughout this narrative.

Several concerns were noted by VOC and other foster youth and corresponding action was taken by the department to address their concerns.
1. Youth were unable to join the military reserves or National Guard without losing their commitment status and housing during the time they were in training.
   *Response: The agency worked with the courts and community partners which resulted in some youth being able to keep their apartment rent free. Others were provided with storage units and then assisted with obtaining new housing when they were about to return.*
2. There were no incentives associated with completing exit surveys.
   *Response: The agency now provides gift cards to youth who complete the surveys.*
3. Independent living youth that live on college campuses did not have the same supports as those who were living in the independent living sites.
   *Response: Now the youth living on campus can receive the same support as those living in the independent living sites (more frequent home visits).*
4. Concerns that some youth who were in not in compliance with the standards to maintain independent living status were terminated without notice, and some were being terminated with notice.
   *Response: All youth must be notified through the letter of intent to terminate. This provides an opportunity to appeal the termination. A probationary agreement to regain compliance is offered.*
5. Youth were unable to complete college within four to five years.
   *Response: Youth are now able to work on their education up to age 28 or 150 college credits, whichever comes first.*

The department collaborates with many entities, including DBHDID, the private childcare community, KDE, and AOC. Administrative interactions between the agencies are both formal and informal and include general coordination efforts and project-based discussions. Interagency data sharing is commonplace and essential for program improvement. Examples of specific community partner involvement includes, but not limited to local multidisciplinary team (MDT) meetings; regional and statewide interagency councils; PIP meetings; quarterly plan of safe care (POSC) meetings; Building A 21st Century DCBS meetings; Family First Prevention Services Act (FFPSA/Family First) meetings; quarterly private child-caring (PCC)/private child-placing (PCP) meetings; and CFSP Stakeholder CQI meetings. The most recent collaborative effort is the Building A 21st Century DCBS initiative spearheaded by former Commissioner Marta Miranda-Straub and carried on by current Commissioner Lesa Dennis. This initiative is based on "The Five Pillars" framework, the foundation of guiding principles that inform and shape the agency's policies and practices to achieve a 21st century DCBS. The pillars are 1. Racial, Social, and Economic Equity; 2. Health: Physical and Mental Health and Opioid/Substance Misuse; 3. Child and Family Support: Biological, Foster, Adoptive and Fictive; 4. Trauma, Resilience, and Engaged Healing: Clients and Staff; and 5. Operations, Implementation, and Evaluation.

DPP has its own racial equity team, with representation from most branches, including Out-Of-Home Care (OOHC), Adoption, Transitional Services, Child Protection, and Quality Assurance (QA). The team has primarily focused on learning to use the Government Alliance on Race and Equity (GARE) tool for critical functions. The GARE tool was used with the SDM® Intake Assessment Tool. Preliminary meetings with the Kempe Center to plan for use of the GARE tool in alternative response are also underway. This work began in 2023 and will continue into the next FFY. Implementation is currently underway; therefore, outcomes are not yet available to share.

Although goals are established to determine the effectiveness of the stakeholder meetings, the department currently does not have a way to measure the frequency and quality of the numerous collaborative meetings that take place within the child welfare system. This is a task the department plans to accomplish during this CFSP. Specifically, Goal 5: Objective 5.1: Increase the number and quality of CQI stakeholder meetings statewide by 5% by 2024, tasks the department with identifying and tracking the various stakeholder meetings that are occurring in the regions, as well as statewide. A formalized CQI feedback loop is the goal for stakeholder groups with a centralized point of contact. The agency solicits feedback through conversations with the stakeholders. The feedback is used to adjust as needed. The implementation of a new CQI tracking platform will assist with establishing a baseline and monitoring goals related to all CQI meetings and will assist with bi-directional feedback loops. Additional collaborative efforts between the department and stakeholders are outlined throughout the APSR and attached documents.

Item 32, the agency's responsiveness to the community system is functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population, which Kentucky received an overall rating of Strength in the 2016 CFSR Final Report, continues to be an area of strength. The department collaborates with other federally funded programs with shared populations in many ways, including the CFSP Stakeholder CQI group that meets quarterly. This is an opportunity for child welfare stakeholders to discuss concerns, barriers, and successes within child welfare.

Historically, Kentucky has recognized the importance and value of working in collaboration with community partners and other stakeholders. The State Inter-Agency Council (SIAC) for Services and Supports to Children and Transition-age Youth was created as a structure for coordinated policy development, comprehensive planning, collaborative budgeting for services, and supports to children and transition-age youth with or at risk of developing behavioral health needs and their families. SIAC's mission includes "Promoting healthy children across Kentucky: Building collaborative partnerships to promote children's social and emotional needs where they live, learn, play, and work." SIAC membership includes DBHDID, KDE, Council on Postsecondary Education, FRYSCs, AOC, DJJ, Subcommittee for Equity and Justice for all Youth, DMS, Vocational Rehabilitation, Kentucky Housing Corporation (KHC), Office for Children with Special Health Care Needs (OCSHCN), DPH, DCBS, Kentucky Special Parent Involvement Network (KY-SPIN), parent representatives, youth

representatives, and faith-based community representatives. Kentucky takes a very proactive collaborative approach to working alongside its stakeholders to serve its clients most efficiently and effectively. To ensure the mission of the SIAC is fulfilled statewide, each region has its own regional inter-agency council (RIAC) in place to carry out the duties of the SIAC regionally. Kentucky Revised Statutes (KRS) 200.501-501.509 outlines essential membership on the RIAC councils.

Staff turnover impacts every aspect of the agency's work. The turnover rate in 2022 with Protection and Permanency staff was 17.22% statewide. The urban regions, Jefferson (27.42%) and Southern Bluegrass (26.63%) service regions experienced higher turnover than other regions. It is anticipated that improved workforce stability leads to better collaboration, and more positive outcomes overall.

# I.     Annual Progress and Services Report

The goals for the 2020-2024 CFSP were developed in collaboration with the entities described above and throughout the narrative. The CFSP was developed by utilizing the areas needing improvement identified and work completed through the child welfare transformation initiative; additional requirements from the program instructions; targeted CFSR PIP activities selected for statewide expansion during the 2020-2024 CFSP; and other activities and initiatives that were identified to improve outcomes for families and children. Many of the objectives outlined below will affect multiple goals, however, were aligned under goals that will most likely receive the greatest impact.

The CFSP matrix for 2020-2024, with detailed task updates and necessary modifications, is available for review in Attachment 4.

## A. Accomplishments Regarding Goal One: Improve safety outcomes for children during all phases of child welfare intervention

Child safety is paramount and the foundation of child welfare practice. Kentucky is committed to ensuring children are, first and foremost, protected from abuse and neglect. When combining measurement periods for period under review (PUR) 6/2019-5/2020 to reflect a 12-month period for Item 1 (to ensure a sufficient number of cases), the department saw a decrease in timely initiation (61.49%). Although the department successfully met the PIP goal for Item 1 in the seventh measurement period, current data indicates room for improvement as the percentage dropped by over 10% from the PIP goal. In calendar year (CY) 2021, Kentucky remained below the PIP goal (73%), however small, incremental strides were made as evidenced with a 2.89% increase since last year's reporting, despite historical resource shortages experienced by the department during this time. In examining the decrease in scores related to Item 1, several barriers have been identified, including multiple unsuccessful attempts to locate families, lack of continued attempts to visit the family in a timely manner, the department not provided with a complete address for the family, impacts of COVID-19, the family actively avoiding contact with the agency, the child not residing in the home of the report, failure to initiate with all child victims, staff shortages, lack of timely assignment to investigative staff, child victim residing outside of the county of assignment, and the child refusing to be interviewed. In CY 2022, Kentucky closed out the PIP in the 43rd measurement period with a score of 72.15%, just .85% below the initial PIP goal. Although the PIP ended in October 2022, Kentucky continued tracking performance of non-PIP monitored items. Kentucky's final score in CY 2022 for Item 1 was 71.85, for the 03/21 – 12/21 PUR.

As demonstrated during the CFSR, PIP baseline data, and through ongoing PIP monitoring, the department initially struggled with conducting quality safety assessments (initial and ongoing) that address the safety of children served (CFSR Item 3). In 2021, targeted efforts to assist the regions and frontline staff in better determining regional performance were made. One example is the statewide supervisor meeting held in September 2021 and the follow-up meetings with individual regions for additional in-depth discussion. This allowed for question-and-answer sessions with Kentucky Child and Family Services Review (KY CFSR) staff and central office leadership to address barriers and concerns on Item 3, and any requested item-specific information. In CY 2022, Kentucky passed the PIP goal of Item 3 in measurement period 39 with a

score of 54%. Kentucky continued witnessing increased performance, closing out the PIP in the 43rd measurement period with a score of 58.46%. Although the PIP ended in October 2022, Kentucky continued tracking performance of non-PIP monitored items. Kentucky's final score in CY 2022 for Item 3 was 57.14, for the 03/21 – 12/21 PUR.

Results from the annual CFSP Stakeholder CQI survey, sent to over 150 invitees in April 2023, indicate that of the 63 survey respondents, 16 respondents (25.8%) strongly agree, and 36 respondents (58.1%) agree that the department is making the necessary progress (meeting major milestones within required timeframes) to meet CFSP Goal 1.

**Table 1**

| | CFSR | PIP Baseline PUR 09/17-02/18 Item 1 PUR 02/19-07/19 | 15th Measurement Period PUR 12/18-05/19 | 27th Measurement Period PUR 12/19-05/20 | 38th Measurement Period PUR 11/20-04/21 | Combined PUR 03/21-12/21 Includes PIP and non-PIP monitored |
|---|---|---|---|---|---|---|
| **Item 1\*** **PIP Goal- 73%** | 75% | 67.8% | 71.01%\*\* | 61.49%\*\*\* | 64.38% | 71.85%\*\*\*\* |
| **Item 3\*** **PIP Goal- 54.2%** | 60% | 49.44% | 35.00% | 28.89% | 51.67% | 57.14%\*\*\*\* |

\* Online Monitoring System-State Rating Summary
\*\* Combined PIP Measurement Periods 9 (PUR 6/18-11/18) & 15 (PUR 12/18-5/19)
\*\*\* Combined PIP Measurement Periods 21 (PUR 6/19-11/19) and 27 (PUR 12/19-5/20)
\*\*\*\* Includes PIP and non-PIP monitored

CFSP Goal 1 directly relates to the PIP's objective around the implementation of a safety model. The department continues to utilize the CFSP to fully implement, assess, and make needed modifications to the safety model. During the preparation activities for developing a safety model, it was apparent that implementing an already established and successful model would be the most efficient and sound decision and in the best interest of the families served by the department. While understanding this would push back the original start date, long-term goals were considered to ensure a quality assessment process. Evident Change (formerly known as the National Council on Crime & Delinquency/NCCD) and the department have worked diligently to develop a thorough and thoughtful implementation plan with long-term sustainability and client benefit, while adhering to PIP implementation timeframes.

The department initially struggled with conducting quality safety assessments that address the immediate needs of families served. Reported explanations for this include lack of staff time due to large caseloads, as well as the practice skill sets of the workforce, particularly when differentiating between safety and risk. Frontline supervisors are the gatekeepers of safety practice and quality work; therefore, it is crucial that supervisors have the practice skills necessary to assist staff in making appropriate safety decisions. Assessments conducted through PIP workgroups identified that modifications were needed to the department's standards of practice (SOP) to better support frontline staff in assessing safety and risk, to include the development and implementation of a stand-alone safety plan. SOP was modified and implemented on June 29, 2020. The department issued a web-based training (WBT) for the revised SOP for the safety, prevention, and aftercare plans to assist frontline staff in properly assessing safety threats and differentiating safety and risk.

Another barrier within the department surrounds the number of reports accepted for investigation which are subsequently unsubstantiated. This leads to larger caseloads for an already overburdened workforce and takes time and attention away from families who truly need services. To slow down the intake process and gather the information needed to make better decisions for assessing reports for acceptance, the department will need to enhance the skills of intake staff. This was accomplished through the implementation of the Structured Decision Making® (SDM®) Intake Assessment Tool. The intake assessment is consensus-based, meaning it is designed to operationalize SOP and statute in a decision support tool. Through training and practice guidance, intake staff can slow down the intake process to thoroughly review each intake to

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ensure each adequately meets acceptance criteria and have the supportive guidance to go through each section of intake criteria with specific definitions while evaluating the report. This will assist in decreasing the number of false positive acceptances (referrals incorrectly accepted for investigation), consequently reducing staff burden. Child protective services, according to various media outlets and many members of the public, either does not do enough to protect children, or does too much and oversteps boundaries. Through community education on safety initiatives and other changes to ensure the safety and well-being of children, public perception of the department's work is expected to improve. With additional and more accurate knowledge, communities served are expected to generate more appropriate referrals and promote the benefit of assisting families in need for the community.

**Implement an established safety model to include ongoing safety assessments through critical junctures of the case statewide by 2024.**
The implementation of an established safety practice model that is supported by effective and enhanced supervision and consultation will: 1) ensure children are only coming into OOHC when there is a true safety threat that cannot be controlled by department intervention; 2) provide a structured supervisory framework that promotes a "supervisor as safety monitor" culture; and 3) increase timely permanency by assuring children return home as soon as it is safe or are moving toward another permanency goal. Additionally, with an established safety model, frontline staff will gain greater skills in assessing for and identifying the difference in safety and risk, which will ultimately result in better outcomes for families and children. The safety model encompasses multiple tools to assist frontline staff in making structured, independent decisions during critical junctures of a case. In utilizing these tools, frontline staff should be able to effectively learn to mitigate safety threats and address risk factors.

A large portion of the department's safety model was implemented in late June 2020. Definitions of safety threats and risk factors; new safety plans, prevention plans, and corresponding SOP; and replacing the utilization review consultation with the new safety and risk consultation process were introduced. A WBT was developed in collaboration with the DCBS Training Branch and was launched for all DCBS staff. The components of the WBT have been incorporated into the new employee training.

During the PIP implementation period, the department finalized a contract and scope of work with Evident Change to implement the SDM® Intake Assessment Tool for child welfare on March 1, 2020. A virtual project kickoff was held on September 17, 2020, to communicate the project to multiple stakeholders, including frontline staff, court personnel, and other community partners. Moving into implementation, DCBS and stakeholders were involved with the customization of the intake tools.

Three separate focus groups were held with frontline staff, community stakeholders, and leadership the week following the kickoff, meeting on September 22, 23, and 24, 2020. During these focus groups, individuals were able to meet with Evident Change, ask questions, and learn more about each assessment. The safety model intake tool customization work group held its first meeting on October 16, 2020. The intake customization meetings were held on November 5, November 6, December 28, 2020, and January 27, 2021. The meetings consisted of individuals from Evident Change, central intake, and central office. During these meetings, the intake tool was drafted, and definitions were outlined to assist staff in making informed decisions throughout the intake process. The intake assessment was not final until the inter-rater reliability (IRR) testing was completed to ensure all edits were finalized and no other changes were necessary.

During PIP implementation, a communication plan was developed with the safety core team steering committee, which includes AOC staff. As a part of the communication plan, a letter signed by the DCBS commissioner was distributed to AOC staff in December 2020 for dissemination to family court judges across the state. Talking points were developed as a supplement to the judges' letter to provide regional leadership with a structured response to questions and comments they may receive from the judges. A new letter has been drafted and will soon be sent to AOC with updates on safety model implementation.

An IRR planning meeting was held on March 3, 2021. The next steps of IRR testing included the creation of case vignettes. IRR testing for central intake staff began on June 15, 2021, and concluded on June 29, 2021. Once the IRR data was analyzed by Evident Change, it was determined that no significant changes to the tool were needed. The customization process for the safety and risk assessment began Fall 2021 and has been completed. Evident Change finalized the intake assessment manual related to the intake assessment tool and submitted the manual to TWIST in December 2021 to begin automation of the tool. The SDM® Intake Assessment Tool was released for staff to use on April 2, 2022. The department has created a safety model CQI group to meet on a quarterly basis. The group consists of frontline staff, regional management, TWIST staff, and central office leadership, as well as various community partners, including AOC.

The Child Protection Branch completed revisions of SOP Chapter 2 to coordinate the changes that occurred with the new intake tool release and to better align with current regulations. Following an extended field draft review, SOPs 2.1, 2.3, 2.4, 2.6, 2.7, 2.14, 2.15.8, and 2.16 were finalized and released April 2, 2022.

The contract and scope of work with Evident Change also includes the implementation of the SDM® safety and risk assessments. Customization workgroups for safety and risk assessments began in July 2021. The tools were completed and approved by Evident Change in December 2021. IRR testing on the tools occurred December 8-23, 2021. Project leads met with Evident Change regarding the updates to the safety and risk assessment tools. On October 1, 2022, the SDM®: Safety Assessment tool and the Risk Assessment tool went live in TWIST. DCBS leadership met with Evident Change to create the Case Action Guide that will assist field staff with case decisions based on the results of the safety and risk assessments. DCBS will continue to communicate with and seek input from stakeholders on the implementation of the safety model.

To determine whether the implementation of SDM® has been successful in improving outcomes for families and children in Kentucky, the department will monitor the rates of repeat maltreatment within the state, as well as entry into OOHC. Data from the January 2023 CFSR 4 data profile indicates that Kentucky's recurrence of maltreatment risk standardized performance (RSP) is at a 14%, while the national performance is 9.7%. Within five years, the department's goal for the recurrence of maltreatment is to decrease below the national performance. Additionally, the department anticipates that data from the KY CFSR will show an increase in strength ratings for Item 3. PIP goals for Item 3 indicate that a score of 54.2% was required for successful completion. In five years, Kentucky's goal is to move beyond the PIP goal to 60%. In conjunction with the implementation of the safety model, additional work to further analyze cases where recurrence of maltreatment has occurred to identify missed opportunities and strategize ways to decrease recurrence in future cases is planned.

**Table 2: Recurrence of Maltreatment**

| | **February 2020 Data Profile RSP** | **February 2021 Data Profile RSP** | **February 2022 Data Profile RSP** | **February 2023 Data Profile RSP** |
|---|---|---|---|---|
| National performance: 9.5%↓ | FFY 17-18: 19% | FFY 18-19: 17.7% | FFY 19-20: 15.2% | FFY 20-21: 14.0% |

The department will continue to receive support and technical assistance from Evident Change throughout the implementation of the Goal 1 activities. An Evident Change project manager is specifically assigned to work with Kentucky's implementation of the safety model. Evident Change has developed an implementation timeline that will ensure goals are met timely. The intake assessment, scheduled to be fully implemented by January 2022, was released April 2, 2022. The department is updating the case review tool through the CQI safety workgroup. This tool will assist in the fidelity of the new SOP, practice guidance, and tools created for the safety model, as well as assist with ensuring there is effective transfer of learning for staff. The department will also incorporate evaluation tools to measure aspects of the department's comprehensive safety model into existing CQI structure for first and second level case reviews and CQI meetings. Evident Change's fidelity evaluation will continue for up to 18 months after the implementation of each tool.

The PIP safety work group leads, along with the DCBS Training Branch began meeting in September 2021 to develop a training plan for intake staff and supervisors, and frontline staff and supervisors. The DCBS Training Branch received a training of trainers (TOT) session in February 2022. This allowed DCBS Training Branch staff time to create and implement trainings for frontline staff of the intake assessment. Evident Change trained central intake staff on the SDM® intake assessment tool March 8-18, 2022. The DCBS Training Branch provided 29 training sessions around the SDM® Intake Assessment throughout the month of April 2022 to all Kentucky frontline staff and supervisors to ensure all staff understand the intake assessment and updated policies.

DCBS partnered with Evident Change and EKU to develop and deliver the professional development training for the SDM®: Safety & Risk Assessment Application P&P. On July 6, 2022, Evident Change provided detailed training curriculum as outlined in the SDM® contract. This curriculum included training materials and specific detailed information for the TOT.

Evident Change conducted a TOT for the EKU Training Branch and SDM® project leads on July 19-21, 2022. The EKU Training Branch conducted multiple trainings sessions for groups of 25-30 from July 26-September 30, 2022. Live mandatory Zoom trainings were separated into two categories, two-hour worker trainings and two-and-a-half-hour supervisor trainings. The trainings were conducted synchronously at scheduled times for staff to receive training credit. SDM® project leads assisted with presenting information on TWIST changes to ensure knowledge and understanding of the updates to the case management system and the policy that supported the changes.

On October 1, 2022, the SDM®: Safety Assessment tool and the Risk Assessment tool went live in TWIST. Updated changes to incorporate the two SDM® tools and new SOP were also released on this date.

Evident Change provided post-implementation support to DCBS over the course of many meetings to answer direct questions related to the assessments, as well as support in providing information to stakeholders. On January 8, 2023, the project manager from Evident Change assisted DCBS in presenting updates regarding this implementation to the Kentucky County Attorney Association Winter Conference. Updates and changes within the department were shared to help bridge communication lines between the department and local county attorneys across the state.

**Populations at Greatest Risk of Maltreatment**
Reviews of fatality and near fatality cases indicate the leading cause of fatalities and near fatalities continues to be accidental overdose/ingestion (six instances), tied with medical neglect, and head injury/trauma. The leading cause of death and near death in physical abuse cases is gunshots (five instances). Department data shows that children four and under represent the largest number of near fatal and fatal incidents, including both neglect (23 instances) and physical abuse (eight instances).

The department will continue to work toward incorporating efforts to address neglect by accidental overdose/ingestion by strategizing around preventative efforts. The department continues to utilize expert pediatric forensic guidance from the University of Louisville (UofL) to assess child abuse cases. As part of ongoing efforts, in 2022, the department continued to operate targeted case reviews for children ages four and under with a physical abuse subprogram. The four and under reviews are assigned monthly to the Child Protection Branch within the division. The Child Protection Branch completes approximately 50 reviews monthly, utilizing a statewide random sample. The review consists of questions around ensuring all household members are assessed, as well as questions about medical treatment and collateral interview completion. There are also questions that clarify if an aftercare plan was developed with a family on cases that were substantiated and closed.

Kentucky works with service providers to link families to appropriate services to match the needs identified during the risk assessment. Common services that are developmentally appropriate for this age group include First Steps, Kentucky Health

Access Nurturing Development Services (HANDS), and early childhood education. These services are provided within most communities throughout the state and link families through a referral process and ongoing support from growing community partners. Other services that may be matched to families for this age group, depending on the presenting maltreatment, include Sobriety Treatment And Recovery Teams (START), Kentucky Strengthening Ties and Empowering Parents (KSTEP), Targeted Assessment Program (TAP), and other in-home services to address low to moderate risk of harm. More information on these services can be found in Attachment 11. Service Array Index and throughout this narrative.

## B. Accomplishments Regarding Goal Two: Ensure that appropriate services are available that expand prevention continuum and are provided to meet the needs of families and children in Kentucky

CFSR findings indicated that Kentucky was not in substantial conformity and needed improvement regarding well-being outcomes and the array of services available to families (Systemic Factor 5, Item 29 Service Array, and Item 30 Individualization of Services). Service provision within the state has historically lacked regarding ensuring that families experiencing addiction have affordable and quick access to needed treatment for substance misuse. Additionally, there has been a lack of prevention services to assist families in the home and prevent unnecessary removal.

Item 2 (services to family to protect child(ren) in the home and prevent removal or re-entry into foster care) only had 67% of applicable cases rated as a strength during the CFSR. PIP baseline data shows a further decrease, with only 54.9% of applicable cases rated as a strength, and continuously low scores on this item throughout the PIP measurement periods, with a 28.79% after combining measurement periods 21 and 27 (to ensure a sufficient number of cases). In 2021, targeted efforts were made to assist the regions and frontline staff in better determining regional performance factors. One example is the statewide supervisor meeting held in September 2021 and the follow-up meetings with individual regions for additional in-depth discussion. This allotted for question-and-answer sessions with KY CFSR staff and central office leadership to address barriers and concerns on Item 2, and any requested item-specific information. Although the 38th measurement period (46.67%) and 03/21-12/21 PUR (59%), shows increases for Item 2, Kentucky did not meet the goal during the PIP period.

Item 12 (needs and services of children, parents, and foster parents) only had 34% of cases rated as a strength during the CFSR. Although scores increased during the PIP baseline, a significant decrease was noted in the 27th measurement period. Kentucky has experienced significant improvements in Item 12 during the last CY. As a result, Kentucky was able to meet its PIP goal in the 35th measurement period. Since then, Kentucky has continued to see increases in Item 12 scores during the 38th measurement period (49.44%) and 03/21-12/21 PUR (51.11%).

Results from the April 2023 CFSP Stakeholder CQI survey indicate that of the 63 survey respondents, 20 (32.3%) indicated they strongly agree that the department is making the necessary progress (meeting major milestones within required timeframes) to meet CFSP Goal 2. Additionally, 51.6% (32 respondents) indicated they agree with the department's ability to make progress.

Table 3

| | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 Includes PIP and non-PIP monitored |
|---|---|---|---|---|---|---|
| **Item 2 PIP Goal-63.8%** | 67% | 54.9% | 30.77%* | 28.79%** | 46.67%** | 59%*** |
| **Item 12** | 34% | 40.78% | 36.11% | 24.44% | 49.44% | 51.11%*** |

| PIP Goal-45.5% | | | | | | | |
|---|---|---|---|---|---|---|---|

Online Monitoring System-State Rating Summary
* Combined PIP Measurement Periods 9 (PUR 06/18-11/18) & 15 (PUR 12/18-05/19)
** Combined PIP Measurement Periods 21 (PUR 06/19-11/19) and 27 (PUR 12/19-05/20)
*** Includes PIP and non-PIP monitored

During the CFSR, Kentucky was not in substantial conformity with the systemic factor of Service Array and Resource Development, as neither factor was rated as a strength. Item 29 was identified as an area needing improvement for the state based upon information gathered during the CFSR. Findings concluded that services were not adequate and accessible to all families and that waitlists and cost were areas of concern. The individualization of services, Item 30, was also identified as an area needing improvement. Concerns noted during the CFSR included the use of standardized plans which did not address the unique needs of families, the inability of relative caregivers to equally access services available to foster parents and birth parents, waitlists, lack of services, and the utilization of available services rather than *needed* services. Through PIP strategies, the state has implemented nine POSC pilot sites. These sites have monthly meetings with community partners and use a portion of these meetings to collaborate around resources available to those families being served.

Specific services available to relative caregivers in Kentucky are accessible through the Kentucky Kinship Information, Navigation, and Support (KY-KINS) program, a new addition to the agency's service array as of April 2021. Kentucky has placed an intensive focus on relative and fictive kin caregivers and building their caregiver capacity. As a part of the service array, a new foster care approval type was developed. The child-specific foster type implemented certain training and non-safety waivers regarding approval requirements. Resources to support relatives and fictive kin were added to the Kentucky Foster Adoptive Caregiver Exchange System ([KY FACES]). This site was originally a hub for foster parents and contained a portal for those families to gather information and resources.

On May 4, 2020, Kentucky realized its largest number of children in OOHC at 10,047[*]. To safely decrease this number, the state service array has continued to expand the prevention continuum. Prevention services to address substance abuse in the home, in addition to other high-risk behaviors, are necessary to ensure children can remain safely in the home and avoid the additional trauma associated with removal. During the 2016 CFSR self-assessment, transportation was identified as one of the barriers to families receiving crucial services to prevent removal. In-home services such as START and KSTEP, which provide services in the home or assist with transportation when needed, have shown great success within select areas of the state. KSTEP utilizes the In-Home Services Database to track child placement for KSTEP served cases, allowing for the number of children remaining in their home of origin to be tracked. KSTEP is utilized for moderate to imminent risk cases involving substance use as a primary risk factor. Without service provision, there is a high probability the cases will result in a removal, due to the program serving families at greater risks for children under ten years of age and parental substance misuse. For utilization, there are ongoing discussions at the KSTEP monthly meetings that referrals are being made on all eligible cases to ensure that the program is utilized adequately. To increase greater geographic availability, KSTEP was expanded into two additional regions (Cumberland and Salt River Trail), for a total of three regions in Kentucky during CY 2022. KSTEP expansion is based on available state and/or federal funding received.

In 2022, KSTEP program administrators worked with DCBS contract monitors to develop a new targeted case monitoring tool for KSTEP providers. This new tool will be used to guide program performance improvements. During the CY, DCBS also completed quarterly case reviews for fidelity monitoring of evidence-based practices (EBPs). DCBS provides feedback and action steps for providers to improve service delivery.

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*Kentucky typically sees an increase in OOHC at this time of the year and courts were closed due to the COVID-19 pandemic, preventing hearings and case closures that would result in children exiting OOHC.

| June 2, 2019 | June 7, 2020 | May 2, 2021 | May 1, 2022 | May 07, 2023 |
|---|---|---|---|---|
| 9,875 | 9,950 | 9,156 | 8,760 | 8,607 |

TWS-W058 Foster Care Fact Sheet

CFSP Goal 2 enhances the strategies already outlined within the PIP around service array, which addresses collaboration with mental health providers to improve the quality of services as related to substance misuse, increasing community supports to improve the quality and frequency of parent-child visitation, and ensuring services for relatives and fictive kin. Expanding prevention services statewide, as well as implementing an alternative response for low-risk families, will complement the work in the PIP and move the state toward providing more quality services to families.

For additional, detailed information on Kentucky's service array, please see Attachment 11. Service Array Index.

**Expand prevention services statewide 12% by 2024**
Kentucky became an early implementer of FFPSA in October 2019. In preparation for implementation, the department conducted a service array analysis which showed that in some areas of the state, many families and children were receiving contracted in-home services; however, various gaps in service provision still existed. For instance, data from the analysis showed that the Eastern Mountain Service Region had 2,011 families served by a contracted services provider in 2018, while only 706 families in The Lakes Service Region received services from a contracted service provider. Data also showed that the availability of contracted services within each region varies. One example is service provision from START and KSTEP, both of which are only available in select areas within the state, however, have shown high rates of success in those areas. Service delivery is affected by many factors, including referral and provider capacity.

In addition to the initial regional forums held in all nine service regions, Kentucky partnered again with Kentucky Youth Advocates (KYA) and AOC to provide an implementation update to state leaders and stakeholders. Forums, Family First Prevention Services Act Implementation: 12 Months Later, were held in October and November 2020. The kick-off occurred in October 2020, with an implementation update forum for state leaders. This forum included remarks by Kentucky Lieutenant Governor Jacqueline Coleman, Cabinet Secretary Eric Friedlander, and Kentucky Supreme Court Justice Debra Hembree-Lambert.

Following the forum for state leaders, forums were held in each of the nine DCBS service regions, including presentations from DCBS, DBHDID, and a family court judge local to each specific region. Topics included increased funds spent on prevention services, data on families served, state fiscal year (SFY) 2020 outcome data, prevention expansions, and prevention service provision. Topics also included an update on the implementation of qualified residential treatment programs (QRTP), including statewide and regional numbers of children in OOHC, statewide and regional numbers of children in congregate care settings, statewide and regional numbers of children placed outside of their home region, QRTP capacity, and statewide and regional foster home numbers.

The department submitted its FFPSA five-year prevention plan in August 2019. Through continued collaboration with Chapin Hall and the Children's Bureau, Kentucky received approval of the plan in April 2020. Additionally, Kentucky received an award notice for funds through the Family First Transition Act (FFTA) to assist with the implementation of FFPSA and to serve as a bridge between the previous title IV-E waiver demonstration and FFPSA. The department received FFPSA Certainty Grant funds in April 2021, for which planning is underway regarding the use of these funds. The current amount of this grant is $3,003,300. This grant amount can be adjusted based on the state's IV-E claiming, but it must be used by 9/30/2026. It can also be used to support implementation of Family First services. FFTA and Certainty Grant funds are one time funding. Therefore, there must be a plan for sustainability of any expansions funded utilizing these funds. With additional state general fund appropriations supporting Family First prevention program expansion in this budget biennium (FPP and KSTEP), these funds could be used to support further expansion in SFYs 2024 and 2025. This would leave the

department well positioned when the federal reimbursement for IV-E prevention services increase on October 1, 2026. Another option is for the expansion of community response if the evaluation demonstrates positive outcomes. This option is dependent upon a plan to amend the IV-E Five-Year Prevention Plan. Finally, a third option would be to use these funds as flex funds to help support any Family First programming that does not have flex funding specifically built in to EBPs.

An amendment to Kentucky's Five-Year Prevention Plan was submitted in December 2020 to add High-Fidelity Wraparound (HFW) to Kentucky's service provision, along with expanded use of Motivational Interviewing (MI) and has been approved. Kentucky submitted another amendment to the plan in March 2021, to request the addition of another EBP, Intercept®. In 2020, additional contracting occurred to target and serve children at risk for congregate care placement, implementing Functional Family Therapy (FFT), MI, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Additionally, a Five-Year Prevention Plan Amendment was approved in December 2021, adding Intensive Care Coordination using HFW and expanded use of MI. MI was approved for use in all three EBP categories: in-home skill-based parenting, mental health, and substance use, and for use by child welfare workers.

DCBS partnered with DBHDID in serving families in The Lakes Service Region. DBHDID is the recipient of a System of Care (SOC) grant, where collaboration has occurred to serve a target population congruent with Kentucky's FFPSA foster care candidacy population.

In January of 2023, a third pilot began in Southern Bluegrass service region with KVC. A second Five-Year Prevention Plan Amendment was approved in September 2022, adding Intercept® as an EBP. Intercept® is an EBP through Youth Villages. During CY 2022, Intercept® piloted in Cumberland, Southern Bluegrass, and The Lakes service regions.

DCBS received an additional $20 million appropriation of state general funds to be utilized for prevention services in SFY 2022. In CY 2022, DCBS completed a request for proposal (RFP) process for the Family Preservation and Reunification Program (FPRP), which included adding an additional 25% of funding statewide and increasing flexible funding to meet concrete needs from $500 to $1,000 per family. Additionally, the agency received an additional $10,000,000 in funding for SFY 2023, and an additional $10,000,000 in funding for SFY 2024 with the agency's biennium budget and to be use for the Family First programs.

Kentucky has a remaining balance of $6,519,207 FFTA funds. Planning will occur in the first half of SFY 2024 to determine use of the remaining funding, which may include expanding current prevention services or training in additional IV-E EBPs. Funding use will require timely obligation of contracts, providers, or trainers/purveyors, and spenddown will be dependent on provider and DCBS staff program implementation, and EBP trainer/purveyor availability.

*Continuous Quality Improvement (CQI) and Fidelity Measures*
A consistent, statewide CQI process will be utilized to monitor fidelity to the interventions and achievement of intended outcomes by the well-supported EBPs. CQI processes may also measure additional performance outcomes to the extent possible, such as families' experiences and/or satisfaction with the programs or treatment models included in the candidates' child-specific prevention plan.

Intervention fidelity will be monitored at several levels to determine outcomes achieved: 1. Provider-level adherence to intervention model purveyor fidelity activities; 2. Case reviews administered by program staff to ensure intervention specific fidelity; and 3. State-level interagency collaboration to refine and improve processes. Executing all necessary protocols to monitor and promote fidelity, and collaborating with the department for well-supported interventions, in the implementation of case reviews, quarterly meetings, and focus group participation were added to provider contracts in SFY 2021.

Data collected through model-specific databases, such as TWIST and the In-Home Services Database, case reviews, and focus groups, will be used to determine intervention-specific outcomes by region and provider, as well as statewide aggregate findings on key outcomes, such as rates of entry into foster care and sustained reunification. The various intervention modalities come with their own evaluation methods, such as the North Carolina Family Assessment Scales (NCFAS) assessment. This is one piece of the intervention which provides a comprehensive service assessment of family functioning and determines service needs.

The use of quantitative and qualitative fidelity monitoring tools, (i.e., case review tools, interviews, surveys, and focus groups) will assist to determine the extent to which delivery of EBPs adhere to established program models and achieve desired outcomes. Kentucky currently implements EBP fidelity monitoring case reviews, collecting quantitative data to assess the fidelity of EBP implementation. Kentucky is also partnering with Chapin Hall through the University of Chicago in CY 2023 to determine outcomes of EBP delivery, including identifying and assessing the proximal and distal outcomes for each EBP. Kentucky is in the early stages of planning for the collection and assessment of qualitative data.

This would include collecting and aggregating agency-level data on:
- Staffing, training, and supervision;
- Appropriateness of client;
- Activities of the service, i.e., type, dosage, adherence to delivery requirements, assessments, etc.;
- Implementation of a CQI process that includes using information from fidelity monitoring to identify, implement, and monitor performance improvement strategies;
- Encouraging provider agencies to conduct their own internal CQI activities to monitor progress on EBP fidelity and other key performance indicators; and
- Convening quarterly regional meetings with internal and external stakeholders to discuss progress and to plan and monitor improvement strategies.

In CY 2022, DCBS continued to collaborate with Chapin Hall with the continuation of Family First CQI infrastructure, CQI processes, case reviews, and data use. The measurement framework continues with implementing and evaluating Family First prevention services, including capacity, reach, fidelity, and outcomes. Framework activities occurring in CY 2022 includes identifying capacity needs from the DCBS survey that occurred in CY 2021, and the focus group with contracted providers facilitated by Chapin Hall in CY 2022, implementation of a broader CQI infrastructure, and the development of the ad hoc Reach report. The broader infrastructure includes continued quarterly case reviews for one year, exploration and integration of CFSR items relevant to Family First, formalizing an improvement process for case review that captures strengths and needs during debriefings with providers, DPCW attendance at monthly CQI specialist meetings, and regional CFSR review outcome meetings on items relevant to Family First CFSR items. DCBS worked with TWIST to streamline the Prevention Service Referral draft and the integration of SDM®.

Data from fidelity monitoring case reviews is entered, stored, and pulled utilizing Microsoft Forms, managed by Information and Quality Improvement (IQI) Unit staff, with a transition expected to data staff within the new DPCW. Fidelity monitoring case review outcomes are reviewed each month in specific agency debriefings, including identification of action steps for areas where fidelity is not met. Outcomes are also shared quarterly at Family First CQI Stakeholder meetings. The majority of cases reviewed meet fidelity for education requirements, basic training, appropriateness of the intervention, and service activities. Advanced training activities are often the areas of need/improvement, which may be related to provider turnover experienced and the longevity of employment. In SFY 23, all Family First prevention providers raised salaries to competitive rates, increasing opportunities to mitigate this challenge. Additionally, regarding outcomes, DCBS is partnering with Chapin Hall to assess the outcomes of Family First, broadly, and specific to proximal and distal EBP outcomes.

Another broader infrastructure item is the creation of the ad hoc Reach report in advance of a Reach Dashboard that will assess each Family First prevention service. The ad hoc Reach report will identify trends from the Family First case reviews

and see cases reflected in the data. The ad hoc Reach report provides assessment of children eligible, actual children referred, gatekeeper and provider response to referrals, and EBP referred/received. The report will be disaggregated by race, ethnicity, age, and region to assess for capacity and trends in data. There remains continued discussion with DSR CQI specialists on second level case reviews.

DCBS' partnership continued with Dr. Brandy Kelly Pryor of BKP Strategies, DBHDID, and the SOC Five grant. In SFY 2022, Dr. Kelly Pryor completed the Race and Equity Audit. The purpose of the audit was to assess the design and implementation of the FFPSA, ensure cultural responsiveness, and avoid disproportionality and disparity in services. Dr. Kelly Pryor facilitated a small workgroup on the Racial Equity Impact Assessment (REIA) including the *5 Whys to Implementation Practices* at the January 2022 Family First quarterly stakeholder meeting. BKP Strategies completed the qualitative pieces of the assessment but was unable to incorporate recommendations into the FFPSA CQI process. The draft audit findings and recommendations are in the process of internal review. Building capacity within staff to review data may be indicative of disparate outcomes. A new data sharing agreement was finalized in December 2022, and the data was shared in February 2023. The IRB approval occurred in February 2023. An anticipated findings report of the audit following the data analysis will occur during CY 2023.

There will be a continued need for technical assistance from Sivic Solutions Group (SSG) and Chapin Hall, as EBPs are implemented and integrated into the overall CQI and evaluation process to monitor continued progress. In addition, SSG and Chapin Hall's partnership and guidance will increase investment in prevention services, improve timeliness to appropriate permanency, decrease foster care expenditures, and decrease staff caseloads. Kentucky's development of processes and systems for CQI strategy for well-supported interventions largely compliments the revitalization of the department-wide CQI process, with similar opportunities for regional meetings, stakeholder engagement, and a feedback loop that integrates fidelity monitoring from data collected using individual EBP fidelity case review tools. Chapin Hall is working closely to align and integrate components that include an overall approach to the statewide CQI, FFPSA CQI, and FFPSA evaluation processes.

*Family Preservation Program (FPP)*
FPP contracts were expanded in March 2019 to serve additional families, and again in April 2020 to serve families, train for EBPs associated with FFPSA, and address issues of provider capacity through increasing staff salaries and increasing retention. In CY 2021, DCBS initiated an RFP process for FPP, which included adding an additional 25% of funding statewide, in addition to increasing flexible funding to meet concrete needs from $500 to $1,000 per family. FPP expanded further in CY 2022 to serve additional families through an open solicitation, allowing for providers to submit proposals including budgetary needs to address barriers to staffing capacity. Additionally, the agency's budget biennium request included an ask for an additional $11,491,000 in funding for SFY 2023, and an additional $16,323,000 in funding for SFY 2024.

Kentucky is involved in and has prioritized upstream efforts towards primary and secondary prevention, including enhancing community involvement efforts through involvement in Thriving Families Safer Children, Kentucky's implementation of a Prevention Collaborative for primary and secondary prevention, a state plan for primary and secondary prevention, and regional collaboratives and plans for primary and secondary prevention. Prior to Family First implementation, Kentucky also engaged community providers in a readiness assessment, which aided in the initial State Title IV-E Five Year Prevention Plan submission and initial IV-E EBP selection. In consideration of funding use to expand the service array of EBPs available, re-engaging community partners would provide an opportunity to assess gaps in current service provision. This is also aligned with Kentucky goal to amend the foster care candidacy definition to include families without ongoing DCBS involvement through leveraging existing interventions being used in Kentucky communities.

For FPP, the number of children remaining in their home at closure, three months, six months, and 12 months is tracked in the In-Home Services Database. Follow-ups include an assessment of the maintenance of safety, family functioning, ongoing progress, and determination of location and status of the children identified as potential removals at the time of

referral. Currently, the FPP contract requires 75% of children to remain in their home at closure and at six months, with this anticipated to be increased to 80% between CYs 2021-22.

Enhanced data collection from Children's Home of Northern Kentucky is necessary to determine the percentage of children remaining in the home at closure, as reporting on incomplete cases does not include a disposition of the children's placement at closure. In 2022, the agency served 110 families, with 87 cases served through closure. Of the closed cases, 55 cases closed with the children remaining in the home at closure, 14 children were removed from the home, and 18 cases were closed due to moving out of the service area, refusal to complete services or no contact, or cases were opened but no longer met criteria for the EBP, were listed "other". This prevention services contract was moved out from the Family Preservation and Reunification Services (FPRS) umbrella with the addition of the Multisystemic Therapy (MST) pilot in December 2021, as they are serving a specific population, youth 11-17 with delinquent behaviors and at-risk for congregate care placement, through FFT, MI, TF-CBT, and MST. While enhanced data collection is necessary for determining outcomes for incomplete cases at closure, consideration should also be given to the expansion of the population served to a population at greater risk served through MST when considering outcomes. Assessment of EBP purveyor expectations of mitigating foster care placement is necessary to ensure expectations are congruent with provider contract language.

*Kentucky Strengthening Ties and Empowering Parents (KSTEP)*
KSTEP is designed to serve families for six to eight months, but services can be extended with approval of the KSTEP administrator. The average cost per child served in KSTEP program in CY 2022 was $9,104.00. The current average cost per child in OOHC is $59,027.00. This is a cost savings of almost $50,000 per child by utilizing programs like KSTEP that prevent children from entering OOHC.

During the summer of 2020, through use of state general funds and title IV-E claiming, KSTEP expanded to serve all 15 counties in the Northeastern Service Region. KSTEP was awarded a two-year Kentucky Opioid Response Effort (KORE) grant through DBHDID (Substance Abuse and Mental Health Services Administration (SAMHSA) funding) that allowed expansion into three counties in the Salt River Trail Service Region in 2021. As a result of advocacy efforts for greater focus on prevention, DCBS received an additional $20 million appropriation of state general funds to be utilized for prevention services in SFY 2022. Continued expansion of the KSTEP program included all counties of the Salt River Trail Service Region and western counties of the Cumberland Service Region (Shelby, Oldham, Bullitt, Anderson, Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, Washington, Woodford, Pulaski, McCreary, Russell, Casey, Taylor, Wayne, Green, Adair, Clinton, and Cumberland counties) through general state funds and FFPSA reimbursement in 2022.

To track the success of KSTEP, the number of children remaining in their home of origin at KSTEP case closure is tracked in the In-Home Services Database. Additionally, follow-ups post case closure occur at three months, six months, and 12 months, with the six-month follow-up occurring face-to-face with the family. Follow-ups include an assessment of the maintenance of safety, family functioning, ongoing progress, and determination of location and status of the children who were identified as potential removals at the time of referral. Follow-up statistical information is provided manually, as a supplemental document with invoicing, monthly.

From January 1, 2022, to December 31, 2022, KSTEP served 401 families and 565 children. Of the 227 cases closed in 2022, 94 cases closed due to successful completion, ten cases closed due to alternative permanency being established, nine cases closed due to assessment only, 30 cases closed due to the family choosing to leave services prior to completion, 40 cases closed due to the family being unable to meet program requirements, nine cases closed due to the family moving out of the service area, 31 cases closed with the reason cited as "other" (reasons included non-compliance, family being unable to meet program requirements, clients being participating in long term treatment, or incarceration), and four cases had no closure details.

Outcome expectations for KSTEP are being added to contractual requirements for prevention service providers. This currently occurs in one service region with a requirement that 75% of children remain in their homes. In CY 2022, the agency experienced 96% of children remaining in their home of origin or with a relative placement at closure. The percentage of children remaining in their home of origin in cases where the family successfully completed the KSTEP program has remained above 86% since implementation in 2017.

Additional information on KSTEP can be found in Attachment 11. Service Array Index.

*Sobriety Treatment And Recovery Teams (START)*
The Kentucky START program is an intensive intervention model for parents struggling with substance misuse, who have a young child(ren) (at least one child aged zero-five years) involved with the child welfare system. START integrates substance use disorder (SUD) and recovery services, family preservation, community partnerships, and best practices in child welfare and SUD treatment. The program aims to address systems issues that result in barriers to families being able to access services in a timely manner. It requires an approach to service delivery that involves cross-system collaboration and flexibility to meet the unique needs of this population.

Kentucky START is based on the successful, and nationally recognized, START program that originated in Cleveland, Ohio. Kentucky began implementing START in 2007 and has modified and evolved the model to fit the needs of Kentucky families. START works with the family throughout the life of their ongoing child welfare case until safety threats and risk factors are resolved/reduced. Through data in START's database, START-IN, and TWIST, the evaluation assesses recurrence and re-entry for START families.

START operates in Jefferson (two teams), Kenton (two teams), Boyd, Daviess, Fayette, Boone, and Campbell counties. START also served Pendleton County through December 2022. START leadership has been involved in the continued implementation and expansion efforts related to FFPSA. Overall, START served 370 families, 619 adults, and 676 children in CY 2022. Numbers in all service populations are down from last year.

START aims to receive referrals within 14 calendar days of the DCBS intake. Over 90% of referrals overall were received within 14 calendar days, and over 95% of referrals met this threshold in the first portion of 2022. In June 2022, the START evaluation team completed a fidelity report for all START sites. This represents data collected through April 2022. CY 2022 data were not complete at the time the fidelity report was produced; therefore, total numbers appear smaller than preceding years. With regard to evaluation, Kentucky will conduct another fidelity review in the summer of 2023. All START sites participate in both a process evaluation and an outcome evaluation which monitors fidelity to the START model.

Additionally, work continues on a manuscript focused on the effects of medication for opioid use disorder (MOUD) among START families with opioid use. Specifically, START is monitoring whether MOUD reduces the likelihood of OOHC and subsequent child maltreatment. To better understand the needs of families with methamphetamine use, these outcomes are also being tracked. When additional data is available, further analysis will occur.

While the START program is still supported by federal funds and state general funds, the expansion of Medicaid in Kentucky continues to be another source of funding that supports some SUD treatment services. SUD services have continued to spread with the expansion of Medicaid.

Several funding streams help sustain START:
- State general funds
- Medicaid
- Title IV-E prevention (FFPSA)

- KORE funding (expired December 31, 2022)

Additional information on START can be found in Attachment 11. Service Array Index.

*Adoption Support for Kentucky (ASK)*
The department offers post-adoption placement stabilization services (PAPSS) to adoptive families to prevent children from re-entering foster care post adoption. Adoptive parents receiving adoption assistance subsidies for a child adopted through the department may request services if the placement is close to disruption. These services are individualized to the unique family needs and case circumstances. These monies fund short-term, residential placements without the adoptive parents having to relinquish custody for the purpose of obtaining needed treatment. The department has an adoption specialist position dedicated to the monitoring of PAPSS cases. The adoption specialist provides consultation and guidance to frontline staff when a potential disruption is identified. The adoption specialist tracks these cases and conducts periodic follow-up reviews depending on the specific circumstances of the case. These services are available 24/7.

The Adoption Support for Kentucky – Virtual Interaction Program (ASK-VIP) expanded the program model throughout Kentucky in 2020 and 2021. Research shows that adoptive parents who participated in the ASK-VIP pilot program experienced higher levels of perceived social support and parental competence, and lower levels of parental stress. ASK services are available to families formed through state, private, relative, or international adoption. Adoptive parent liaisons serving families throughout the Commonwealth reported 1,660 total hours of support in 2022.

ASK-VIP offered several specialized parent support groups, encouraging foster/adoptive parents who have a similar family dynamic to attend a group to meet and support others. The specialized support groups offered in 2022 were Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+), Transracial, Medically Complex, and Parents of Deaf or Hard of Hearing. ASK launched an exciting and innovative new program in 2022 using virtual reality technology. A specialized support group for foster/adoptive fathers occurred weekly for 12 weeks in the metaverse. Each participant and the facilitator attended the virtual meeting using an Oculus headset and had the ability to create their own avatar to represent themselves in the meeting space. The feedback from participants was very positive. Overall, in 2022, there were 255 specialized support group attendees.

ASK-VIP plans to continue to provide virtual training and support for foster/adoptive parents throughout the Commonwealth but will focus more on specialized support. Coming off the success of the virtual reality support group for fathers, the program has plans to launch a teen support group using virtual reality in the spring of 2023. Providing support for teens in care has been requested for years and hopes for teen participation with the inclusion of virtual reality, are high.

Each year, the ASK program sends out an evaluation to ASK training and support group participants. This feedback helps inform ongoing areas of training, support needs, and service improvement.

**Implement an alternative response process statewide by 2024**
Although Kentucky developed a Central Intake Branch within DSR in October 2018, concerns around screening of reported abuse and neglect still exist within the service regions. Based on a random sample of case reviews completed, consultations with intake staff, and other assignments, consistency when screening reports and indicating response time was a noted concern. Despite refresher trainings around SOP and group discussions in staff meetings around appropriate screening of allegations, the issues continue.

Kentucky is currently receiving technical assistance from the Kempe Center for the Prevention of Child Abuse and Neglect (Kempe Center) regarding the development of an alternative response system. The department secured a contract with the Kempe Center for the implementation of alternative response with an implementation date of July 2022. The department is utilizing Kempe as a consultant on successful planning and implementation of alternative response.

Prior to work with the Kempe Center, the department worked with the Capacity Building Center for States (The Center), including a collaboration with John Fluke to conduct a screening threshold analysis. An initial analysis was conducted in May 2020 and presented to leadership for discussion. The Alternative Response Workgroup coordinated with eight other states who have implemented an alternative response track into their child welfare system. Information gained included implementation timeframes, organizational structure, terminology, findings, statutory requirements, training, and outside support.

In July 2022, the workgroup began to meet with the Kempe Center weekly to begin project planning and assessing the data provided to the Kempe Center at the beginning of the contract. Through data evaluation, the workgroup began to discuss implementation with DSR, and a selection of early implementation sites were made.

The alternative response workgroup developed a draft of the process to be used when assessing an alternative response case. This drafted model will be tested throughout early implementation and will be subject to modifications. Early implementation sites will begin alternative response in September 2023. Policy revisions are currently in draft form and will not be finalized until alternative response has been implemented statewide, as the process may change as information is gathered through the implementation sites.

The development and implementation of training for the alternative response process is being tasked to the Kempe Center as part of the current contract which will allow them to provide training throughout implementation statewide. The Kempe Center is partnering with the DCBS Training Branch to seamlessly incorporate training on the process into foundational training for new staff.

With full implementation of an alternative response statewide, the department anticipates a decrease in the number of past due investigations/assessments. Currently, the finalization of assessments for low-risk families tends to become low priority for frontline staff working to manage more high-risk cases. With an alternative response, resources can be shifted to ensure that these assessments are managed timely and with increased service provision. There was a significant reduction in the number of past due cases from 2019 to 2020 because of a major effort by DSR during 2020. Resource management analysts within DSR send out weekly emails including what was due, what cases moved to past due in the past week, the number of past due investigations, and trends on a statewide and regional basis regarding progress or lack thereof. The department has contracted with KVC in Jefferson County, the county with the highest number of past dues, to help reduce cases. Rapid response teams within the department work within specific counties or regions on an as-needed basis.

Multiple factors led to a significant decrease in referrals during the pandemic. Staff reported better efficiency under the positive conditions of teleworking, including decreased interruptions, increased support, and higher productivity. When face-to-face contact was paused due to COVID-19 precautions, the time associated with travel was diminished as virtual solutions were adopted. Referrals were completed in a more timely manner, resulting in fewer past dues.

The TWS-W292 management report is utilized as a tool for frontline supervisors and staff to track past due investigations. CQI specialists help monitor the status of in-progress investigations by emailing a weekly report to frontline staff. Regions also hold weekly meetings to discuss past due investigations and develop plans for completion.

**Table 5: Past Due Reports**

| Last Week of 2018 | Last Week of 2019 | Last Week of 2020 | Last Week of 2021 | Last Week of 2022 |
|---|---|---|---|---|
| 7,947 | 9,112 | 3,720 | 7,337 | 9,031 |

DSR Past Due Report

**Expand Parent Engagement Meetings (PEMs) to one additional county, evaluate program outcomes, and identify additional funding opportunities for further expansion by 2024**

Parent Engagement Meetings (PEMs), a collaboration between the school system, the child welfare system, and the community mental health system, identify barriers to school attendance, identify family strengths and needs, and create a plan of action to prevent families from being unnecessarily involved in the child welfare system. PEMs continue to show favorable outcomes in the original implementation site, Jefferson County (urban area). Due to the COVID-19 pandemic, the number of families served did not increase at previous rates. The diversion rate has remained at 80% or above throughout the life of the program. Diverted from child welfare intervention means a report of alleged maltreatment does not meet department criteria for an investigation, therefore, no investigation or open case will occur. In addition, a family who has not had a substantiation for at least five years would be diverted from a second child welfare intervention as CCC services would be offered to that family.

Table 6 summarizes PEMs by school year, based on outcomes, per school district.

**Table 6: Parent Engagement Meetings**

| | Total Meetings Held | Children Served | % of Families Diverted from Child Welfare Intervention |
|---|---|---|---|
| **Jefferson 2016-2017** | 248 | 371 | 75.40% |
| **Jefferson 2017-2018** | 344 | 498 | 86% |
| **Jefferson 2018-2019** | 411 | 562 | 80% |
| **Daviess (March-May) 2019** | 17 | 24 | 100% |
| **Jefferson 2019-2020** | 349 | 507 | 99.1% |
| **Daviess 2019-2020** | 74 | 111 | 88.3% |
| **Jefferson 2020-21** | 217 | 507 | 99% |
| **Daviess 2020-21** | 99 | 176 | 92% |
| **Statewide 2021-22 (14 counties)** | 526 | 748 | 96% |

A contract, funded with CBCAP monies, was initiated in January 2020 with Kentucky River Foothills to implement PEMs in two additional counties-Madison and Estill, but was later discontinued. The vendor expressed difficulty in engaging partners and was unable to obtain referrals from the schools, each holding only one meeting and serving one child during the 2019-2020 school year. PEMs were expanded to ten additional counties in CY 2022 with state general funds and CBCAP funding through the American Rescue Plan Act (ARPA). Discussions among DCBS leadership continue regarding the prioritization of funding for all prevention services, including PEMs.

**Kinship Care Navigator Funding**

Kentucky utilizes funds from the Children's Bureau for multiple kinship navigator programs. Funds are used for contractual services through two university-based partners, EKU's University Training Consortium (UTC), University of Kentucky's (UK's) Training Resource Center (TRC), and Conduent. Targeting relative and fictive kin caregivers, the university partners implemented a communications strategy and a support network comprised of paraprofessionals and peer kinship caregivers. The department secured call services through Conduent to address the massive volume of calls into the states Kinship Support Hotline, an information and referral resource established by the department in 2015. The hotline received a significantly increased call volume resulting from the *D.O. v. Glisson* ruling.

During SFYs 2018 and 2019, the state used Kinship Navigator funding to establish a relative and fictive kin service array. With the creation of the service array, the department was able to offer caregivers options regarding legal permanency and

benefits. As a part of the service array, a new foster care approval type was developed. The child-specific approval type allows families who would not have been approved due to non-safety related issues, to be approved as a child-specific foster home.

The child-specific foster home type implemented certain training and non-safety waivers regarding approval requirements. Training was developed for staff around the new relative and fictive kin service array and child-specific foster home type to ensure effective communication of the changes to frontline staff. Kinship Navigator training was delivered statewide during the spring and summer of 2019. This training had both an online and face-to-face component. All staff received the training and make-up sessions were held to accommodate new staff and staff who missed the initial training. The training for new staff has been modified to include the components of the relative and fictive kin service array.

A resource tool kit, including a program brochure, worksheets, and a caregiver video to assist families with resources and making informed decisions, was developed to aide frontline staff in effectively presenting the relative service array and resources to relative and fictive kin families. Included in these resources are links to the KY FACES website and the Kinship Support Hotline. The KY FACES website was originally designed as a hub for foster parents and contained a portal for those families to gather information and resources. In 2019, the Kinship Navigator portal was added to this website. The Kinship Navigator portal provides basic information to all caregivers and provides links and contact information for programs beneficial to caregivers.

The most recent Kinship Navigator funding received was utilized to increase public awareness of Kentucky's new Kinship Navigator service array. The department, in collaboration with EKU, developed communication tools including brochures about the relative and fictive kin service array, informational posters on kinship care, and kinship care public service announcements. Advertising will occur in various locations such as local department offices, FRYSCs, county health departments, AOC/court designated worker offices, county libraries, etc. Communication tools target stakeholder and provider groups, including FRSYCs, county health departments, courts, and relative and fictive kin caregiver support groups, so that relative and fictive kin caregivers are referred to and assisted with the best, most appropriate resources and services.

The department continues to collaborate with UK in developing the KY-KINS program. Three peer support specialists, one full-time and two part-time staff the program and offer support and services to relative/fictive kin caregivers within the Cumberland and Salt River Trail service regions.

In partnership with UK-TRC, below is a summary on how KY-KINS will be evaluated:

### KY-KINS Peer Support System
KY-KINS is a peer support program in which certified peer supporters are matched with kin caregivers. Referrals from pilot regions began in April 2021. The evaluation scheme includes a time-series design where participants are assessed for several outcomes beginning at baseline, and each quarter, thereafter. Key variables to be assessed include perceived support, caregiver stress, and program satisfaction. This assessment model will likely include a comparison group.

Participants report the following:
- 100% of participants rate the quality of support as good/excellent.
- 100% of participants reported that the program helped them to meet caregiving responsibilities related to their kinship situation.
- 100% of participants report they would recommend the program to other caregivers.

Test variables are still under assessment; however, trends indicate reduction in caregiver stress, and an in increase in perceived support and caregiver sense of competence.

In April 2022, KY-KINS expanded to two more service regions, Southern Bluegrass and Two Rivers. With this expansion, KY-KINS will be in four service regions, and geographically half of the state.

### *KINS-VIP*
KINS-VIP (Kinship – Virtual Interaction Pilot) is a virtual support group for kinship providers. KINS-VIP is a cutting-edge, programmatic initiative designed to improve service delivery, support, and foster collective community to Kentucky's kinship providers. Over 50 kinship providers attended information sessions about these support groups in March 2021. A randomized controlled trial (RCT) will be attempted with this group, with a general experimental evaluation approach (pre-post, with a comparison group) as a backup plan.

Overall, participation in this program has been strong and data from the initial pilot has demonstrated that the program has been impactful. Data from the most recent pilot of kinship caregivers shows:
- Group participants have experienced reductions in caregiver stress and in increases in caregiver sense of competence.
- Group participants perceive information seeking effectiveness (ISE) to be high, indicating that the group platform has facilitated efficient sharing of meaningful information.
- All group participants rate the caregiver support experienced as part of the group as good/excellent and all participants indicated that participation in the programs helped them to meet challenging caregiver needs. Members also indicated that they would recommend the program to other kinship caregivers.
- Overall satisfaction with the program was high, and participants indicated that they would continue in the groups.

### *Kinship Catalogue*
A series of virtual trainings for kin providers is under development. These trainings will be organized as a "catalogue", where kin providers can access the brief (15-20 minute) trainings on-demand. Assessment will include general knowledge acquisition.

Recently, the Children's Bureau released guidance, allowing states to apply for temporary flexibilities for participating in the Title IV-E Kinship Navigator Program. Kentucky applied for these flexibilities, to provide families with a one-time monetary payment of up to $200, for special events or needs.

The Consolidated Appropriations Act passed in February 2021 and listed two sources of kinship navigator funding for federal fiscal year (FFY) 2021. Congress appropriated another $19 million available under title IV-B, subpart 2. As with past years, title IV-E agencies are required to apply for funding and the Office of Grants Management (OGM) will make formula grant awards. Kentucky applied for and received the FFY 2021 funding, which was applied to the KY-KINS Kinship Navigator program. Aetna is conducting Family Finding bootcamps and the state is working with Second Chances to assess the relative/fictive kin service array.

In partnership with EKU, flyers and brochures were distributed to Kinship Families Coalition of Kentucky, state/local health departments, all DCBS service regions, Just In Time (JIT), and FRYSCs for increased public awareness. A public service announcement was recorded with Secretary Eric Friedlander, bringing attention to KY FACES. Lastly, a table skirt was created, to be utilized while attending relevant conferences/events to further bring awareness to the public of services available to relative/fictive kin caregivers.

TWIST modifications occurred in April 2020 that allows data collection for all relatives or fictive kin, whether the cabinet has custody, the caregiver has custody, or the child is placed with the caregiver through a prevention plan. In addition, TWIST tracks services that are being provided to the relative or fictive kin caregiver to maintain the placement. UK has developed and launched an Interactive Caregiver Resource Portal using Kinship Navigator funding. This portal is complimentary to the KY FACES portal and has helped to better target individual locations.

There have been continued efforts in supporting and training the field with the new process of capturing relative/fictive kin placements. Below is a summary of data collected as of August 2022:

- There are 1,834 children placed with relative and fictive kin caregivers across all available placement types. There were 944 children placed through the department in the home of a relative or fictive kin caregiver that was approved as a DCBS foster home, constituting approximately 11% of the state's OOHC population (TWS-W058, Foster Care Fact Sheet, August 1, 2022). The remaining 890 children were placed directly into the custody of the relative or fictive kin caregiver (TWS-M383S, In-Home Placement, August 1, 2022).
- Seventy-nine percent (79%) of caregivers were over the age of 35 and 42% were specifically between the ages of 36 and 55. This was a slight decrease from 2021, as there was a slight increase of caregivers between the ages of 18 and 35.

When examining race among caregivers and children, data shows and remains consistent with most being White. While there was still a low percentage of Hispanic children placed with caregivers, there was a lower percentage of Hispanic caregivers in 2022 (1.17%) as compared to 2021. Approximately 89% are White, five percent are African American, and one percent are multiracial. The demographic data on children illustrates that approximately 81% are White, five percent are African American, ten percent are multiracial, and three percent are unable to be determined. This data has remained consistent over the course of this report with this year also including one child that identified as American Indian.

Statistically, there continues to be more male than female children placed with relative or fictive kin caregivers. Compared to 2021, there was a slight increase of males compared to females with 52% being male and 47% being female. The most represented age of children placed with a caregiver continues to be zero to five (44%). Children ages six to 11 remained slightly higher than youth aged 12-17. From 2021, this age range saw a reduced representation in placement compared to the other age ranges, as they saw increased representation.

Custodial options selected by relative and fictive kin caregivers continue to show that caregivers mostly accepted temporary custody at 52.19%. The department is seeing an increase in caregivers accepting permanent custody, as now 36.93% of caregivers have accepted permanent custody of their placements, which is roughly an increase of 22% from 2021. Ten percent of caregivers received placement through a prevention plan. Remaining consistent, power of attorney and guardianship are the least selected options by caregivers.

Five hundred forty-two (542) children achieved permanency. There was no change from 2021, as 65% of children achieved permanency with a relative or fictive kin caregiver and 35% were reunified with their parent of primary caregiver.

Service provision data is divided into two groups based upon the caregiver relationship to the children: relative or fictive kin. Due to state and federal restrictions, there is one provision fictive kin caregivers are not eligible for, the Kentucky Transitional Assistance Program (KTAP), which is federally funded. With HB 492 from the 2021 Regular Session, fictive kin caregivers are now eligible to receive the Relative Fictive Kin Placement Support Benefit (RFKPSB). Fictive kin caregivers began to receive this benefit on January 13, 2022. Due to only one service provision not available to fictive kin caregivers, the graph below will differ from previous years. There will be one graph for KTAP, as that is the only provision fictive kin caregivers are not eligible for.

When looking at services offered and accepted, medical/Medicaid continues to be one of the highest service provisions offered and accepted by families. For 2022, the Supplemental Nutrition Assistance Program (SNAP) service provision saw an approximate 18% increase of service being provided. RFKPSB, also saw an increase of provision services. This data is only reflecting fictive kin caregivers' eligibility date of January 13, 2022. While it is expected to increase, there will be families that are not eligible to receive this benefit. If a child has previously received this benefit, subsequent placements will not be eligible to receive the benefit. KTAP saw an increase of 18% for year 2022 related to these populations. It is anticipated that a greater number of families will apply to receive this benefit. Also, the proposed KTAP rate increases would provide relative caregivers with more monetary support, as well as those who opt to seek temporary custody versus becoming a relative foster parent. As the department continues to increase available resources for relative and fictive kin caregivers, there continues to be a lack of monetary support for fictive kin caregivers who seek temporary custody.

DCBS, in partnership with the Bair Foundation and UK, has created another service provision for relative and fictive kin caregivers, The Kindred Roots program. This program is designed to provide supports to relative and fictive kin caregivers to ensure placement stability, while supporting birth parents in their efforts towards reunification. The program helps alleviate transportation barriers and provide visitation services for birth families in Scott and Fayette counties.

The Kindred Roots program served their first family on April 1, 2022. The program has received 46 referrals to date. Sixteen (16) families have been discharged from the program with seven ending in reunification, seven with permanency to a kinship caregiver, one because the family did not engage, and one due to rapid case closure. During 2022, there were no discharges due to foster care and adoption outside of the family or to a residential setting. Below is a breakdown of the demographics of families served:

| Child race/ethnicity: | Child sex | Age of child at intake | Placement of child at time of intake |
|---|---|---|---|
| 30% African American | 29.5% male | 25.4% <1 year old | 20.3% Aunt/Uncle |
| 54% Caucasian | 30.5% female | 18.6% 2-4 years | 44% Grandparents |
| 9% Mixed Race | | 22% 5-7 years | 35.7% Fictive kin/other relative |
| 7% Hispanic/Latino | | 13.5% 8-10 years | |
| | | 11.8% 11-13 years | |
| | | 8.7% 14+ years (none older than 16 at intake) | |

Given the multiple activities underway in Goal 2, Kentucky continues to receive implementation support and technical assistance from a variety of entities, including Chapin Hall, Casey Family Programs, and the Center. The support and technical assistance received is specific to the activity and varies greatly as described above in each activity program description.

## C. Accomplishments Regarding Goal Three: Increase the timeliness to appropriate permanency for all children in OOHC.

Kentucky has seen a substantial increase in the number of children in OOHC over the past several years. Between May 2018 and October 2018, the number of youth in OOHC increased by 604 children (May: 9,287; October: 9,891). Kentucky experienced its highest rate of OOHC, with over 10,000 children in May 2020. With such a large increase in OOHC numbers, it is vital that children reach appropriate permanency in a timely manner.

For Round 3 of the CFSR, the Children's Bureau evaluated states' effectiveness in achieving timely permanency using data indicators that focus on three groups: youth entering care, youth that have been in care 12-23 months, and youth that have been in care 24 months and greater.

The first Round 4 Data Profile was distributed to states in February 2023. Kentucky continues to remain above national performance (37.3%) for permanency in 12 months for children in care 24 months or more at 39.2%, with a higher value being desirable. Kentucky also remains above national performance (35.2%) for children entering care and achieving permanency in 12 months, at 44.6%. Again, a higher value is indicative of desirable performance. Kentucky continues to fall below national performance (43.8%) for permanency in 12 months for child in care 12-23 months at 38.4%. This cohort was identified as a focus during PIP development and efforts will continue for this population within CFSP Goal 3.

The April 2023 CFSP Stakeholder CQI survey, sent to over 180 stakeholders, indicates that of the 63 survey respondents (35% response rate), seven respondents (11.1%) strongly agree, and 25 respondents (39.7%) agree that the department is making the necessary progress (meeting major milestones within required timeframes) to meet CFSP Goal 3.

Table 7

| Round 3 Data Profile | January 2019 Data Profile RSP | August 2019 Data Profile RSP | February 2020 Data Profile RSP | February 2021 Data Profile RSP | February 2022 Data Profile RSP | Round 4 Data Profile | February 2023 Data Profile RSP |
|---|---|---|---|---|---|---|---|
| Permanency in 12 mos. (entries) National performance: 42.7%↑ | 16A16B: 46.2% | 16B17A: 47.5% | 17A17B: 47.2% | 18A18B: 45.8% | 19A19B: 44.0% | Permanency in 12 mos. (entries) National performance: 35.2%↑ | 20A20B: 40.8% |
| Permanency in 12 mos. (12-23 mos.) National performance: 45.9%↑ | 18A18B: 32.4% | 18B19A: 34.3% | 19A19B: 36.0% | 20A20B: 36.9% | 21A21B: 35.5% | Permanency in 12 mos. (12-23 mos.) National performance: 43.8%↑ | 22A22B: 38.4% |
| Permanency in 12 mos. (24+ mos.) National performance: 31.8%↑ | 18A18B: 32.2% | 18B19A: 35% | 19A19B: 37.8% | 20A20B: 35.7% | 21A21B: 34.1% | Permanency in 12 mos. (24+ mos.) National performance: 40.4%↑ | 22A22B: 39.2% |

To assist with PIP strategies aimed at developing and implementing a statewide CQI permanency review process that focuses on children in care 12-23 months, strategies monitoring the effectiveness of HB 1, a workgroup comprised of DCBS and AOC staff began collaborating on the development of an integrated system as a means of sharing data on an ongoing basis. Data sharing with AOC and the Office of Legal Services (OLS) is now occurring at the state or central office level, regional office level, and local office level based on permanency trends and outcomes identified. The workgroup meets on a quarterly basis and shares data trends, including KY CFSR data. Agenda items include areas of concern, onsite review instrument (OSRI) items needing improvement, and partnership with the courts to bolster permanency for children. Collaboration between central office staff and CQI specialists has increased regarding placement stability work. Central office and CQI staff review placement stability data in TWIST and data provided by the Children's Review Program (CRP).

Increases in Permanency Outcomes 1 and 3 have been maintained. Permanency in 12 months for children entering care remains above the national performance at 40.8% (Federal DIG). Permanency in 12 months for children in care 24 months or more also remains above the national performance with 39.2% (Federal DIG). However, Permanency Outcome 2- Permanency in 12 months for children in care 12-23 months remains an area in need of improvement at 38.4%, well below the national performance (Federal DIG). The department's improved relationship with AOC is helpful in addressing barriers to permanency. During the pandemic, DCBS collaborated with AOC regarding virtual adoption hearings. DCBS assisted by gathering information from all recruitment and certification (R&C) teams. Two hundred (200) cases ready for adoption finalization were identified for virtual adoption hearings. The service regions reported initial virtual adoption hearings were very successful, and many judges plan to continue this practice due to the ease, efficiency, and results.

The systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention was identified a strength for the state during the 2016 CFSR, as Kentucky was found to be in substantial conformity. Three of the four items in this area were rated as strengths. Item 36 (State Use of Cross-Jurisdictional Resources for Permanent Placements) is the only item within this systemic factor that was identified as an area needing improvement. A concern noted during the CFSR was that Kentucky is not completing home study requests received from other states timely, which delays the facilitation of permanent placement for children in Kentucky. Updates on the use of cross-jurisdictional resources for placement and data related to the completion of home studies for other states can be found in Section II.F of the APSR. The state received strength ratings for Item 33 (Standards Applied Equally), Item 34 (Requirements for Criminal Background Checks), and Item 35 (Diligent Recruitment of Foster and Adoptive Families) during the CFSR. Additional information on the state's efforts around diligent recruitment can be found within this section and in Kentucky's 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan. According to the 2021 EKU Foster Parent Satisfaction Survey, 86.64% of DCBS foster parents would recommend fostering to others. Four hundred eighty-seven (487) of the 1,190 (51.86%) foster parents strongly agreed that they felt supported by department staff during times of crisis. Five hundred twenty-one (521) of the 1,190 (54.96%) foster parents strongly agreed that department staff are timely in responding to their emails, calls, and questions. Three hundred ninety-two (392) of the 1,190 (41.88%) foster parents agreed that their overall experience with the agency has been positive.

In 2015 and 2019, the department amended both department and private agency regulations to align the foster and adoptive home standards. In addition, in 2019 the regulations were aligned to also reflect the federal Model Foster Home Standards released in 2019. To ensure that standards are applied equally, the department has a variety of processes in place. The department employs two full-time private agency liaisons. These individuals work closely with the private agencies to ensure and monitor quality and advise agencies of new policies and procedures. These staff often make visits to agencies to review records.

Both the department and private agencies have regulations that ensure federally required background checks are performed at initial foster home approval and yearly, thereafter. The Office of Inspector General (OIG) ensures private agency compliance with background checks. TWIST tracks the compliance of background checks and provides reminders to staff. To address any safety issues identified through background checks, Kentucky Administrative Regulation (KAR) requires both the department and private agencies to complete foster home reviews. These reviews identify safety issues that may exist in the foster home and require a plan of action to be developed.

CFSP Goal 3 will further enhance the work occurring within the PIP around the permanency review process in collaboration with AOC and the OLS, placement stability process, and case reviews as mandated by HB 1. A focus on screening and assessment and permanency for children under the age of five and older youth will assist the department in making significant improvements in the overall timeliness to appropriate permanency statewide.

**By 2024, ensure that 95% of children entering care receive a behavioral health screener and that 75% of those that screen in for assessment receive a comprehensive behavioral health assessment**

Post Project SAFESPACE, full integration of the screening and assessment process is anticipated to improve placement stability and decrease the length of time children remain in OOHC. Based on the February 2023 CFSR 4 data profile (Table 8), Kentucky's rate of placement stability (4.45) is slightly lower than the Round 4 national performance (4.48).

| Placement stability (moves/ 1,000 days in care), Round 3 | January 2019 Data Profile RSP | August 2019 Data Profile RSP | February 2020 Data Profile RSP | February 2021 Data Profile RSP | February 2022 Data Profile RSP | Placement stability (moves/ 1,000 days in care), Round 4 | February 2023 Data Profile RSP |
|---|---|---|---|---|---|---|---|
| National performance 4.44↓ | 18A18B: 4.44% | 18B19A: 4.12% | 19A19B: 4.29% | 20A20B: 4.00% | 21A21B: 4.56% | National performance 4.48↓ | 22A22B: 4.45% |

Department data in Table 9 shows that in January 2020, 43.8% of children in care for at least 24 months had two or fewer placements. Kentucky is showing an upward trend in this area with 50.7% for January 2023. In April 2021, in the 31st measurement period, Kentucky's Item 4 scores surpassed the PIP goal allowing for successful goal achievement. Until that point, PIP monitoring data for CFSR Item 4, stability of foster care placement, in Table 10 showed a decrease since the baseline period and was roughly 10 percentage points away from achieving the PIP goal. For the 38th measurement period, Kentucky was 6.3% below the goal. During the combined PUR of 03/21-12/21, Kentucky inched closer to the goal, however, remained 5.43% below the goal. With increased compliance in screening and assessment, Kentucky expects to see a greater increase in placement stability and decrease in the length of time in OOHC. Additionally, evaluation has shown that screening and assessment have increased frontline staff's support of EBPs and enhanced perceptions of collaboration with behavioral health providers.

| | January 2020 | January 2021 | January 2022 | January 2023 |
|---|---|---|---|---|
| **Percent of children in care for at least 24 months with 2 or fewer placement settings** | 43.8% | 46.0% | 50.2% | 50.7% |

Federal DIG C4.3

| Item 4 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **PIP Goal-84%** | 67.5% | 77.8% | 76.39% | 75.00% | 77.78% | 78.57% |

Online Monitoring System-State Rating Summary

Standardized screening and assessment includes a process for early identification of child trauma and behavioral health needs. DCBS frontline staff administer a compilation of screeners based on the child's age upon entry into OOHC, (e.g., Child Post Traumatic Stress Disorder (PTSD) Symptom Scale, CRAFFT, Strengths and Difficulties Questionnaire, Upsetting Events Survey, and Young Child PTSD Checklist). Screeners must be administered within the first ten days of entry for all

children entering OOHC. For children seven years and older, the screener should primarily be informed by the child, whereby, information is solicited in a face-to-face interview. Screening is completed in TWIST, where scores are tabulated and both detailed and summary reports are generated. While screening is required for children entering OOHC, it may be completed for any child served by DCBS.

Children identified as needing a standardized clinical assessment and who are served by a community mental health center (CMHC), independent provider, or a PCC/PCP should receive a provider completed Child and Adolescent Needs and Strengths (CANS) assessment. Kentucky is currently using both the younger and older child versions of the CANS, (i.e., ages zero-four and five-17 years). The Kentucky CANS assesses six domains with 69 items for younger children and six domains with 79 items for children ages five and older. Providers have 30 days to complete the initial CANS and then update the CANS every 90 days, thereafter. Providers complete the CANS in the KIDNet system, which is supported by Advanced Metrics Systems (AMS) and interfaces with TWIST. This interface allows for efficient information sharing and aggregate data matching, which aligns child needs and treatment with child welfare outcomes. Frontline staff are trained to use CANS results to better understand clinically identified treatment needs and monitor progress.

During the grant period, 100 case reviews were completed for QA, as well as regular clinical consultation/file reviews at agencies as a part of the data analysis. Most cases conducted the required screener (99%) and did so within the required timeframe of ten days (61%), and in an accurate manner (59%). One area needing improvement identified through the case review was the sharing of the screener data with parents (23%) or caregivers (29%). Also, of those who required a functional assessment, only 27% received one within a timely manner. In two percent of cases, the frontline worker incorporated findings of CANS into the case plan, and 26% of children were reported to be receiving the EBP recommended. The low rates of sharing results of the assessment declined even more at the follow up assessment points. Approximately 87% of cases were rated as being an accurate representation of the client needs and matched the reviewer scores 68% of the time. Timelines were generally met (78%) and fully completed (78%). The treatment recommendation was rated as appropriate 99.2% of the time, and the documentation justified treatment in 83% of cases. Areas for improvement included the treatment plan reflecting client needs (67%) and incorporating info from the screener 55% of the time. If applicable, 78% of cases that needed a follow up CANS received the assessment.

Since the grant has ended, the department is no longer contracting with UofL for data analysis. As such, targeted case reviews to assess for quality have not been completed on a regular basis. Case reviews are completed on an as needed basis, however, there is no current process for large-scale case reviews to monitor for quality. While the KY CFSR can capture qualitative data regarding the CANS assessments, there is no mechanism in place to track and quantify potential impacts on outcomes. Past case reviews looked at fidelity to the tool for screeners and assessments. Internal discussions are occurring to develop and implement an ongoing CQI process for screening and assessment.

Screener and CANS assessment compliance rates for 2022 were analyzed for each region. Table 11 below illustrates the number of children in OOHC, the number of children screened, and the number of children who should have received a CANS assessment based on screener results.

It is the department's goal that by 2024, 95% of children entering OOHC will receive a screener and that 75% of those that screen in for assessment will receive a comprehensive behavioral health assessment. As outlined in Table 11 below, 85.14% of children entering care in 2022 received a screener, which is a decrease from the CFSP baseline (90.16%) and lower than the target for this submission (94%). Of the 3,937 children who screened in for an assessment in 2022, 75.01% received an assessment. This is above the target for this submission (50%). More than 90% of children placed in PCC/PCPs received a CANS assessment. Conversely, more than 70% of children placed in department foster homes, relative placements, or with fictive kin did not receive a CANS assessment. There are many barriers to CANS completion, including untimely referrals, caregivers choosing non-CANS trained providers, and the age of the child (young children not being served by agencies).

The low number of children in DCBS foster homes/fictive kin/relative placements who do not have a CANS may be attributed to the following:

- Inefficient referral practices. Referrals are currently uploaded by a DCBS regional liaison to a secure information portal (Gentrack). The agency where the child is referred receives a notification via email when the referral is uploaded. This process is contingent on DCBS regional liaisons having the correct information regarding referral and placement. The team has created a more streamlined approach to sending referrals from DCBS to the CANS-trained agencies, however, currently does not have funding to support this work.
- Foster families not following through with referral, do not believe children need an assessment, or take child to different (non-CANS trained) provider. DCBS staff/regional liaisons and CMHC staff often report that foster parents do not agree with the need for an assessment (even when the screener indicates a need), do not want the child to be seen by the CMHC or a different CANS trained provider, and take the children elsewhere for ongoing services.
- Age of children. Nearly half of the children in these placement types without a CANS assessment are age four and under. Some agencies will not work with children under the age of four.

These factors continue to be a focus of the department and the clinical consultant. Table 11 shows regional and statewide rates for screener and CANS compliance during 2022.

Table 11

| Region | # Children Entered OOHC | # Children Screened | % Children Screened |
|---|---|---|---|
| Eastern Mountain | 273 | 267 | 97.08% |
| Jefferson | 354 | 307 | 86.72% |
| Northeastern | 402 | 350 | 87.06% |
| Northern Bluegrass | 718 | 628 | 87.47% |
| Salt River Trail | 623 | 400 | 64.21% |
| Southern Bluegrass | 503 | 351 | 69.78% |
| Cumberland | 526 | 502 | 95.44% |
| The Lakes | 514 | 496 | 96.50% |
| Two Rivers | 711 | 636 | 89.45% |
| Statewide Total | 4,624 | 3,937 | 85.14% |

There has been a slight decrease in screener compliance in 2022. DCBS leadership has expressed that high turnover rates and low staffing have significantly impacted screener completion and timeliness. Many new workers have been hired and need additional training and guidance on screener completion. The clinical consultant continues to work with the regions on additional training opportunities.

Of the 710 screeners showing as past due, 232 of these youth have exited OOHC. Twenty-three (23) of these youth exited OOHC before their screeners were required to be completed. Children aged 7 and under are the most likely not to have a screener completed. More than 50% of past due screeners are for youth in this age group, of which more than 60% are age three and under.

The department implemented SOP 4.26.3 Standardized Screening and Assessment for Children in Out of Home Care in January 2020. This SOP details the procedures for screening and assessment for staff to assist with fully integrating screening and assessment into practice.

The division continues to collaborate with the DCBS Training Branch to embed screening and assessment within the department's training curriculum. Frontline staff need continuing education regarding incorporating recommendations for evidence-based treatment into case planning. Due to the COVID-19 pandemic, the focus shifted to aid agencies, as needed, through regular CANS trainings and additional training opportunities for staff. The clinical consultant has worked with many

agencies to assist in the transition to offering services virtually, specifically around best practices for administering the CANS. To maintain integrity of the tool and ensure quality assessments, the department has strategies in place for both the private provider community and department staff.

Private providers serve many of Kentucky's children in OOHC. The clinical consultant is training these providers on the CANS so they can also provide assessments for children in OOHC to increase CANS compliance and ensure all children who have screened in receive the assessment. The department continues to partner with The Praed Foundation to offer training to staff and develop a learning collaborative. A supervisor training was originally planned for the fall of 2021, with monthly training sessions following. However, the proposal to conduct training at a conference was not accepted and, therefore, has not been scheduled. The training model has since shifted to a refresher format that began in September 2021. The monthly refreshers are open to everyone in addition to the monthly certification trainings that are being held. The department continues to offer specialized CANS training as part of the Kentucky SOC Academy. The department offers booster trainings to agencies, as needed, to encourage reliable and valid use of the CANS assessment, as well as training new providers on the tool and the KIDnet web-based application.

The clinical consultant will continue to provide at least monthly CANS trainings and support providers (CMHCs, PCC/PCP agencies, and independent providers) as they utilize the CANS. The clinical consultant also provides monthly CANS refreshers for previously trained clinicians to receive additional training and support in the use of the CANS. The clinical consultant also works closely with DCBS regional liaisons to ensure referrals are sent to CANS-trained providers in a timely manner. The clinical consultant continues to engage additional providers so DCBS staff and families have more options for services.

Barriers continue to exist related to referral practices and the use of non-CANS trained providers. Enhancements to the system have been requested but have not yet been funded. The clinical consultant also plans to devote time to case reviews to ensure quality screener and CANS completion.

**Decrease the number of children five and under that have been in care for 12-23 months who do not achieve permanency within 12 months by 2024**
Developed as a strategy in the PIP, the department continues bi-monthly regional calls to address permanency data, barriers, and trends. These calls occur in every service region, statewide. The permanency calls guide the service regions in implementing strategies for improving permanency outcomes. Data is used to identify regionally specific barriers that are delaying permanency for children in OOHC and solutions to overcome those barriers. TWIST management reports are utilized during the calls by regional and division staff and include detailed listings of permanency goals and length of time in care. The permanency calls are comprised of program staff from the Adoption Services and OOHC branches, including the branch managers and specialists; regional staff, including service region clinical associates (SRCAs), regional specialists, CQI specialists, and OLS representatives; and local staff, including R&C supervisors, child focused recruitment supervisors, and frontline staff, as well as the DSR assistant director.

Prior to each permanency call, program staff gather current data for each region to assist with answering the below:
- The number of children who have been in OOHC for 12 months or longer with a permanency goal of return to parent.
- The number of children with a goal of adoption and the DSS-161 Request for Involuntary Termination of Parental Rights (TPR; documentation required to be submitted to OLS prior to the filing of an involuntary TPR) has not been completed.
- The number of DSS-161 Request for Involuntary TPRs completed and the TPR petition has not been filed.
- The number of children who have a TPR and the presentation summary packet (detailed child history) has not been completed.

- The number of children with a TPR, a completed presentation summary packet, and who are going to be adopted by their foster parents, where the Adoption Placement Agreement (APA) has not been signed.
- The number of TPR appeals filed.
- Progress made by the region to increase the timeliness of permanency for children in OOHC, including new practices or protocols that have been developed.
- Current barriers in each region resulting in permanency delays.
- Local, regional, and/or division strategies or modifications in SOP or practice that can assist the region in overcoming the identified barriers to permanency for the children in their region.
- The court system or other community partners who have been involved in this process and if the region has shared permanency data.
- TWIST data entry concerns and questions from the regions.
- Documenting action steps.

A template comprised with the points above serves as the discussion guide during the calls. Program staff work with regional staff and CQI specialists, as needed, to discuss the data methodology to ensure consistency across the service regions. The meetings are now held on a set schedule which helps the regions to plan and avoid any scheduling difficulties. In 2022 the calls continued via the Zoom platform.

For the months without calls, the regions submit their permanency templates to the Adoption Services Branch for evaluation. This process ensures that regions are continuing to evaluate their practices, barriers, and strategies on an ongoing basis. At the conclusion of each meeting, the date and time for the next permanency call is scheduled. Program staff follow up with OLS regarding any issues or needs identified during the calls. While AOC does not participate in the bi-monthly calls, there was AOC representation in the PIP permanency workgroup. During those meetings, updates were provided regarding the calls to include barriers and successes identified. The Adoption Services Branch manager also contacts AOC workgroup members to discuss concerns when identified and specific to one jurisdiction. In 2022, data sharing with court partners continued. Each region's delivery mechanism looks different depending on the region's structure and unique needs. Most regions have developed a relationship with their judges and this communication has become routine. Some areas are still working to develop the best communication method as the last election cycle resulted in many new judges.

In 2020, OLS staff from central office level began participating in the regional permanency calls on a more regular basis. They have been able to address regional processes and protocols; adjusting practice that allows for more timely permanency. They have also been able to intervene with judicial issues at the local level. They have been able to speak with judges, when needed, and have also elevated concerns to AOC, when appropriate. OLS continues to participate on the regional permanency calls. SOP 11.10 Wardship Cases was developed alongside OLS due to feedback received from the permanency calls. OLS has worked with judges on designating more court dates for adoption hearings in the areas where court dates were very limited. OLS has also assisted with obtaining previously delayed TPR and adoption judgments. In some regions, more pre-permanency dates have been made available to staff which helps to identify any case barriers earlier on in the case and results in timelier permanency. Division staff plan to work with TWIST staff to develop a permanency barriers/trends tab for all permanency goals. This will assist with tracking trends in all cases and may provide additional insight to barriers when the permanency goal is changed to adoption later in the life of the case.

Regional permanency calls have focused on increased permanency and the timeliness of increasing permanency for children in OOHC. At the start of these calls, many regions had a backlog of DSS-161 Pre-Permanency and Presentation Summary packets. Currently most regions have eliminated this past due permanency work and now are focused on implementing new strategies and dedicating staff positions to areas that help promote increased permanency. In 2022, Northern Bluegrass Service Region and the Two Rivers Service Region were able to create permanency/adoption teams in their regions by restructuring staff positions.

The department continues to utilize the permanency round table (PRT) process to identify barriers to permanency for children who have been in care for 15 out of the last 22 months, regardless of permanency goal, without significant movement toward permanency, and problem solve for solutions to permanency. The overall goal is to develop a permanency action plan for each child/youth that will expedite legal permanency; stimulate thinking and learning about pathways to permanency for these and other children; and to identify and address barriers to expedited permanency through professional development, policy change, resource development, and the engagement of system partners. Although PRTs do not solely focus on children age five and under, this age group is served through PRTs. Clinical consultants from within the department, DBHDID, and UK's Child and Adolescent Trauma Treatment and Training Institute (CATTTI) have joined PRTs and are great resources in assisting frontline staff with ensuring behavioral health services are provided and requested for the identified children. Staff can take the information learned during each PRT and apply the concepts with other families and children.

Between 2009 and 2022, Kentucky PRTs completed action plans for approximately 1,985 children in OOHC; 1,314 of them achieving permanency through Adoption, Return to Parent, Permanent Relative Custody, or Extended Commitment (66.20%). Table 12 outlines the permanency outcomes for children who were a part of the PRT process in 2022.

Table 12

| Permanency Round Table Children Achieving Permanency in 2022: 110 | | | | | | |
|---|---|---|---|---|---|---|
| Types of Permanency Achieved Per Region | Return To Parent | Adoption | Relative/ Fictive | Emergency Custody | Age Out | Total PRT-involved Children Achieving Permanency in 2022 |
| Cumberland | 1 | 13 | 4 | 2 | 3 | 23 |
| Eastern Mountain | 0 | 2 | 0 | 2 | 3 | 7 |
| Jefferson | 5 | 1 | 0 | 3 | 3 | 12 |
| The Lakes | 0 | 3 | 0 | 2 | 2 | 7 |
| Northern Bluegrass | 1 | 4 | 0 | 4 | 4 | 13 |
| Northeastern | 6 | 5 | 0 | 2 | 3 | 16 |
| Southern Bluegrass | 0 | 4 | 0 | 2 | 2 | 8 |
| Salt River Trail | 0 | 3 | 1 | 5 | 5 | 14 |
| Two Rivers | 1 | 6 | 0 | 3 | 0 | 10 |
| Statewide | 14 | 41 | 5 | 25 | 25 | 110 |

Table 13

| Permanency Round Tables held in 2021 and Permanency Achieved in 2022* | |
|---|---|
| Adoption | 41 Children |
| Return to Parent | 14 Children |
| Extended Commitment | 5 Children |
| Left Care at 18 | 25 Children |
| Total Average Duration of Days Between PRT & Perm Achieved | 25 Children |

*One youth presented through Permanency Roundtables passed away due to complications related to surgery.

Table 14

| Children Remaining on Permanency Roundtable Tracking | |
|---|---|
| Cumberland | 30 |
| Eastern Mountain | 17 |
| Jefferson | 21 |
| The Lakes | 18 |
| Northern Bluegrass | 18 |
| Northeastern | 24 |
| Southern Bluegrass | 26 |
| Salt River Trail | 18 |
| Two Rivers | 18 |
| **Statewide** | **190** |

## Services for Children Under the Age of Five (Section 422(b)(18) of the Act)

In addition to the activities listed throughout CFSP Goal 3 to address the permanency and developmental needs of children under the age of five, DPH provides Early Periodic Screening, Diagnosis, and Treatment Services (EPSDT) through local health departments. EPSDT is a federally mandated Medicaid program for children. In Kentucky, it is divided into two components: EPSDT screenings (routine physicals or well-child checkups) and EPSDT special services (preventive, diagnostic or treatment, or rehabilitative services). Children who are eligible for Medicaid are also eligible for EPSDT services from their local health department.

First Steps is a statewide, early intervention system that provides services to children with developmental disabilities from birth to age three and their families. First Steps is Kentucky's implementation of the federal infant-toddler program. First Steps offers comprehensive services through a variety of community agencies and service disciplines and is administered by DPH. Typically, children who participate in early intervention experience significant improvement in development and learning. Children with developmental delays or conditions likely to cause delays benefit greatly from First Step services during critical developmental years. Services and support also benefit families by reducing stress. Child eligibility for the program is determined two ways: 1) By developmental delay: A child may be eligible for services if an evaluation shows that a child is not developing typically in at least one of the following skill areas: communication, cognition, physical, social, and emotional or self-help; or 2) By established risk concern: A child may be eligible if he or she receives a diagnosis of physical or mental condition with high probability of resulting developmental delay, such as Down's Syndrome. Services may be provided in the home, at childcare centers, or childcare homes. Services may also be provided in community settings such as libraries, grocery stores, or parks.

DPCW's Prevention and Evidence-Based Practices Branch programs primarily work with children in their homes; however, KSTEP and START are in home services that continue to work with the family post removal to expedite return of the children to their home. For families that successfully completed the KSTEP program in CY 2022, 94% of children were able to safely remain in their home of origin.

START pairs a specially trained child welfare social worker with a family mentor, who is a person in long-term recovery with previous child welfare experience to help guide and coach the family through both the recovery and child welfare process. START intervenes quickly once the family comes to the attention of child welfare and throughout the child welfare case. Quick access to comprehensive SUD assessment and treatment services are provided to families in START as well as intensive child welfare services and cross systems collaboration. In CY 2022, 139 families had their cases closed. This included a total of 236 children in these families. Of those, 83.5% were with parents or relatives at case closure, 15.3% had parental rights terminated, and the outcome for 1.2% were unresolved.

There are various other services provided to all children throughout the state that target many age groups that are inclusive of children age five and under. Additional information regarding the services listed above and other services are available in the attached Service Array Index (Attachment 11).

**By 2024, decrease the number of youth exiting care at age 18 or older without having achieved permanency.**
As of March 2023, statewide, there were 156 children aged 16 in OOHC for 12 months or longer. Table 15 below outlines the totals for each region. CQI specialists have begun tracking this information to identify trends and assist regions in action planning around barriers. The numbers over the past three years have remained between 432 and 436. Although this is a definite increase of children remaining in OOHC for 12 months or longer than pre-pandemic, the state is working to increase the number of homes accepting older youth. In March 2023, the statewide number dropped dramatically to 156 compared to previous years. Each region saw a significant drop in the number of 16-year-olds in OOHC for 12 months or more.

Table 15: Number of 16-year-olds in OOHC for 12 Months or More, by Region

|  | March 2019 | March 2020 | March 2021 | March 2022 | March 2023 |
|---|---|---|---|---|---|
| Eastern Mountain | 15 | 16 | 23 | 25 | 17 |
| Jefferson | 47 | 64 | 56 | 39 | 18 |
| Northeastern | 32 | 28 | 27 | 32 | 10 |
| Northern Bluegrass | 37 | 65 | 64 | 54 | 18 |
| Salt River Trail | 43 | 60 | 61 | 60 | 25 |
| Southern Bluegrass | 61 | 72 | 63 | 64 | 26 |
| Cumberland | 55 | 49 | 43 | 42 | 15 |
| The Lakes | 23 | 35 | 43 | 38 | 11 |
| Two Rivers | 42 | 45 | 56 | 78 | 16 |
| **Statewide** | **355** | **434** | **436** | **432** | **156** |

TWS W058

The department has seen an increase in youth transitioning from care at 18 without achieving permanency, with 607 youth exiting in 2022 compared to the 436 youth who exited in 2021. This is higher than the department's goal for 2022, which was set at 582 youth. This may be attributed to federal flexibilities during the pandemic that allowed youth to remain in care longer. The introduction of the relative service array has positively impacted the number of youth transitioning from care without achieving permanency. This allows relatives to become foster parents, which when puts those children in the OOHC population versus custody of the relative. These children placed with relatives in foster care make up about 5.2% of Kentucky's OOHC population.

Table 16

| Year | Number of Youth Exiting Care at Age 18 |
|---|---|
| 2018 | 612 |
| 2019 | 644 |
| 2020 | 475 |
| 2021 | 436 |
| 2023 | 607 |

TWS-M050

Many activities have been implemented to obtain youth voice in decision-making. Salt River Trail, Northeastern, and Northern Bluegrass service regions have implemented youth engagement CQI meetings quarterly and work very closely with the independent living specialists and VOC staff to coordinate these. Field Quality Branch staff attend statewide youth

events hosted by the Transitional Services Branch, such as the Youth Empowerment Conference. The Field Quality Branch plans to collaborate with PCC providers to conduct CQI youth meetings quarterly which will also include VOC youth to assist with co-facilitating. CQI specialists help facilitate meetings by identifying local and regional issues for program improvement that directly affect youth in OOHC. These topics often coordinate with department initiatives and focus on permanency and foster care issues. CQI specialists help guide open discussions with youth on issues identified as problematic and assist with developing action plans, as well as document issues identified that need regional or department level review for resolution. CQI specialists document meeting minutes, regional level issues are reviewed with regional leadership for resolution/discussion, and department level issues are forwarded to DSR for review during the statewide CQI meetings. Feedback is provided to the regions to share with the youth CQI teams. Some examples of issues that youth have discussed include placement moves, visits with siblings, school issues, and the ability to have more foster youth group activities. Youth participated in the CQI self-assessment and redesign.

Some examples of practice change include incorporation of members of VOC in action planning within many department initiative workgroups, including the diligent recruitment workgroup. VOC was invited to the diligent recruitment steering committee and a part of those efforts and conversations related specifically to targeted recruitment for older youth. Preliminary plans for CFSR Round 4 include incorporating VOC and other groups which represent the youth voice and those with lived experience into the earliest stages of action.

The division has asked each service region to include youth in panel discussions during foster parent pre-service trainings. Regions have reported that when youth are present, it greatly affects future foster parents, and they are more open to accepting older youth placements. Kentucky Adoption Profile Exchange (KAPE) specialists also attend pre-service trainings/informational meetings to discuss the KAPE program, the needs of children in OOHC, and the need for adoptive homes, especially for older youth in OOHC.

As of December 2022, Kentucky has 2,649 children/youth with a goal of adoption, 1,416 of which are in post TPR agency cases, 808 children legally free for adoption waiting to be adopted by foster parents, and 608 with no foster parent adoption planned. These children are legally available for adoption, but they do not have an identified adoptive home. Three hundred twelve (312) children were registered with KAPE. In 2022, the number of children with a finalized TPR who did not have an identified adoptive home continued to decline, which is a positive trend. The number of children with TPR who were being adopted by their foster parents declined from 969 to 808. However, the overall number of children with finalized TPRs decreased and the number of finalized adoptions increased in 2022 which means some of the children previously included in this population may have exited OOHC.

Kentucky continues to collaborate with the Dave Thomas Foundation for Adoption (DTFA) for the Wendy's Wonderful Kids (WWK) program. During the department's reorganization in 2018, DSR developed the Permanency Services Branch, which employs staff who implement the WWK program. The department has named the program the child focused recruitment model (CFRM). CFRM specialists implement the model with the goal of identifying adoptive homes for this population. CFRM demands aggressive tactical work, smaller caseloads, accountability, and a focus on children for whom permanency efforts in the past have not been successful. The CFRM is evidence-based, and an impact evaluation concluded that using the model significantly increased a child's likelihood of adoption. The model contains the following eight components, all of which are expected to be employed for each child: initial child referral; relationship-building with the child; case record review; assessment of adoption readiness; adoption preparation; network building; recruitment planning; and diligent search. CFRM is circular process, where the CFRM specialist will continue to revisit/update documents.

The CFRM specialists' search begins in familiar circles of family, friends, and neighbors of the children and then expands to the communities in which the children live. Adopting the model in Kentucky, and the mindset that every child is adoptable, has had a great impact on Kentucky's foster care system. The program has continued to expand and now includes six supervisors and 60 specialists, statewide. Kentucky uses title IV-B funds to contractually match the funds from DTFA.

Older youth and children with behavioral needs are three times more likely to be adopted if they are assigned a CFRM specialist.

The number of children referred to KAPE in 2022 increased greatly. The Adoption Services Branch has requested a management report modification to identify children who are post-TPR and do not have an identified adoptive home so that needed KAPE referrals can be identified more efficiently. The report is still under development. The Adoption Services Branch began tracking and staffing these cases on a regular basis with the regions and WWK supervisors in 2022. Recently, the Permanency Services and Transitional Services branches have collaborated to support and serve older youth in OOHC. The independent living specialists within the branch facilitate transition plans for youth at 17 and within 90 days of transitioning out of care at age 18. The independent living specialists now invite the CFRM specialist, along with the youth's DCBS worker, to the transition plan meeting.

### Foster and Adoptive Diligent Recruitment Plan Section 422 (b)(7) of the Act

Although diligent recruitment was not identified as an individual objective under CFSP Goal 3, recruitment of the appropriate foster and adoptive parents is crucial in achieving timely and appropriating permanency for children in OOHC. The department submitted Kentucky's 2020-2024 Foster and Adoptive Parent Diligent Recruitment plan with the 2020-2024 CFSP. There were no updates to Kentucky's 2020-2024 Foster and Adoptive Parent Diligent Recruitment plan for this submission.

DCBS staff work relentlessly to recruit homes within Kentucky to meet the needs of children entering care. To ensure that all parts of the community are targeted, DCBS R&C staff in the nine service regions plan recruitment events throughout the communities such as participating in festivals and fairs, setting up booths at conferences, distributing recruitment materials, and engaging foster parents and youth to speak to the faith-based community. These activities looked vastly different in 2020 due to the COVID-19 pandemic and face-to-face restrictions, as many face-to-face activities, fairs, and booths were cancelled. R&C staff had to adapt their recruitment activities to focus on virtual and social distancing activities. Many regions held virtual meetings with community partners, virtual informational sessions, and events for recruitment during 2020. Social media recruitment was critical throughout the pandemic. Social media posts, including the need for targeted homes (minority, homes for teens, sibling groups, medically complex) and personal stories from foster/adoptive families have been instrumental. Regions have developed recruitment ads for billboards, yard signs, newspapers, etc. In addition, a new statewide foster care logo was finalized in 2020. Yard signs and recruitment items have been distributed with the new logo. Current foster/adoptive parents are the top recruiters for the department. Thus, quality branded items such as tumblers, umbrellas, chairs, etc. have been distributed to current foster/adoptive parents as a thank you and to solicit conversations to recruit new foster/adoptive parents. DPP continues to work with the UK TRC to enhance the brand visibility. Figure 1 is the statewide logo.



**Figure 1**

Foster and adoptive parent recruitment is supported through the Kentucky Foster and Adoptive Parent Training Support Network (the Network). The Network is made up of 16 teams comprised of experienced foster and adoptive parents throughout the state. The Network's primary objective is to offer training and provide confidential peer support. Network members support region-based recruitment based on need, through public speaking, responding to foster parent inquiries, distributing community-specific targeted recruitment materials statewide, and are involved in faith-based activities.

Collaboration with the Network is ongoing to increase their visibility, participation, and partnership with DCBS to recruit. VOC will also be participating in recruitment events and pre-service meetings across the state.

Recruitment and retention are also supported through regional foster and adoptive parent appreciation events and award ceremonies. These are typically held annually to recognize and showcase the rewards of foster/adoptive caregiving. Due to the COVID-19 pandemic and social distancing restrictions, the award ceremony was not held in 2020. However, all foster parents were given a RedBox code for a free movie and many regions distributed baskets and personalized thank you cards to foster parents' doors. The door drop distribution has developed into an ongoing activity for foster parent appreciation by many regions across the state. These door drops included baskets providing items such as sidewalk chalk and family games during the beginning of the COVID-19 pandemic, gingerbread houses and gifts during Christmas, and family meals. Additionally, several regions held holiday drive-through events where current foster families were able to drive through a holiday display and receive donated gifts.

The department has a dedicated statewide diligent recruitment specialist position who provides technical assistance and support to the service regions. The diligent recruitment specialist has focused on recruitment and retention needs for each county and region, so that efforts are focused in targeted areas based on data specific to the region. The diligent recruitment specialist and DPP are partnering with AdoptUSKids to develop webinars and peer-to-peer discussions for all R&C staff, and some community partners, on targeted recruitment and retention. The partnership will also extend to assisting Kentucky with developing a foster parent speaker's bureau. Development of the speaker's bureau was put on hold during the pandemic, however, discussions around further cultivating the program will continue during 2023.

The KY FACES web portal, launched in November 2018, allows prospective foster parents to learn about the program area, submit an inquiry, and track the progress of their home study. This site also serves as a resource hub for foster and adoptive parents. Information regarding this site has been included on all recruitment materials. DCBS began partnering with an advertising company to launch social media campaigns for foster care recruitment. Three campaigns have been launched and focus has been shifted to target homes for older youth. These campaigns have been highly successful in reaching thousands of individuals and directing those individuals to the KY FACES website to learn more and inquire about foster care and adoption in Kentucky.

As of 2015, Kentucky recognizes same-sex marriage. As a result of a court ruling, both parents in same-sex couples are permitted to enter into an adoption petition. Prior to the ruling, Kentucky law only allowed one parent of a same-sex couple to adopt a child. The state currently has no policies in place that limit its ability to recruit foster and adoptive families that reflect the diversity of children in care. There are no bans or restrictions regarding same-sex couples or any LGBTQI+ individuals becoming resource parents.

The diligent recruitment report contains child characteristics and resource/foster home characteristics broken down by county, region, and statewide. The diligent recruitment report reflects the number of children in care, their age, race, whether they are part of a sibling group, and if there are compatible resource/foster placements available to meet their needs. The diligent recruitment report is released monthly and dispersed to DCBS staff in all 120 counties. The department utilizes the diligent recruitment report to assess available resources in the community to meet the needs of children being placed in OOHC. It is a tool highly valued by DCBS and private agency staff.

As demonstrated in Figures 2 and 3, Kentucky has experienced a decrease in foster homes from 2021 to 2022. There was a decrease of 264 foster homes, accounting for 177 DCBS foster homes and 87 PCP foster homes. Overall, the percent of need was met regarding homes accepting children ages 0 to 5 (175.35% of need met) and homes accepting children ages 6 to 11 (175.46% of need met). Homes accepting siblings (118.39%), homes with Asian parents (137.14%), and medically complex homes (126.32) were also over the threshold for 2022.

Figure 2

**Diligent Recruitment Report: Statewide - 01/01/2023**

| Child Characteristics | # of children | Foster Home Characteristics | # of DCBS homes | # of PCC homes | % of Need Met** |
|---|---|---|---|---|---|
| Number of Children in OOHC | 8434 | Number of foster homes | 2,277 | 2,934 | 123.57 |
| Children 0 to 5 | 2,629 | Foster homes accepting children ages 0-5 | 1,737 | 568* | 175.35 |
| Children 6 to 11 | 1,940 | Foster homes accepting children ages 6-11 | 887 | 815* | 175.46 |
| Children 12 to 21 | 3865 | Foster homes accepting children ages 12-21 | 301 | 1,500* | 93.2 |
| Children 19 + | 395 | Foster homes accepting children ages 19+ | 17 | 64* | 41.01 |
| Children in a sibling group | 3947 | Foster homes accepting siblings | 1,712 | 699* | 122.17 |
| Siblings placed together | 2544 | Foster homes with sibling groups | 393 | 377 | |
| African American children | 1552 | Foster homes with African American parent(s) | 174 | 433 | 78.22 |
| Asian children | 35 | Foster homes with Asian parent(s) | 15 | 9 | 137.14 |
| Caucasian children | 7027 | Foster homes with Caucasian parents | 2,048 | 2,448 | 127.96 |
| Native American children | 29 | Foster homes with Native American parent(s) | 1 | 11 | 82.76 |
| Hispanic children | 416 | Foster homes with Hispanic parent(s) | 33 | 54 | 41.83 |
| Native Hawaiian/ Pacific Island children | 28 | Foster homes with Native Hawaiian/ Pacific Islander parent(s) | 2 | 3 | 35.71 |
| Number of medically complex children | 228 | Number of medically complex homes | 59 | 85 | 126.32 |
| Number of children in agency cases | 1767 | | | | |

There are 161 active DCBS homes that have never had a placement and have been approved 90 days or longer.
There are 234 active DCBS homes that have not had a placement in in 1 yr.

*Characteristics of children in placement are used as a proxy for acceptance groups, e.g. [accepting ages 0-5].
**Note: Calculations based on 1 Sibling Group per home and 2 children per home. Ratio is percent of need satisfied.
***Obtained by counting homes with a medical fragile child and empty homes identified as H. Foster Medically Fragile

**Figure 3**

**Diligent Recruitment Report: Statewide - 01/02/2022**

| Child Characteristics | # of children | Foster Home Characteristics | # of DCBS homes | # of PCC homes | % of Need Met** |
|---|---|---|---|---|---|
| Number of Children in OOHC | 9004 | Number of foster homes | 2,454 | 3,021 | 121.61 |
| Children 0 to 5 | 2,938 | Foster homes accepting children ages 0-5 | 1,905 | 589* | 169.78 |
| Children 6 to 11 | 2,118 | Foster homes accepting children ages 6-11 | 984 | 906* | 178.47 |
| Children 12 to 21 | 3947 | Foster homes accepting children ages 12-21 | 300 | 1,555* | 94 |
| Children 19 + | 378 | Foster homes accepting children ages 19+ | 19 | 59* | 41.27 |
| Children in a sibling group | 4394 | Foster homes accepting siblings | 1,839 | 762* | 118.39 |
| Siblings placed together | 2948 | Foster homes with sibling groups | 429 | 412 | |
| African American children | 1586 | Foster homes with African American parent(s) | 190 | 453 | 81.08 |
| Asian children | 38 | Foster homes with Asian parent(s) | 13 | 10 | 121.05 |
| Caucasian children | 7526 | Foster homes with Caucasian parents | 2,207 | 2,521 | 125.64 |
| Native American children | 27 | Foster homes with Native American parent(s) | 2 | 10 | 88.89 |
| Hispanic children | 477 | Foster homes with Hispanic parent(s) | 34 | 59 | 38.99 |
| Native Hawaiian/ Pacific Island children | 35 | Foster homes with Native Hawaiian/ Pacific Islander parent(s) | 3 | 3 | 34.29 |
| Number of medically complex children | 191 | Number of medically complex homes | 50 | 66 | 121.47 |
| Number of children in agency cases | 1818 | | | | |

There are 187 active DCBS homes that have never had a placement and have been approved 90 days or longer.
There are 260 active DCBS homes that have not had a placement in in 1 yr.

*Characteristics of children in placement are used as a proxy for acceptance groups, e.g. [accepting ages 0-5].
**Note: Calculations based on 1 Sibling Group per home and 2 children per home. Ratio is percent of need satisfied.
***Obtained by counting homes with a medical fragile child and empty homes identified as H. Foster Medically Fragile
Underline in % of Need Met column highlights areas were % of need met is below 100%.

Foster youth ages 12-21, will remain an area of focus, as foster home capacity still does not fully meet the need of the youth in OOHC. Recruitment challenges and areas of need continue to be within familiar areas of concern, including foster homes accepting children ages 19 and above (41.01 %), foster homes with African American parents (78.22 %), foster homes with Native American parents (82.76%), foster homes with Hispanic parents (41.83%), and foster homes with Native Hawaiian/Pacific Islander parents (35.71%).

In accordance with the Multi-Ethnic Placement Act (MEPA), the department's numbers related to the placement of children with matching racial and ethnic demographics are reported in Table 17. The last column represents the actual utilization of matching resource homes. Though the percentages initially indicate less than ideal numbers for successful matching based on race/ethnicity, further consideration should be given for other child characteristics that also drive placement—such as their individual needs and proximity to parents/community.

Table 17

| Race/ Ethnicity | # of children | | | | | # of resource homes with one or more FP | | | | | # of children in foster home with one of more FP of same race/ ethnicity | | | | | % of children in foster home with one or more FP of same race/ ethnicity | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2018 | 2019 | 2020 | 2021 | 2022 | 2018 | 2019 | 2020 | 2021 | 2022 | 2018 | 2019 | 2020 | 2021 | 2022 |
| American Indian or Alaskan Native | 2 | 2 | 0 | 3 | 1 | 2 | 2 | 0 | 2 | 1 | 2 | 2 | 0 | 3 | 1 | 100 | 100 | 0 | 100 | 100 |
| Asian | 2 | 2 | 6 | 6 | 10 | 2 | 2 | 5 | 5 | 7 | 2 | 2 | 6 | 6 | 10 | 100 | 100 | 100 | 100 | 100 |
| Black or African American | 580 | 559 | 480 | 482 | 468 | 367 | 374 | 306 | 318 | 297 | 482 | 466 | 399 | 404 | 404 | 83.1 | 83.4 | 83.1 | 83.8 | 86.3 |
| Hispanic | 333 | 337 | 319 | 276 | 296 | 218 | 216 | 206 | 190 | 203 | 290 | 192 | 278 | 244 | 258 | 87.0 | 86.7 | 87.1 | 88.4 | 87.2 |
| Native Hawaiian or Other Pacific Islander | 8 | 2 | 4 | 5 | 5 | 4 | 1 | 4 | 4 | 4 | 8 | 2 | 4 | 5 | 5 | 100 | 100 | 100 | 100 | 100 |
| Two or More Races | 634 | 665 | 651 | 635 | 732 | 2,670 | 2,771 | 2,974 | 2,894 | 2,839 | 634 | 663 | 649 | 634 | 730 | 100 | 99.7 | 99.6 | 99.8 | 99.7 |
| White or Caucasian | 4,545 | 4,419 | 4,288 | 3,883 | 3,704 | 2,422 | 2,433 | 2,355 | 1,159 | 2,025 | 2,587 | 2,536 | 2,355 | 2,224 | 2,134 | 56.9 | 57.4 | 55.5 | 57.3 | 57.6 |

Goal 3 has many program and implementation supports to assist in successful implementation of its many activities. Supports are in place from AMS, UofL, and the DCBS Training Branch for assistance in increasing the number of children entering care who receive a behavioral health screener. The Clinical Services Branch has put internal supports in place in the form of a clinical consultant to provide ongoing CANS training and technical assistance for providers. The department is working collaboratively with AOC and OLS regarding the regional permanency calls. Implementation and technical assistance regarding permanency-focused goals is being received from DTFA, AdoptUSKids, and UK.

If concerns are identified during the permanency calls or if questions arise that cannot be answered, program staff contact AOC, OLS, or TWIST staff to provide clarification to the regions. Updates on these goals and objectives are routinely presented at the CFSP Stakeholder CQI meetings and feedback is solicited from participants. Stakeholders are also part of the Diligent Recruitment Committee. This committee includes foster parents, youth, and VOC staff. VOC youth are invited to participate on the panel for each new foster/adoptive parent pre-service group. More work is needed to engage additional youth to participate in the committee and sub-committees, as well as to participate regionally in recruitment efforts. Through a partnership with AdoptUSKids, webinars and discussions include support for engaging youth and young adults in recruitment committees and efforts. Including teens and young adults impacted by the foster care system in efforts to educate and recruit homes for teens will be a priority as Kentucky begins to develop a speaker's bureau for foster care and adoption. In addition, Kentucky's Kids Belong targets recruitment for child-specific homes for youth.

## D. Accomplishments Regarding Goal Four: Implement supports to stabilize the workforce to decrease workloads

The department has continuously struggled to improve outcomes for families largely, in part, due to workforce issues including turnover, vacancies, inexperienced staff, and an increased workload. As noted in the 2016 CFSR final report,

workforce issues—with particular focus on recruitment and retention of employees—have significant implications on frontline staff's ability to provide quality assessments and case management, therefore, impacts safety, permanency, and well-being outcomes for families.

Table 18 displays the number of new frontline staff (social service worker I classification) entering and exiting the department from 2018-2022. The percent of new staff beginning employment with the department dropped from 55.77% in 2021 to 39.85% in 2022. Staff leaving the department increased nearly 7% to 56.81%. CY 2022 data illustrates a concern for the department in retaining a stabilized workforce. Through strategies developed within the PIP, the department has focused efforts on ensuring each region has a retention committee that implements and evaluates retention activities. These committees have focused on improving morale and improving office culture through a variety of activities, such as employee recognition and appreciation events; physical and mental health resources, such as onsite exercise classes; mindfulness training; and preventive health services.

Results from the April 2023 CFSP Stakeholder CQI survey indicate that of the 63 survey respondents, 15 respondents (24.2%) strongly agree, and 25 respondents (39.7%) agree that the department is making the necessary progress (meeting major milestones within required timeframes) to meet CFSP Goal 4.

Table 18: Social Service Workers I Entries and Exits

|  | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| % frontline staff entering the workforce (SSWI) | 44.97% | 58.48% | 55.86% | 55.77% | 39.85% |
| % frontline staff exiting the workforce (SSWI) | 43.14% | 39.52% | 39.65% | 49.82% | 56.81% |

Personnel Cabinet Turnover Report

Implementing supports, such as those listed above, to stabilize the workforce will not only help staff maintain lower caseloads but will ultimately assist with providing a higher quality of services to families and children. Strategies around workforce within the PIP include the consistent use of retention committees and alternative work schedules to assist staff with a manageable work/life balance. The objectives around workforce stabilization within CFSP Goal 4 complement those PIP strategies by increasing the staff retention rate and ensuring that staff are not leaving the department at a higher rate than they are entering.

Effective December 16, 2021, a 10% pay increase went into effect for the following job classifications within DCBS: social services aide I and II; social services worker I and II; social services clinician I and II; social services specialist; public assistance program specialist; field services supervisor; family services office supervisor; case management specialist I, II, and III; SRA; service region administrator associate (SRAA) and SRCA. Additionally, through legislative action, in May 2022 the same job classifications received an additional $2,400 pay increase, to be given in $100 monthly increments to base pay over the following 24 months. All state employees will receive an eight percent pay increase effective July 1, 2022.

To promote work/life balance, DCBS developed alternate hour teams. The idea is that these teams would work hours outside of the typical 8:00 am - 4:30 pm. Northern Bluegrass Service Region has an alternate hour's team. The staff come in mid-late morning and work into the evening. This allows the team to take reports that come in later in the day so that the staff who work a regular schedule (8:00 am-4:30 pm) do not have to take the late day reports which decreases overtime. Two other regions have counties that work alternate hours, specifically a 24/7 schedule. This allows staff the flexibility to set their own schedule depending on their personal needs, as well as the needs of the agency and customers. These staff must clock 37.5 hours weekly but can adjust their working days and hours. Shift differential pay is available for staff working past 4:30 pm.

In addition to alternate work schedules, DCBS implemented additional pay for staff who are required to respond to an afterhours crisis. Any staff that must respond to an afterhours crisis is eligible to receive $5.00 more on the hour in addition to overtime compensatory leave or overtime pay.

**Decrease the percentage of frontline staff exiting and increase the number of staff entering the workforce by 2024**
The department, in collaboration with Collaborative Safety, implemented the system safety review (SSR) process for fatality and near fatalities in October 2019. In preparation for the implementation of the new review process, program and regional staff began training with Collaborative Safety in March 2019. Leadership and frontline staff attended orientation and leadership trainings on the process throughout the remainder of 2019. The department's goal in implementing the SSR was to adopt a culture within the department that looks at the child welfare system as a whole, rather than scapegoating and reacting punitively toward individual staff to assist with removing the stigma associated with working for the department.

All cases with a child fatality or near fatality in an active case or investigation have an initial review by the system safety analyst. The case is presented to the MDT for consideration of a comprehensive analysis. The SSR team completes an initial case review, which includes a review of the circumstances of the fatal/near fatal incident, allegations and details of prior investigations, and the provision of ongoing services. The goal of the initial review is to identify features that may be recommended for a more in-depth analysis. Particular attention is given to history occurring within 24 months prior to the fatal/near fatal incident. The System Safety Review Process Manual and SOP 2.14 Investigations of Child Fatalities and Near Fatalities fully outline the SSR process.

In CY 2022, 218 cases met criteria for initial review under the SSR process. Of the cases presented to the MDT, 82 cases had features identified for further study. Fifty-five (55) of those cases were selected for full review. The variances in the number of cases with features for study and the number selected for full review is attributed to limitations created by program impact. The full review process is time-consuming, limiting the number of cases that can be assigned to each analyst, and the number of cases that can be selected from one region at one time. During CY 2022, the impact of staff shortages at the field level also contributed to fewer cases being selected, since this process requires staff to be pulled from their casework duties to participate in human factors debriefing and systems mapping session.

The department continues to make progress on the implementation the field training specialist (FTS) initiative. The initial (pilot) training for FTS was scheduled for June 2020 but was delayed due to COVID-19. This training included FTS in three regions, with a plan for additional FTS trainings in SFY 2021 to include additional regions. Dr. Anita Barbee with UofL developed the training, including instruction and practice with using behavioral anchors to assess new employee performance, providing constructive feedback for performance improvement, utilizing the web based Qualtrics system, and coaching and mentoring. Qualtrics is designed to capture the FTS behavioral anchor ratings of new employees based on observations. The system will allow the ratings to be shared with the FTS, new employee, and the new employee's supervisor. The ratings will be compiled and reported on a regular basis. Reports will be shared with DCBS leadership, DCBS Training Branch leadership, and Dr. Barbee. Reports generated through Qualtrics will be used to identify trends in the ratings of behavioral anchors. These aggregate reports of the ratings can be used to inform decisions regarding updates/changes to training curricula, potential changes in DCBS processes, etc.

Initial FTS were identified in December 2020. A three-day extensive training was held at the beginning of February 2021. The FTS were assigned new employees in March 2021. EKU, DCBS leadership, and UofL met with the FTS and their supervisors to discuss the behavioral anchors and address any questions or concerns. Feedback on the FTS program and behavioral anchors was received, and adjustments to behavioral anchors were made based on that feedback.

FTS job duties include supporting, coaching, and mentoring new frontline staff so that the transfer of learning continues once the new worker returns from each portion of training. The FTS will carry their own cases and allow the new worker to shadow them on casework activities. As new staff are assigned their own cases, the FTS will evaluate the worker's

knowledge utilizing behavioral anchors that address every aspect of casework activity from the time the case is opened through closure. Coaching and mentoring occur throughout the entire time the FTS is assigned to the new worker.

Social service clinicians were selected to be FTS in three pilot regions (Northern Bluegrass, Salt River Trail, and Two Rivers service regions). These regions were selected for the pilot due to staffing and having several social service clinicians in the region who could be FTS, including staff with strong leadership and coaching/mentoring skills, as well as high performers in case work, engagement, verbal/written skills, and timeliness of documenting casework. In March 2022, three additional regions were trained on FTS, for a total of 2/3 of the total service regions now involved in the program. The FTS ratings system was converted to be hosted by UofL, who can pull reports and provide updated data on progress.

In addition to the reports generated from Qualtrics, future six-month follow-up surveys conducted by UofL will be updated to reflect the new behavioral anchors. New employees will receive the survey six-months after they complete initial training (and the FTS program) and will be asked to rate themselves on their level of preparedness to perform key job functions related to the behavioral anchors. The six-month follow up survey will continue to gauge new employees' levels of key organizational climate and culture constructs shown to relate/predict retention including job satisfaction, organizational commitment, quality of supervision, secondary trauma, etc. UofL will continue to administer this survey and report results as well as examine retention of these employees.

Over time, assessing the turnover rate of new employees will be one of the factors examined during implementation of the program. Dr. Barbee will continue to conduct the six-month follow-up survey with all newly hired frontline staff to assess for any changes in the number/percentages of new employees leaving at (or prior to) the six-month mark, and then annually.

The DCBS Training Branch and DCBS leadership discuss the results from the FTS program on a routine basis. This data helps drive training improvements and will inform improvements to regional protocols and SOPs. The DCBS Training Branch, along with the FTS pilot regions, will discuss and share data during the CFSP Stakeholders CQI meetings, to receive feedback for improvement."

Department leadership believes the agency is in a much more stable and fruitful environment now than in recent years to conquer the challenges of the 21st century in DCBS. Challenges remain in nearly all areas of service delivery; however, steps have been taken to mitigate barriers and stabilize organizational trajectories. No immense barriers relating to physical space, equipment, or data systems are noted. Training and coaching remain challenging, however, mentorship pilot projects for new staff were initiated to better stabilize the most affected areas of the state.

The department is seeing positive results with linking new staff to an FTS, however, there continue to be challenges with turnover within the department.

Figure 4

**COMPARISON OVERALL FOR ANCHOR CATEGORY MEAN SCORES FROM PRE TO POST**

| Behavioral Anchor Rating Event # | | foundation mean | engage mean | planning mean | implementation mean | oohc mean | court mean | closure mean |
|---|---|---|---|---|---|---|---|---|
| PRE | Mean | 1.8880 | 1.9008 | 1.9524 | 2.0000 | 1.9395 | 1.1667 | 1.7000 |
| | N | 35 | 21 | 7 | 11 | 12 | 3 | 10 |
| | Std. Deviation | .49275 | .44536 | .84828 | .92195 | .79736 | 1.04083 | .82327 |
| POST | Mean | 2.1649 | 2.1444 | 2.1333 | 1.8750 | 2.0238 | 2.0000 | 1.8571 |
| | N | 15 | 15 | 10 | 8 | 10 | 4 | 7 |
| | Std. Deviation | .72708 | .70743 | .87771 | .99103 | .94020 | 1.15470 | 1.06904 |
| Total | Mean | 1.9711 | 2.0023 | 2.0588 | 1.9474 | 1.9778 | 1.6429 | 1.7647 |
| | N | 50 | 36 | 17 | 19 | 22 | 7 | 17 |
| | Std. Deviation | .57962 | .57303 | .84356 | .92638 | .84482 | 1.10733 | .90342 |

**Yellow=pre to post scores decrease vs. increase**

In FFY 2024, the following efforts are planned to overcome noted coaching and training challenges that continue to impact individual and organizational performance:

Welcome to Community Based Services Meetings: Regional learning specialist's (RLS) in each region hold a *Welcome to Community Based Services* meeting several times a month to engage all new staff as they enter DCBS. This meeting is a live Zoom/Teams session where staff learn about employee expectations, what it means to be a DCBS professional, training requirements, and self-care. In addition, RLCs provide an opportunity to take questions and respond to staff concerns. By offering this as a live session, other pertinent DCBS leadership, including SRAs, and other regional staff often attend. This meeting is an opportunity for staff to get to know each other and gives the RLS the chance to become acquainted with new employees as they enter their position.

Field Training Specialist Program: RLSs in all regions assist with the coordination of the FTS project. This pilot is a combined effort between EKU-TRC, DCBS, and UofL, and pairs a DCBS staff designated as an FTS with a new DCBS employee to create a mentorship relationship. The goal of the program is to ensure new employees have an experienced, tenured staff to share their concerns and issues they have while acclimating to their new position with.

The Learning Expo: In the coming FFY, EKU will be hosting *The Learning Expo*, which is a two-day training event for new frontline workers to enhance the skills they learned in the Foundations training. Training topics will challenge workers to analyze their knowledge and skills within their casework, receive coaching through interviewing, be receptive to mentoring regarding serving families, discuss barriers they face, and learn how to work within teams.

Lunchtime Chat: To encourage supervisors to both coach and mentor their new staff through the Foundations training, EKU facilitators will host a lunch and learn style open house entitled *Lunchtime Chat.* During this hour presentation, supervisors

will be exposed to areas within the Foundations training where they can connect with their new staff and encourage them in their learning. There is also a section dedicated to coaching new staff throughout the four-month training along with resources, provided virtually.

HEAT Training: To assist new frontline staff in working through barriers and challenging situations, EKU is creating a customer service-oriented training. The training will provide staff with options to positively respond in situations that can escalate when working with families. Throughout the training, participants will be encouraged to practice these situations and responses and be receptive to receive feedback.

Behavioral Anchors for Supervisors: EKU is beginning to work with the UofL and DPP to identify behavioral anchors to support supervisory leadership in the field. Once these anchors are approved, EKU will incorporate these into the Leadership Series training for new supervisors. Training content around these anchors ensure supervisors not only understand the actions and decisions needed in their position, but also how to coach, mentor, and lead their team through such challenging work.

Foundations in Child, Family, and Adult Services Revisions: EKU continues to review evaluations and feedback from the past year to assess needed changes to the new employee training Foundations in Child, Family, and Adult Services. Changes are being made to accommodate for better timing and structure of the trainings. Improvements are being made to materials to provide fresher content and to better serve varying learning styles. EKU monitors new and updated SOP and DCBS requests throughout the year to include these in training material.

Micro learnings: EKU is working on a variety of micro learnings for the Micro Learning Portal available to DCBS staff. Micro learnings provide brief refreshers for staff to take as needed to provide needed information on a subject, policy, or procedure. Micro learnings are being developed on court procedures, unable to locate SOP, and OOHC case planning.

Assessment and Documentation Tool Refresher: EKU is currently developing an assessment and documentation tool refresher training for tenured staff to take as needed. This training is being developed as it was targeted as a need by DCBS due to the addition of the SDM® assessments to the tool and for staff transitioning to a different role within the department.

Foundations Training Evaluations: EKU and UofL are continuing to review evaluations received during the Foundations trainings to make improvements to the training content, pretest and posttest questions, and evaluation questions. Meetings will occur throughout FFY 2024 to continue to review responses and make changes as needed.

Welcome to Training Packet: EKU is currently working on a *Welcome to Training* packet that will consist of a short video, infographic, and resources to be distributed prior to the Foundations training. The information will address issues regarding participation, leaving training for extended periods, and make-ups.

## E. Accomplishments Regarding Goal Five: Improve the department's continuous quality improvement (CQI) system

The department has maintained utilization of the CQI process as a performance, QA, and improvement mechanism since 2000. Since that time, the process and supports for CQI have further developed and become institutionalized throughout the organization. CQI exists as a process for achievement of sustainable improvements in both practice and results for children, adults, and families.

Although Kentucky has a CQI system in place that includes the key components and the foundational structure necessary for efficiency, the 2016 CFSR final report identified the following concerns regarding the functioning of Kentucky's CQI system:

- The case review process is not effectively identifying the strengths and needs of the system. The focus of case reviews is currently more compliance-driven rather than focused on assessing practice and key outcomes for children and families.
- Regional action plans are not effectively addressing areas needing improvement.
- There are concerns with the quality of key data sets used to evaluate performance.
- Relevant data is not consistently used to inform other parts of the system including training, service array, and work with the courts.

Along with guidance from the Center, a CQI self-assessment was conducted to include focus groups with department staff at all levels-frontline staff, frontline supervisors, regional staff, central office program staff, and department leadership. Youth from VOC were also involved with the assessment. The findings from the groups were rated using a tool from the Center and entered into a self-assessment summary.

Further analysis during the self-assessment of Kentucky's CQI system revealed that:
- CQI specialists are a critical part of the CQI system. Clarity in their roles and responsibilities, along with focusing on building their capacity to support statewide CQI efforts, is needed.
- Kentucky does not have clear policies and procedures that outline CQI activities. Lack of clarity in how CQI is intended to be operationalized has led to inconsistent application and ineffective processes.
- Intentional work is needed to embed a culture of CQI into Kentucky's child welfare system. Leadership support and clear messaging is critical to ensure that Kentucky's system is informed by using data in a positive way to support practice improvements and ensure healthy accountability for outcomes. This culture shift will also enhance Kentucky's workforce, as staff will be more meaningfully engaged in ongoing improvement efforts.

Results from the April 2023 CFSP Stakeholder CQI survey indicate that of the 63 survey respondents, 16 respondents (25.4%) strongly agree that the department is making the necessary progress (meeting major milestones within required timeframes) to meet CFSP Goal 5. Additionally, 55.6% of respondents agreed with the department's progress on Goal 5, making for an overall 80.1% favorable rating. Some of the feedback received noted "There appears to be an increased focus on engaging stakeholders" and "Efforts are being made on the number and quality of CQI Stakeholder meetings."

The department initiated a CQI redesign in 2019 to improve the CQI process throughout the department, reengage staff, and become an agency that is data informed and outcome driven. The department received technical assistance from the Center through an intensive work plan that focuses on building a more robust CQI system and strives to improve, build capacity, and maintain a consistent CQI process at various levels throughout the state to ensure the monitoring and improvement of outcomes for families and children. This includes ensuring that department leadership uses data to support effective management and supervision, which will lead to data-driven practice across the state. The overall theme of the work plan was the completion of the CQI self-assessment by the CQI planning team and CQI specialist participation in the CQI academy.

Within the PIP, the department ensured that all staff have access to relevant data, clarifying roles and expectations in the use of data in CQI activities, and implemented a consistent structure for CQI meetings and communication statewide. PIP CQI Strategy 1, the Management Report Crosswalk –Outcomes Guide was disseminated to all staff in June 2020. The guide includes outcomes measures, identifying report information, occurrence of report, report descriptions, quality tips, performance evaluation measurements, how to retrieve reports, and if internal/external. DSR continues to monitor data fidelity for both weekly and monthly reports utilizing the current identified areas of concern. DSR identifies areas of concern and sends to the regions to identify barriers to data entry. CQI specialists can drill down to the worker level and help ensure that staff understand how to enter the data properly. Management reports identifying missing permanency goal entries and resource type entries are disseminated weekly to staff for review by CQI specialists. Supplemental information on the department's CQI redesign can be found in Section II.I of the APSR.

CFSP Goal 5 will further those efforts described above by ensuring the inclusion of all stakeholders into the CQI process statewide, as well as formalizing CQI training statewide and ensuring consistency within all QA activities.

**Increase the number and quality of CQI stakeholder meetings statewide by 5% by 2024.**

Efforts continue concerning the increase in stakeholder participants in various groups, such as the CFSP Stakeholder CQI meeting and local/regional meetings. Dedicated staff within the division to identify and engage with stakeholders has been instrumental in increasing participation in the CFSP Stakeholder CQI group. Participation has grown from 20-30 invitees in 2018, to over 150 invitees and over 80 participants during the April 2023 virtual meeting. Attendees are diverse and represent multiple program areas that interface with the child welfare system in Kentucky.

The CFSP Stakeholder CQI meeting has grown considerably to include more frontline staff and new community partner representation throughout the state. The current invitee list includes, but is not limited to department staff, to include frontline staff and supervisors, program staff, and leadership; AOC; DMS; CASA; PCAK; DJJ; DBHDID; the Children's Alliance; FRSYCs; parent representatives; CJA representatives; various service providers including those receiving CBCAP funding; various partners from different universities, including the TRC; Early Childhood Education; DPH; foster and adoptive parents, Murray State University, OCA, DFS, KDE, and numerous private agency providers throughout the state. Current and former foster/adoptive youth are invited but are often unable to attend on a consistent basis due to time constraints. Quarterly youth CQI meetings are organized by CQI specialists with the goal to offer statewide flexibility with scheduling and include youth from VOC. These are held after business hours to better accommodate youth schedules. A partnership with the Transitional Services Branch regarding youth engagement statewide events has been forged. Adding "attending CQI meetings" to the VOC youth's job description incentives will also be given to youth for participation in CQI meetings.

Regional CQI groups consist of regional DCBS teams-SRAA/SRCAs, personnel liaisons, CQI specialists, and SRA. Items sent up from the frontline and FSOS meetings are reviewed for response or sent up to the central office level for further consideration, if needed. All action plans are sent to CQI specialists for vetting and submitted to the next line for review if needed. The regional CQI meetings do not include external stakeholders; however, there are additional meetings such as regional PCC meetings, RIACs, which also may result in CQI and data discussions, minutes, and action plans. RIACs include representation from youth and parents and suggestions for improvement are relayed to the SIAC for consideration.

Through the CQI redesign outlined above, the CQI state plan underwent significant modifications, to include ongoing stakeholder engagement, a framework for structured communication throughout all levels of the department, and a redesign of local CQI teams. The CQI redesign team assessed the capacity and infrastructure of the existing CQI process and its information tracking system through the CQI self-assessment. The self-assessment phase was completed in 2020 and the CQI planning team, in collaboration with the Center, drafted results and recommendations. The CQI redesign was launched April 1, 2021. Kentucky continues to receive technical support from Chapin Hall and the Center as the team moves forward with evaluating the CQI redesign.

Beginning in mid-2023, CQI stakeholder meetings will be increased from two times per year to quarterly. As a part of the CQI redesign, a CQI application development sub-workgroup was established to identify strengths and limitations of the current tracking system and strategize on how best to proceed with improvements. The sub-workgroup continues to meet monthly. As a preparation methodology for CFSR Round 4, and to increase the functionality of CQI stakeholder meetings, additional stakeholders will be identified and invited to meetings, on an ongoing basis. Baseline data will begin to be collected once the Minutes and Issues Tracking System (MITS) is operational.

**Implement a formalized CQI training process statewide by 2024.**

The DCBS Training Branch completed a DACUM (developing a curriculum) with CQI specialists in August 2019. DACUM profiles were completed and provided to the Field Quality Branch and department leadership for input prior to finalization. In addition to the DACUM, CQI specialists participated in the Center's CQI Academy. The goal of the CQI Academy is to

ensure all CQI specialists receive uniform training so that the same CQI principles are shared throughout each of the regions. CQI specialists completed the CQI Academy in August 2020. Based on input from CQI specialists and the DACUM findings, the Field Quality Branch and EKU is developing a CQI training academy with a specific staff development plan for CQI specialists. Ongoing, the CQI Academy training will be available and completed by new CQI specialists. The CQI training academy launched in June 2022. A training workgroup was developed within the Field Quality Branch to update trainings/refreshers. Kentucky's CQI State Plan and Procedures Manual has been completed and is available at [CQI State Plan and Procedures Manual](#).

The department is developing and plans to implement a training for staff who conduct second-level case reviews. The goal of the training will be to ensure IRR between second-level reviewers statewide, as well as ensuring that staff who conduct second-level case reviews are reviewing cases at the same threshold as the KY CFSR reviewers. The Field Quality Branch has completed a CQI case review training for CQI specialists that can also be utilized by field staff for further education and understanding on the case review process. However, the QA Branch intends to fully develop and implement a forma training for second level reviewers.

The Center continued partnering to provide coaching and mentoring to the Field Quality Branch in the CQI redesign work. The CQI Training Module covers 15 distinct topical areas that support both new employees and tenured CQI specialists. The modules are online but embed live trainings, synchronous trainings, and one-on-one sessions with team members and supervisors, for a robust training experience. The Center for States Academy for CQI is required for all CQI specialists and is included in the training module. The modules also include check for understanding questions, quizzes, and a survey. The Center will continue to assist with evaluation of the CQI redesign.

## F. Update on CFSR Child and Family Outcomes

The following is an update to the assessment conducted within the 2020-2024 CFSP and was completed utilizing TWIST data, CFSR results, PIP baseline data (September 2018-February 2019) collected from the KY CFSR and ongoing PIP monitoring data, Kentucky's CFSR 3 Data profile, NCANDS data, and second-level case review data. This assessment is intended to include additional updates and data not included within Section I.A-E of this narrative, to provide an update on all CFSR outcomes within the APSR.

**Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect**
During the CFSR (75% strength) and PIP baseline (67.8% strength), Safety Outcome 1 was not in substantial conformity. However, as noted in Section I.A of this narrative, when combining PIP measurement periods 21 and 27 (67.49%) for Safety Outcome 1 (to ensure a sufficient number of cases), the department saw a decrease in timely initiation. The PIP goal for Item 1 was the first achieved by the state. Case review scores suggest that timeliness to initiation has risen during the 03/21-12/21 PUR to 71.85%. Results from the April 2022 CFSP Stakeholder CQI survey indicate that of the 63 survey respondents, 15 respondents (25%) strongly agree and 35 (57%) agree that Kentucky's child welfare agency can meet the goals for Safety Outcome 1. This measure has an overall 82% favorable rating from stakeholders, sustaining the same positive rate from last year.

### *Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment*
Kentucky has shown an increase in timely initiation of investigations since the CFSP submission. Results from the CFSR indicated that this was an area needing improvement, with only 75% of the cases applicable for review meeting the required threshold (PIP baseline data[1]). The sharp increase for FFY 2019 (121.1) was likely the result of changes in the department's SOP regarding initiation timeframes. In January 2018, the department implemented new response times

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Source: Online Monitoring System-State Rating Summary

based upon the safety threats and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may have different response times based upon the perpetrator's current location and access to the victim. Prior to this change, each maltreatment type had a single response time, e.g., all reports alleging sexual abuse had a response time of one hour. Additionally, the department adopted new response times that increased the overall allotted time for initiation of reports with lower risk. Frontline staff now have 72 hours to initiate, rather than 48, for low-risk reports. In addition, the responsibility of determining response times during normal business hours was transferred from frontline supervisors to central intake supervisors.

There are several activities and objectives in Kentucky's CFSP anticipated to improve timely initiation of investigations of reports of child maltreatment. The implementation of the new safety model combined with the implementation of an alternative response will assist to decrease frontline staff's hours to response. The intake assessment was fully implemented in January 2022. The customization workgroups for the safety and risk assessment tools began in July 2021 and was fully implemented in October 2022. Additionally, implementation of alternative work schedules will allow for a decrease in response hours, as more staff will be available after normal business hours. It is likely to reduce the burden on staff working traditional work hours, allowing them to respond timely. Alternative response planning has begun and is anticipated to be implemented by 2024.

**Table 19**

| Item 1 | CFSR | PIP Baseline PUR: 02/19-07/19 | Combined PIP Measurement Periods 9, PUR: 06/18-11/18, and 15, PUR: 12/18-05/19 | Combined PIP Measurement Periods 21, PUR: 06/19-11/19 and 27, PUR: 12/19-05/20 | Combined PIP Measurement Periods 32 and 38, PUR: 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **PIP Goal-73%** | 75% | 67.8% | 71.01% | 61.49% | 63.95% | 71.85% |

Source: Online Monitoring System

**Table 20**

| | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** |
|---|---|---|---|---|---|---|---|
| **Average Time to Investigation in Hours** | 74.7 | 77.5 | 95.9 | 121.1 | 200.2 | 172.0 | 221.4 |

Source: NCANDS Child File Validation Workbook

Frontline staff turnover and high caseloads may affect staff's ability to initiate reports in a timely manner. Additionally, there is often confusion on what constitutes initiation and how to calculate timeliness (NCANDS calculation vs. various department calculations). There is conflictual information surrounding when the initiation time starts for investigation, however, SOP clearly states that initiation timeframes begin once central intake approves the referral. Additionally, some of the continued confusion occurs when reports are assigned to the frontline worker. Many workers misunderstand the requirement and believe they have 72 hours from the time the report is assigned to them. To address these concerns, a weekly report is shared with supervisors to track timely initiation response timeframes and emphasis is put on training around when the initiation timeframe starts. The department continues to meet internally to determine the most appropriate initiation calculation for staff. Since implementation of alternative response will create new timeframes for low-risk cases, further conversations will occur after full implementation.

Prior to the implementation of SDM®, there were not clear definitions and criteria around assigning initiation response timeframes. In April of 2022, the initiation response timeframes were defined and were assessed and assigned by the central intake worker and approved by the central intake supervisor. Previously, the central intake supervisor assigned all response timeframes for every report. This implementation may also play a role in the increased confusion. The

department is working to provide additional refresher trainings to address barriers and assist in the ongoing knowledge around response timeframes.

A root cause analysis was conducted for Item 1 to identify trends related to the decrease in scores. The analysis identified multiple unsuccessful attempts to contact the family, the department not provided with a complete address, COVID-19 pandemic barriers, lack of multiple attempts to see the family timely, the family avoiding contact, the child not residing in the home of the report, failure to initiate with all child victims, staff shortages, the report not assigned to an investigator timely, the child out of the county and not able to be seen, and child refused to be interviewed.

The department has begun the tasks associated with implementation of an alternative response system as outlined in CFSP Goal 2.2. Please see Section I.B for additional information related to this objective. Efforts to address staff turnover and decrease caseloads to stabilize the workforce have continued. Regional retention committees have been established and are operational in all regions. Alternative work schedules have been operationalized in several areas throughout the state and discussions are occurring regarding expansion. Staff working after normal business hours to handle emergency situations receive a shift premium of $5.00 per hour on top of overtime pay. Current plans are underway to allow for more staff the option to telecommute or work a hybrid schedule that would allow partial telecommuting and partial time in the office.

Jefferson service region workers now receive a locality pay premium of $4.00 per hour. Paid co-ops and internships have been expanded and promoted as a recruitment strategy. Additionally, Kentucky has developed a goal and objectives within the CFSP to address staff turnover. Along with the December 2021, May 2022, and July 2022 pay raises, there were several pay grade changes which were long overdue in a long-awaited plan to address the department's pay equity issues. This issue will not be solved short term but rather over the process of several years. Another pay increase of 6% is scheduled to roll out month-by-month throughout SFY 2024. All state employees, through the most recent legislative session, will receive an 8% pay increase. Considering equity is one of the five pillars of the Commissioner's strategic plan, Kentucky continues to brainstorm regarding pay equity issues that have attributed to negative effects of staff turnover.

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate**
Overall, according to 2016 CFSR results (60% strength) and PIP baseline results (47.22% strength), Kentucky was not in substantial conformity with Safety Outcome 2. PIP measurement data combined from the 21st and 27th measurement periods show that for Safety Outcome 2, Kentucky had only achieved substantial conformity in 25.56% of cases reviewed. Strong increases were seen for the combined 32nd and 38th measurement periods, with 47.78% substantial achievement. Further increases were seen in the 03/21-12/21 PUR at 56.51%. Results from the April 2023 CFSP Stakeholder CQI survey, sent to over 150 recipients, indicated that of the 63 survey respondents, 38 (62%) agree and 13 respondents (21%) strongly agree that Kentucky's child welfare agency can meet the goals for Safety Outcome 2.

*Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care*
Item 2 continues to be an area needing improvement for Kentucky and has proven to be the most challenging item regarding goal achievement. Kentucky scored a strength in 67% of the applicable cases in 2016 during the CFSR. The scores have continued to decrease in this item as evidenced by PIP baseline results showing that Kentucky only had a strength in 54.9% of the cases; and data from the combined 9th and 15th measurement periods (to ensure a sufficient number of cases) showed an even further decrease with a strength rating in only 30.77% of cases applicable for review (Table 21). Combining PIP measurement periods 21 and 27 (to ensure a sufficient number of cases) showed an additional decline to 28.79%. Scores for Item 2 have ticked back up during the combined 32nd and 38th measurement periods, with a strength rating score of 46.67%. For the combined PUR of 03/21-12/21, Kentucky scored 59% on Item 2.

A root cause analysis of Item 2 found one primary cause for the low scores: lack of immediacy when putting services into place. To address areas that impact services to protect children in the home and prevent removal or re-entry into foster

care, prevention service data is reviewed monthly, including the numbers of families served and waitlists. Numerous prevention service expansions have occurred with plans for additional expansions, spanning secondary and tertiary prevention services, with the goal of reducing waitlists to services and diverting families prior to child welfare involvement. Program expansions are data informed through the assessment of needs by target population and geographic need. In 2022, targeted efforts to assist the regions and frontline staff in better determining regional performance factors continued. One example of this was meetings with individual regions for additional in-depth discussion. This allotted for question-and-answer sessions with KY CFSR staff and central office leadership to address barriers and concerns on Item 2, and any requested item-specific information. Kentucky's Item 2 scores have experienced a 12.33% increase since the previous APSR submission.

For tertiary prevention, START and KSTEP both expanded through a partnership with the DBHDID KORE, to serve geographic areas in of need of services, and additional families. Both programs were sustained beyond the title IV-E waiver demonstration project to assist Kentucky families affected by SUD. Families with these risk factors often experience removal absent these services. DCBS received an additional $20 million appropriation of state general funds to be utilized for prevention services in SFY 2022. In CY 2022, DCBS completed an RFP for the FPRP, which included adding an additional 25% of funding statewide. In addition to increasing flexible funding to meet concrete needs from $500 to $1000 per family.

KSTEP has expanded from four counties to three service regions since SFY 2019. All KSTEP service areas are now sustained through state funding and federal reimbursement through FFPSA. The average cost per child served by KSTEP in CY 2022 was $9,104.00. The current average cost per child in OOHC is $59,027.00. This is a cost savings of almost $50,000 per child by utilizing programs like KSTEP that prevent children from entering OOHC.

For secondary prevention, Kentucky was successful in expanding PEMs to multiple locations, for a total of 13 sites. Additionally, Kentucky plans to allocate additional funding to Community Collaboration for Children (CCC) services to target reduction of existing waitlists. As identified in the Title IV-E Five-Year Prevention Plan, children meeting Kentucky's foster care candidacy definition total over 27,000, with Kentucky having the capacity to meet 1/5 of the need with contracted prevention services. Kentucky continues to pursue expansion of child welfare contracted prevention services, including stakeholder partnership and advocacy for additional funding from the legislature.

Kentucky expanded FPP to serve more families and train further in FFPSA EBPs, through use of State General Funds in CY 2022. A Title IV-E Five-Year Prevention Plan amendment was approved in CY 2021, to include expanded use of MI and use of HFW. Another amendment was submitted to the Children's Bureau in March 2022 to add Intercept® as an EBP. This amendment was approved in September 2022. Intercept® is an EBP through Youth Villages piloting in Cumberland, Southern Bluegrass, and The Lakes service regions. A third amendment is in draft to include KSTEP as an EBP for transitional claiming, to expand the definition for candidates for foster care to include children who have come to the attention of the child welfare agency, and child welfare workers utilizing MI as an EBP.

The additional contracting of a FPP agency in Northern Kentucky has been successful in serving an additional 74 families, targeting older youth to mitigate congregate care placement. In January 2023, a third pilot began in Southern Bluegrass Service Region with KVC.

In CY 2022, DCBS continued to collaborate with Chapin Hall with the continuation of Family First CQI infrastructure, CQI processes, case reviews, and data use. The measurement framework continues with implementing and evaluating Family First prevention services, including capacity, reach, fidelity, and outcomes. Framework activities occurring in CY 2022 include identifying capacity needs from the DCBS survey that occurred in CY 2021, the focus group with contracted providers facilitated by Chapin Hall in CY 2022, implementation of a broader CQI infrastructure, and the development of the ad hoc Reach report.

| | CFSR | PIP Baseline PUR : 09/17-02/18 | Combined PIP Measurement Periods 9 PUR : 06/18-11/18 and 15 PUR : 12/18-05/19 | Combined PIP Measurement Periods 21 PUR : 06/19-11/19 and 27 PUR : 12/19-05/20 | Combined PIP Measurement Periods 32 PUR : 05/20-10/20 and 38 PUR : 11/20-04/21 | Combined PUR : 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **Item 2 PIP Goal-63.8%** | 67% | 54.9% | 30.77% | 28.79% | 46.67% | 59% |

Online Monitoring System-State Rating Summary

Data in Table 22 shows Kentucky's RSP regarding the recurrence of maltreatment and re-entry into foster care based on Adoption and Foster Care Analysis and Reporting System (AFCARS) data as displayed in the data profiles from 2017-2020. Please note that 2021 data, previously unavailable for recurrence of maltreatment due to a data quality error related to Kentucky's encryption, has been updated.

| | May 2017 Data Profile RSP | January 2019 Data Profile RSP | February 2020 Data Profile RSP | February 2021 Data Profile RSP | February 2022 Data Profile RSP | February 2023 Data Profile RSP |
|---|---|---|---|---|---|---|
| **Recurrence of Maltreatment National performance: 9.5%↓** | FY12-13: 13.5% FY13-14: 13.1% FY14-15: 15.3% | FY 14-15: 15.3% FY 15-16: 15.7% FY 16-17: 16.2% | FY 15-16: 15.7% FY 16-17: 16.2% FY 17-18: 19.0% | FY 16-17: 16.2% FY 17-18: 19.0% FY 18-19: 17.7% | FY 17-18: 19.0% FY 18-19: 17.7% FY 19-20: 15.2% | FY 18-19:18.1% FY 19-20: 15.6% FY 20-21: 15.0% |
| **Re-Entry to Foster Care National performance: 8.4%↓** | 13A-13B: 8.4% 13B-14A: 9.4% 14A-14B: 9.4% | | | | | |
| **Re-Entry to Foster Care National performance: 8.1%↓** | | 15A-15B: 8.6% 15B-16A: 9.6% 16A-16B: 8.7% | 16A-16B: 8.8% 16B-17A: 8.3% 17A-17B: 9.5% | 17A-17B: 9.5% 17B-18A: 9.6% 18A-18B: 7.6% | 18A-18B: 7.6% 18B-19A: 6.1% 19A-19B: 6.2% | 20A-20B: 7.0% 20A-21B: 8.5% 21A-22B: 8.0% |

CFSP and PIP activities are targeted at improving these outcomes, including the implementation of a safety model (CFSP Goal 1), and improving the state's service array (CFSP Goal 2). Specifically, through activities in CFSP Goal 2, the department has identified which services are needed and in what areas of the state those services are needed. All FPP service regions received expansion funding at the two initial expansions, with the second varying by region based upon need, and all service regions will receive additional funding through the third expected expansion in CY 2022. CCC will also receive additional funding to impact current waiting list for secondary prevention in-home services.

KSTEP has and will continue expansion based upon areas of identified need in the state, along with consideration of model implementation intended to impact rural areas without access to resources available in more urban areas. PEMs will also expand based on identified geographical need. Kentucky has also leveraged partnerships with other agencies to reach areas

of need, such as The Lakes Service Region. Regional forums have allowed for feedback from clients, including former foster youth, as to what the service needs are specific to their respective populations. Additionally, the expansion of PEMs assists with preventing families from becoming involved with the child welfare system by quickly identifying the root causes for educational neglect and implementing services prior to referrals of maltreatment to the department. The department is conducting further analysis on cases where recurrence of maltreatment has occurred to identify missed opportunities and strategize ways to decrease recurrence in future cases. More information on these activities can be found in Section I.A and B of the APSR, and Kentucky's biannual PIP reports.

### *Item 3: Risk and Safety Assessment and Management*

Item 3 was identified as an area needing improvement, as only 60% of applicable cases reviewed during the CFSR were rated as a strength. Data from the PIP baseline confirms that risk and safety assessment and management continued to be areas needing improvement, as 49.44% of the cases reviewed had a strength rating and further decreases were noted in the 15th and 27th measurement periods, at 35.00% and 28.89%, respectively.

A root cause analysis of Item 3 indicates assessments are not accurate and comprehensive most of the time. Oftentimes, underlying issues associated with maltreatment are not addressed properly in the assessment. All household members are not assessed in some cases, which compromises safety. In cases where one child is in OOHC and another child(ren) is in the home of origin, there is a lack of assessment of the child(ren) who remains with the caregivers. Regarding safety plans, there are a lack of appropriate tasks developed, and monitoring and follow-up of the plans is not sufficient. A lack of collateral contact was also noted as a contributing factor. Frontline staff are not speaking to the children privately or returning to the home to assess safety threats during the case. A lack of attempts to locate and engage fathers was noted. When children return home, safety assessments of the home are not completed beforehand. Significant strides were made in this area in CY 2021 as evidenced by the 22.78% increase between the 27th and the 38th measurement periods. Targeted efforts were made to assist the regions and frontline staff in better determining regional performance factors. One example of this was meetings with individual regions for additional in-depth discussion. This allotted for question-and-answer sessions with KY CFSR staff and central office leadership to address barriers and concerns on Item 3, and any requested item-specific information. In CY 2022, Kentucky passed the PIP goal of Item 3 in measurement period 39 with a score of 54%. Kentucky continued witnessing increased performance, closing out the PIP in the 43rd measurement period with a score of 58.46%. Although the PIP ended in October 2022, Kentucky continued tracking performance of non-PIP monitored items. Kentucky's final score in CY 2022 for Item 3 was 57.14, for the 03/21 – 12/21 PUR.

**Table 13**

| Item 3 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **PIP Goal-54.2%** | 60% | 49.44% | 35.00% | 28.89% | 51.67% | 57.14% |

Online Monitoring System-State Rating Summary

Throughout the PIP and execution of CFSP Goal 1, the department has been implementing a safety model, which will assist with improving outcomes for Item 3. While activities are fully underway for the new safety model, one of the initial areas of need identified regarding Item 3 was frontline staff's ability to differentiate between safety and risk. As a result, the department revised SOP to implement a safety plan and provide content to assist staff in differentiating between safety and risk, as well as when it is appropriate to use a safety, prevention, or aftercare plans. A WBT for the revised SOP has been developed and disseminated to staff. The revised SOP went into effect on June 29, 2020. Additional information on the status of safety model implementation can be found in Section I.A and Kentucky's biannual PIP reports. Other safety model

strategies include the implementation of the SDM® intake, safety, and risk assessment tools, updating SOP and practice guidance, and the CQI case review tools.

**Permanency Outcome 1: Children have permanency and stability in their living situations**
Findings from the CFSR concluded that Kentucky was not in substantial conformity with Permanency Outcome 1, as the outcome was only substantially achieved in 23% of applicable cases. PIP baseline data revealed that Kentucky was in substantial conformity in only 30.56% of cases reviewed. With the 27th PIP measurement period, Kentucky demonstrated a considerable decrease from the baseline, with only 13.89% of cases reviewed substantially achieving conformity. During the 03/21-12/21 PUR, the rate of substantial achievement was up to 23.09%. Results from the April 2023 CFSP Stakeholder CQI survey indicate that of the 63 survey respondents, nine respondents (15.0%) strongly agree, and 29 (48.0%) agreed that Kentucky's child welfare agency could meet the goal for Permanency Outcome 1.

*Item 4: Stability of Foster Care Placement*
Stability of foster care placements is an area needing improvement for the state, as 67.5% of applicable cases reviewed during the CFSR were rated as a strength. Data from the PIP baseline shows an improvement in this item with 77.78% of cases reviewed being rated as a strength. Kentucky saw a steady decrease since the 15th measurement period, when there was slight decline in foster care stability (76.39%), and again in the 27th measurement period at 75%. The score for the 03/21-12/21 PUR has increased by 0.79% to 78.57%. Considerable efforts resulting from the CFSP and PIP have made placement stability a high priority. Root cause analysis for this item showed that a combination of placement in residential facilities and a lack of appropriate homes for children with escalating behavioral issues resulted in an inability to rate this item a strength. Kentucky surpassed the goal for Item 4 during measurement period 31 with a score of 85%.

**Table 14**

| Item 4 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR : 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **PIP Goal-84%** | 67.5% | 77.8% | 76.39% | 75.00% | 77.78% | 78.57% |

Online Monitoring System-State Rating Summary

TWIST data shows that rates of placement stability decrease as a child's length of time in care increases, as evidenced by figures 4-7.

**Figure 5: Rate of Placement Moves per 1000 days in care over a 12-month period**

**CFSR 3: Placement Stability**



Legend: Statewide Score. (bar) — Statewide Score. (line) — National Perf. (dashed)

Data points: Apr '21: 4.0; Jul '21: 4.2; Oct '21: 2.9; Jan '22: 4.3; Apr '22: 3.0; Jul '22: 4.7; Oct 22: 3.3; Jan '23: 4.9
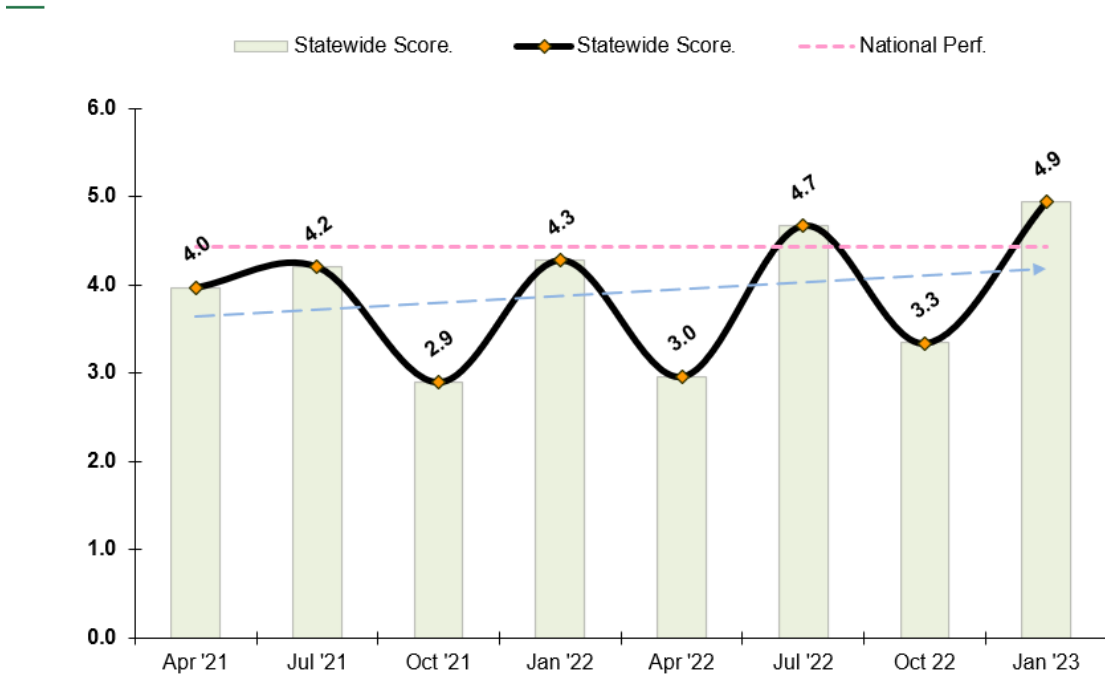
**Figure 6: C4.1 Percent of children in care for less than 12 months with 2 or fewer placement settings**

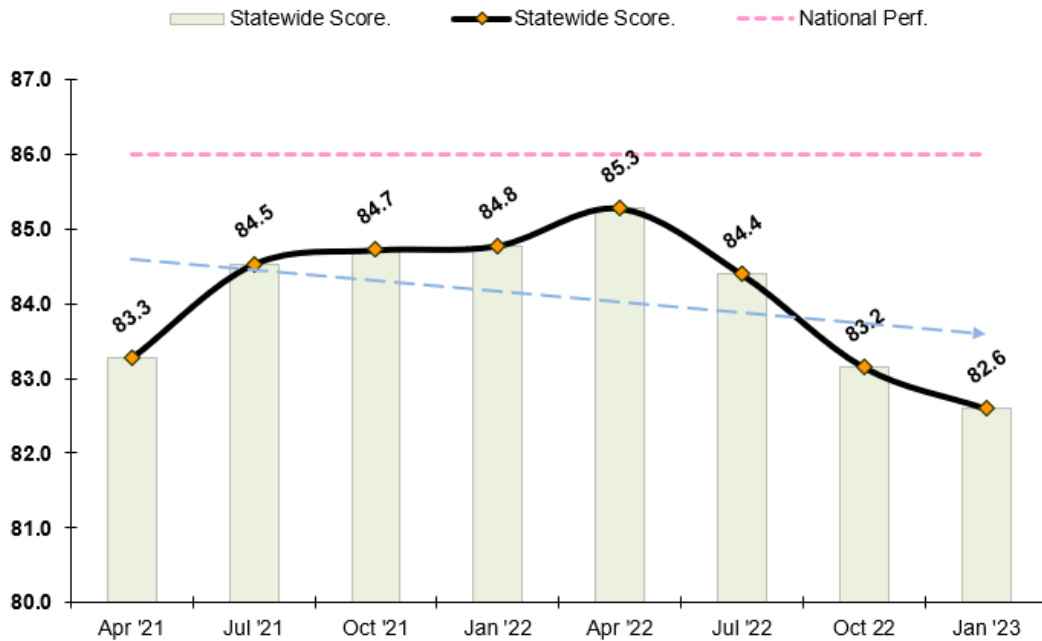**C4.1: Percent of children in care for less than 12 months with 2 or fewer placement settings.**



Legend: Statewide Score. (bar) — Statewide Score. (line) — National Perf. (dashed)

Data points: Apr '21: 83.3; Jul '21: 84.5; Oct '21: 84.7; Jan '22: 84.8; Apr '22: 85.3; Jul '22: 84.4; Oct 22: 83.2; Jan '23: 82.6

**Figure 7: C4.2 Percent of children in care for 12 to 24 months with 2 or fewer placement settings**

### C4.2: Percent of children in care for 12 to 24 months with 2 or fewer placement settings.
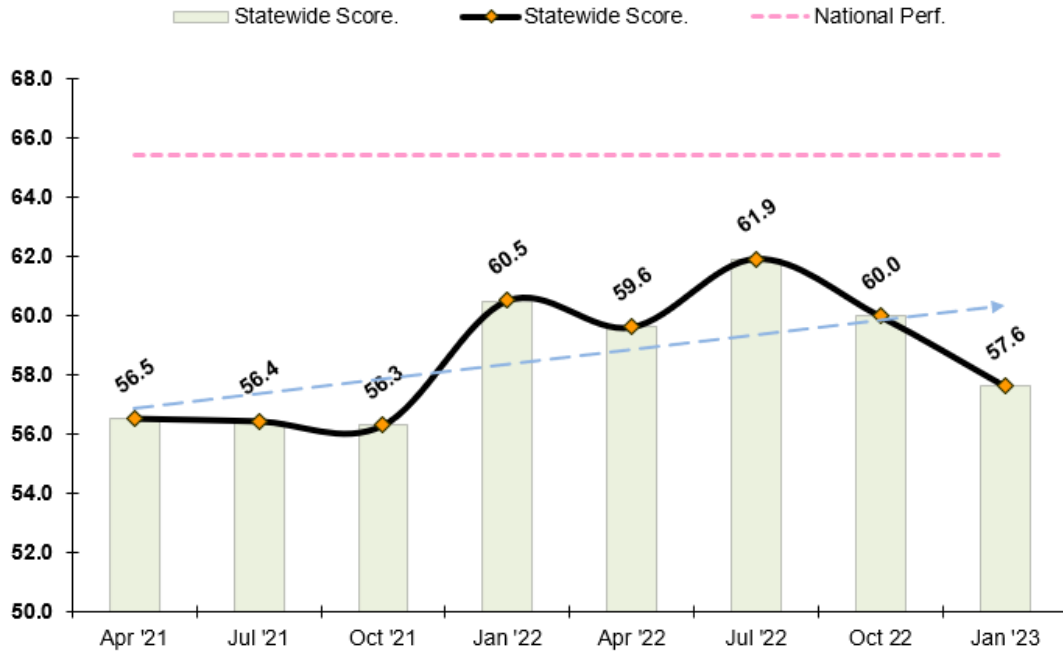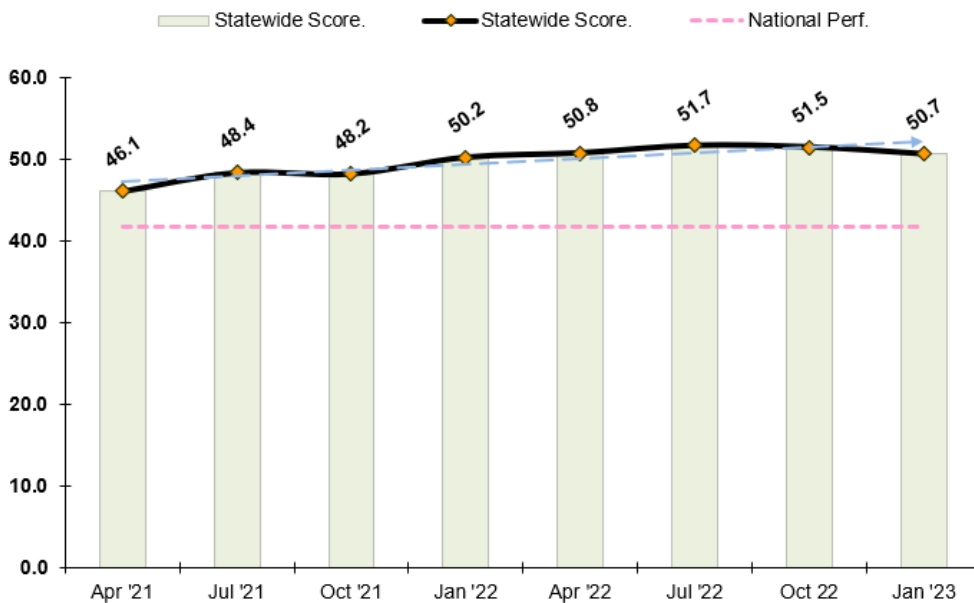


**Figure 8: C4.3 Percent of children in care for at least 24 months with 2 or fewer placement settings.**

### C4.3: Percent of children in care for at least 24 months with 2 or fewer placment settings.

Department initiatives targeted at improving stability of foster care placements include the development of regional placement disruption committees, compliance with screening and assessment, and implementation of a review process to monitor placement stability as part of the PIP.

Permanency workgroups examined data to determine which service regions need a targeted strategy focused on placement stability. The above data was utilized to identify regions with lower scores and The Lakes and Salt River Trail service regions were selected. Technical assistance was received from the Center through the facilitation of a business process map of the placement decision-making process for the two pilot regions to guide the work. The evaluation of data and practice will inform future practice and SOP moving forward. Based on feedback from the two pilot regions, the department is working to modify the regional structure for placement stability data. This will inform a statewide structure for the monitoring of placement stability data. The department is being intentional in efforts to engage with and provide data to all regions, as well as private agency partners, to inform placement stability.

Activities underway to improve placement stability include embedding screening and assessment into practice to assist staff in accurately identifying children's behavioral health needs upon entry in to care and resulting in the identification of the best placement scenario for each individual child. The department is implementing a statewide placement stability process. Through this implementation, the enhancement of team decision-making and stakeholder engagement will assist in the identification of resources needed to maintain placements prior to disruption. PIP data for the first measurement period capturing a full six months of the permanency calls was the 12th measurement period, with a score of 69.44%. Kentucky never fell below 69.44% after that point, only showing growth or maintaining the current rate.

Kentucky met the goal for Item 4 during measurement period 31 with a score of 85%. The most recent score for the 03/21-12/21 PUR is 78.75%. The department will continue to monitor its efforts closely. PIP strategies that focused on placement disruption protocols will continue to be monitored for both DCBS and PCP foster homes. Frontline staff are being encouraged to identify placement concerns early so that supports can be put into place in the hopes that a disruption can be avoided. Some regions have adapted their processes and tools to change the conversation when a foster parent requests for a child be moved to accepting a supportive service instead for that child. Additional information on screening and assessment can be found in Section I.C of the APSR. Additional information on the placement stability review process can be found in Kentucky's biannual PIP reports.

*Item 5: Permanency Goal for Child*

Results from the CFSR show that establishing appropriate permanency goals in a timely matter is an area needing improvement for the state, as only 32.5% of cases reviewed had a strength rating. PIP baseline data showed improvement with 54.3% of cases rated as a strength in this area, however, the 15th measurement period showed a significant decrease at 40.28% (Table 25), with a slight increase in the 27th measurement period (43.06%). Kentucky is currently trending upward in this item as evidenced by the 03/21-12/21 PUR score of 52.42%. A root cause analysis showed the main reason for area needing improvement ratings was a delay in establishing goals. These delays caused inappropriate goals to be established initially as frontline staff often felt compelled to choose a particular goal, even when not appropriate. Kentucky is working to educate staff statewide on appropriate permanency goal establishment. Other issues noted include COVID-19 court delays, inappropriate permanency goals, TPR timeframes, the goal change being denied by the court, the child not agreeing with the goal change, and parental challenges with case plan success.

Table 25

| Item 5 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|

| PIP Goal-61.9% | 32.5% | 54.3% | 40.28% | 43.06% | 48.61% | 52.42% |

Online Monitoring System-State Rating Summary

The most recent data available for second-level case reviews indicates scores for Item 5 have fluctuated between 70 and 85% during 2022 as shown in Figure 8. An activity anticipated to improve performance on this item is the implementation of the permanency review process as part of the PIP. Permanency calls are occurring statewide to examine the appropriateness of the current permanency goal for a child and identify any barriers to goal achievement. The department is working closely with AOC and OLS, as there have been court barriers identified leading to a delay in children receiving appropriate and timely permanency. Some service regions have developed strategies that are focused on data entry, which may affect the timeliness of permanency goals. The department is focusing on improved relationships with the courts. There is increased frequency and quality of communication and data sharing amongst the department and AOC related to the CFSP and PIP goals, among other agency initiatives. Kentucky remains above the national performance (42.1%) in permanency in 12 months for children entering care, at 44%.

PIP activities targeted for Item 5 did not yield the intended outcomes. Due to the COVID-19 pandemic, there was increased difficulty with obtaining court dates for goal changes. Additionally, some judges expressed reluctance to change a goal via virtual platforms. Once the courts reopened, many continuances occurred, and parents were given additional time to work case plans. DCBS continues to partner with AOC and OLS to identify barriers and work with the court system to resolve identified issues. Central office continues to provide guidance to local offices on the appropriate use of concurrent planning. In some instances, OLS is moving forward with filing TPR petitions. Overall, most regions do seem to be communicating with the court system about data, trends, barriers, and processes. COVID-19 negatively impacted this process regarding timely implementation; however, regions have established needed communication loops with the court system, and this process is expected to strengthen over time. The department continues to collaborate with the courts, with identified points of contact for problem resolution.

**Figure 9: Case Review Item 5, Casework Quality Data in a Glance (DIG), Item Over Time**

## Permanency Goal for Child
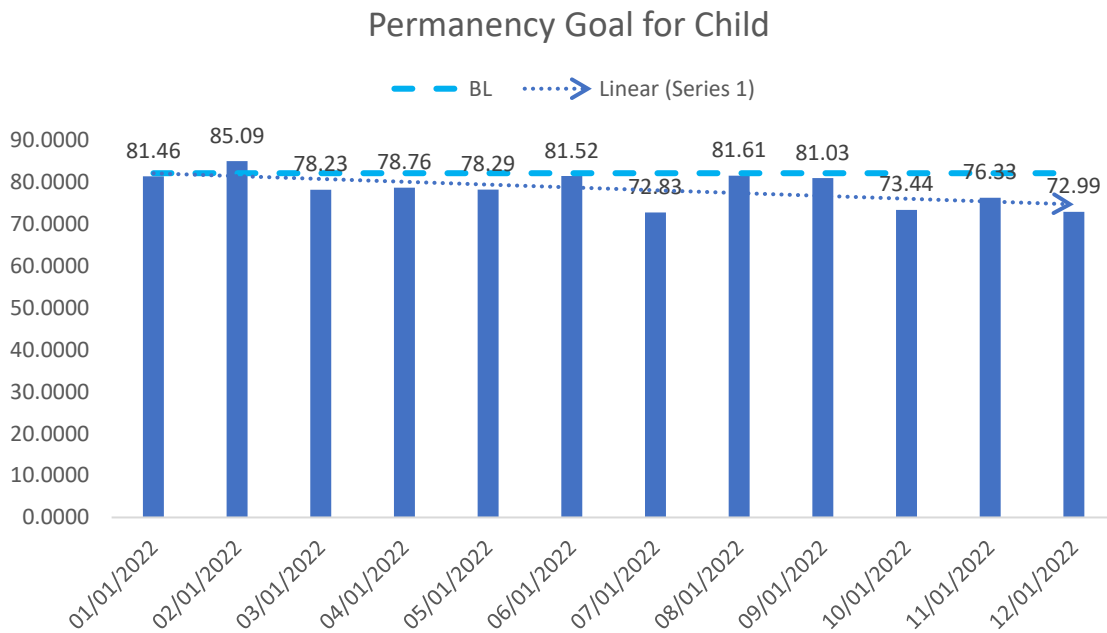


*Methodology modification during 2020. All previous periods have been recalculated.

*Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement*

Concerted efforts to achieve permanency was determined to be an area needing improvement for the state. The CFSR found only 35% of the applicable cases reviewed were a strength. PIP baseline data showed slight improvement, as 38.89% of cases reviewed had a strength rating, with a significant decrease in the 15th measurement period at 23.61%. Although the 27th measurement period showed an increase to 30.56%, the score decreased during the 38th measurement period to 27.78%. The score for the 03/21-12-21 PUR was 33.33%. Item 6 continues to be one of Kentucky's most challenging items. While partnerships on both the statewide and regional levels continue to be formed and strengthened, Item 6 scores indicate that there is still room for growth in this area.

**Table 156**

| Item 6 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20) | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **PIP Goal-46.2%** | 35% | 38.89% | 23.61% | 30.56% | 27.78% | 33.33% |

Online Monitoring System-State Rating Summary

Data shows that as of January 2023, the state increased the percent of reunifications that occurred in less than 12 months (69.6%) compared to January 2022 (64.4%).

**Figure 10: C1.1 Percent of reunifications that occur in less than 12 months.**
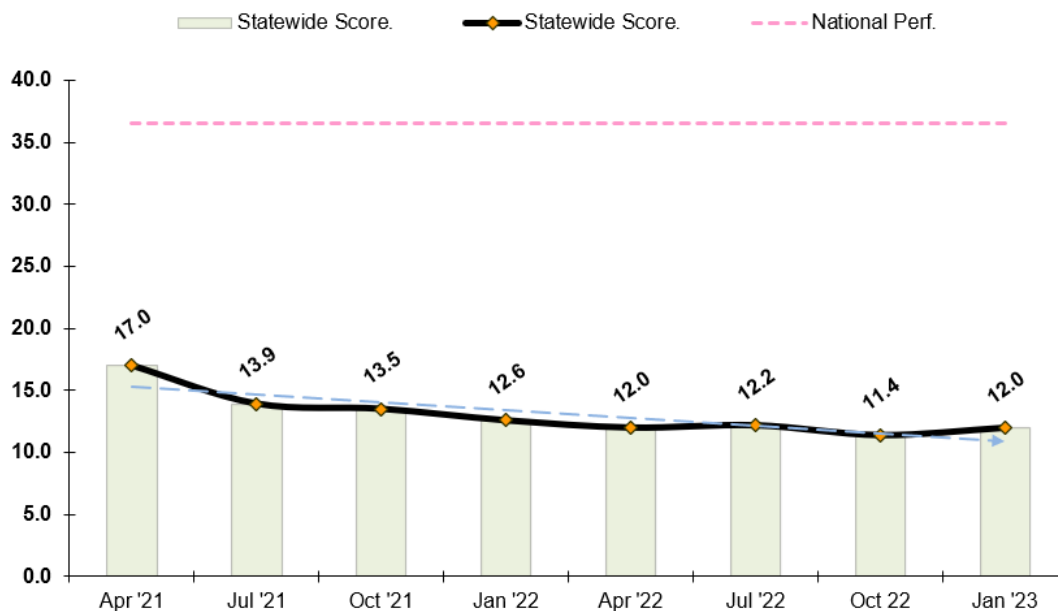


C1.1: Percent of reunifications that occur in less than 12 months.
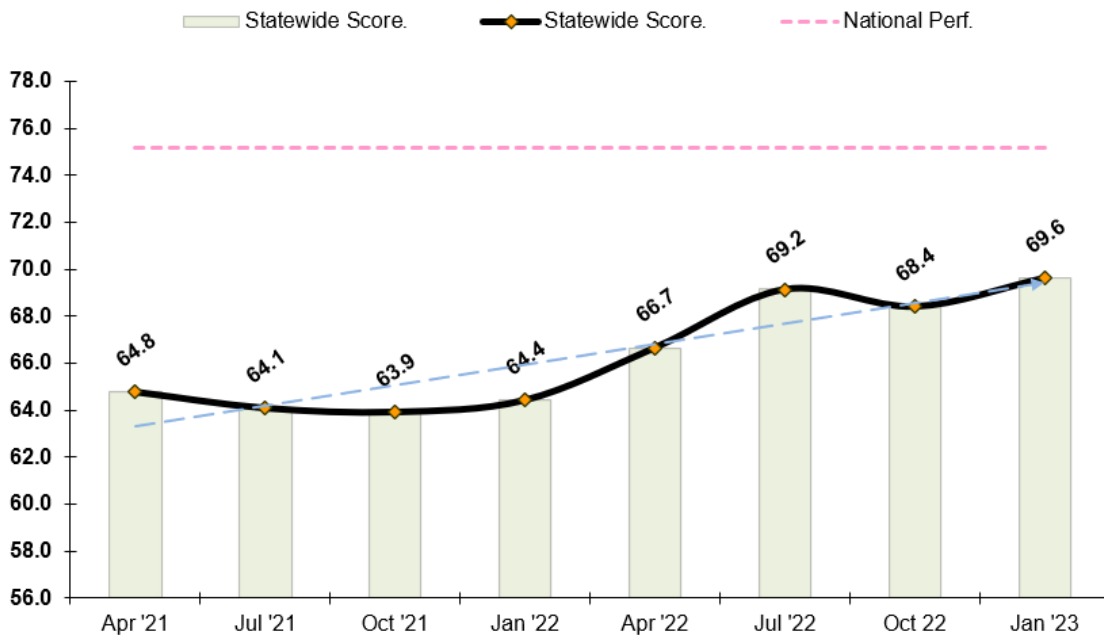
The state has shown a slight decrease in adoptions occurring in less than 24 months (12.6% in January 2022) in comparison to 12.0% in January 2023.

**C2.1: Percent of adoptions occurring in less than 24 months.**



Child-specific recruitment efforts through CFRM, diligent recruitment of foster and adoptive homes, and an increase in prevention services will continue to assist in improving the timely achievement of permanency for children in OOHC. Furthermore, the PIP strategy focused on a permanency case review process involves the identification, assessment, and action planning regarding systemic and case-level barriers to permanency for children who have been in OOHC for 12-23 months. Permanency calls are continuing statewide and examine goal appropriateness, as well as identify any barriers to timely achievement of those goals. CQI specialists track permanency data and participate in the permanency calls. These activities address Systemic Factor 21 in ensuring that a periodic review for each child occurs no less frequently than once every six months, either by a court or by administrative review.

AOC and OLS are kept apprised of trends and identified barriers to strategize around eliminating those barriers either on child-specific case basis or systemically. The department continues to work in partnership with AOC by maintaining open dialogue through quarterly meetings at the statewide, regional, and county levels as needed to address concerns. There are points of contact identified by AOC and DCBS to help aid and assist in problem solving. Due to the pandemic, obtaining court dates for goal changes was more difficult, and many courts were not holding contested TPR hearings. Kentucky continues to partner with AOC to identify barriers and work with the court system to resolve issues. Regional permanency calls continue to assist in identifying barriers and communicating trends to leadership.

Of the 46 cases reviewed by the QA Branch from January-June 2020 with an area needing improvement rating for Item 6, several root causes were identified. Court delays were the leading reason for postponements to permanency regarding achieving reunification, guardianship, adoption, or other planned permanent living arrangement. Lack of concerted efforts to facilitate permanency on the part of the court, lack of virtual hearing options during the COVID-19 pandemic, and disagreement with goal changes were the most frequent concerns. In most cases where the courts did not make concerted efforts to achieve permanency in a timely manner, it was noted that the department's efforts were also lacking. Additional concerns noted included the child turning 18, length of time between a goal change and TPR, paternity in question, and parental challenges with case plan success. Additional information on the above activities can be found in Section I.B and C of the APSR, as well as Kentucky's biannual PIP reports.

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

Results of the CFSR showed that Kentucky was not in substantial conformity with Permanency Outcome 2, as the outcome was substantially achieved in only 56% of cases reviewed. PIP baseline data shows a similar, yet decreased performance, with 54.17% of cases reaching substantial conformity for this outcome. PIP data from the 27th measurement period returned to slightly above the baseline, at 56.94%. As of the 03/21-12/21 PUR, Kentucky was well above the baseline at 81.75%, with 103 of the 126 applicable cases reaching substantial conformity for this outcome. Results from the April 2023 CFSP Stakeholder CQI survey indicate that of the 63 survey respondents, nine respondents (15%) strongly agree, and 49% (30) agree that Kentucky's child welfare agency can meet the goals for Permanency Outcome 2.

*Item 7: Placement with Siblings*

The CFSR indicated placement with siblings as an area of strength for the state with 96% of applicable cases reviewed having a strength rating. Data from the PIP baseline show a slight decrease, with 94.29% of cases having strength ratings. Kentucky increased during the 15th measurement period at 96.88%, with an additional increase above the CFSR results at 97.37%. For the 03/21-12/21 PUR, the score has risen to 98.55%. Although this is not an item that is monitored for successful PIP completion and there are no planned activities specific to improving performance, the state will continue to monitor performance in this area throughout the remaining years of the CFSP. The department places a strong emphasis on the importance of the sibling relationship and reinforces this with SOP on sibling separation. The department is mindful of contacting foster/adoptive parents, both active and inactive, when additional siblings enter care, to place siblings together whenever possible. Department staff are constantly re-evaluating siblings when they are separated for possible reunification as soon as possible. This item continues to be an area in which Kentucky excels.

Reflecting on Kentucky's strengths regarding placement with siblings, VOC has begun to share feedback with leadership about sibling connection issues. Information shared will continue to be assessed on an ongoing basis.

**Table 27**

| Item 7 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **Not a PIP Monitored Item** | 96% | 94.29% | 96.88% | 97.37% | 97.3% | 98.55% |

Source: Online Monitoring System-State Rating Summary

*Item 8: Visiting With Parents and Siblings in Foster Care*

Item 8 is another area needing improvement for the state, as 63% of cases reviewed during the CFSR were rated as a strength for this item. The data shows concerted efforts around the frequency and quality of visitation between children and their parents (mothers: 68%; fathers: 70%) was better than that of visitation between children and their siblings (44%). PIP baseline shows a decrease in performance with 46.15% of cases receiving strength ratings regarding visiting with parents and siblings in foster care. The 15th measurement period showed an increase with 48.78% of cases scoring as a strength. Kentucky has continued to make strides in this item with a continued increase to 67.44% during the 27th measurement period. While this is not a PIP monitored item, the department continues to monitor its efforts on this item. It is noteworthy that Kentucky has seen just under a 5% increase in this item rating since the 2016 CFSR. In 2021, Kentucky experienced a slight decrease (.23%) in scores as reflected in the difference between 27th (67.44%) and 38th (66.67%) measurement period scores. For the 03/21-12/21 PUR, the Item 8 score was 58.93%.

Experienced foster parents and staff have come to understand how important the sibling relationship is, and efforts are being made to preserve those connections. The department's SOP is supportive of this item. Department staff and foster parents are more open and accepting of working with the birth family and maintaining these relationships. Also, due to COVID-19, some frontline staff have been able to engage parents via virtual/telephone contact, whereas the contact may have been lost before COVID-19.

**Table 28**

| Item 8 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **Not a PIP Monitored Item** | 63% | 46.15 | 48.78% | 67.44% | 66.67% | 58.93% |

Online Monitoring System-State Rating Summary

Visitation and relationships with biological families were targeted in the development of PIP service array strategy two. Through strengthening the service array, it is Kentucky's goal to improve and expand resources available to relatives or fictive kin while supporting attachment and encouraging reunification by utilizing community partners to support visitation and connections between children placed in OOHC and their families. Kentucky continues to establish relationships with community partners, including the faith-based community, to improve the quality and frequency of parent and child visitation. A memorandum of understanding (MOU) was developed for statewide use as new visitation sites become identified. EKU has developed a training for all visitation site volunteers to prepare them to properly supervise and evaluate visitations. Regional protocols have been developed for areas with sites identified for the referral process. Visitation through churches will allow children in OOHC and their parents to have regular contact in a setting outside of the DCBS offices. Research has shown that consistent and frequent visits between children and parents facilitates quicker reunification.

The Service Array workgroup continued efforts to expand connections and collaborations across the state. PIP strategies were impactful in that training and information sharing continued despite the restrictions created under the COVID-19 pandemic. There are currently nine finalized MOUs with churches. DCBS anticipates, since Kentucky's state of emergency has ended, regular visits will slowly resume in locations with finalized MOUs. Adjustments have been made and will continue to be made to meet restrictions, sanitation requirements, and social distancing.

*Item 9: Preserving Connections*

Preserving connections received a 68% strength rating for cases reviewed during the CFSR and a 62.86% strength rating during the PIP baseline, therefore, ensuring children remain connected to their home communities is an area needing improvement for the state. A significant decrease was noted during the 15th PIP measurement period. The 27th measurement period reflected a small increase in this item. The 38th measurement period showed a considerable increase in this item which puts Kentucky above both the baseline and 2016 CFSR scores. The 03/21-12/21 score for Item 9 was steady at 69.84%.

A root cause analysis revealed that frontline staff are seeking out relatives for placements and if they are ruled out, they are not thinking about utilizing non-relatives as connections for the children. Only relatives are being considered as connections and many other strong connections are being overlooked such as friends, neighbors, teachers, faith community, etc. Due to the lack of foster parents in certain areas, many children are having to move geographically and having to sever ties with their home area and lose those valuable connections. In 2021, targeted efforts were made to assist the regions and

frontline staff in better determining regional performance factors. One example of this was the statewide supervisor meeting held in September 2021 and the follow-up meetings with individual regions for additional in-depth discussion. This allotted for question-and-answer sessions with KY CFSR staff and central office leadership to address barriers and concerns on Item 9, and any requested item-specific information.

**Table 29**

| Item 9 | CFSR | PIP Baseline<br><br>PUR :<br>09/17-02/18 | 15th Measurement Period<br>PUR :<br>12/18-05/19 | 27th Measurement Period<br>PUR :<br>12/19-05/20 | 38th Measurement Period<br>PUR :<br>11/20-04/21 | Combined PUR:<br>03/21-12/21<br>*Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **Not a PIP Monitored Item** | 68% | 62.86% | 47.22% | 50.00% | 69.44% | 69.84% |

Source: Online Monitoring System-State Rating Summary

Case review scores around preserving connections may improve with increased relative financial support and the child-specific foster home approval type. With relatives now having the option to become certified foster parents and receive financial support not previously available to them, preserving connections scores are expected to improve.

Another useful tool has been the diligent recruitment report. This report captures children placed outside of removal region. The overall trend shows that Kentucky's continued efforts are aimed at improving and preserving connections for children between 12-17 who are more likely to be placed outside their region of removal. The diligent recruitment report categorizes children by age ranges, allowing the regions and foster care community to focus their recruiting efforts in certain areas of the state. The diligent recruitment report is provided quarterly to all R&C staff and PCP agencies so they will know where placements needs are. All regions host quarterly regional collaborative meetings with PCPs to discuss placement needs in their areas. Specific children will be introduced in these meetings to find an appropriate placement. More information on these activities can found in Section I.C of the APSR.

*Item 10: Relative Placement*

Concerted efforts to place children with relatives, when appropriate, has been an area of increased focus for the state within the past several years. During the 15th measurement period, many relative/fictive kin families became eligible for reimbursement due to the D.O v. Glisson ruling. In 2019, DCBS implemented the relative service array, which allows relative/fictive kin caregivers to become licensed foster parents for children placed in their home by DCBS, therefore, ending families' eligibility to apply for D.O. v. Glisson funds. This was a significant change in practice for staff. All frontline staff were required to attend mandatory trainings to ensure they were well-versed in apprising families of their options for services. Because of this swift transition, misinformation about services available for families became prominent across the state amongst caregivers. Knowing this, the department created a new position, relative service array specialist, to assist with continual training of the field and with disseminating accurate and consistent information across the state about services available for relative and fictive kin caregivers.

During the CFSR, 54% of applicable cases reviewed had strengths in this area. PIP monitoring data indicated 68.66% of cases reviewed had a strength rating, with additional improvement during the eighth measurement period at 75.36%, which may be credited to recent changes promoting and enhancing supports for relative placements. However, a decrease was seen during the 27th measurement period. The 38th measurement period (85.71%) has shown a considerable increase compared to the 27th measurement (61.19%), which puts Kentucky above baseline (68.66%) and 2016 CFSR scores (54%). For the 03/21-12/21 PUR, the score decreased to 58.93%.

**Table 30**

| Item 10 | CFSR | PIP Baseline PUR: 09/17-02/18 | 15th Measurement Period PUR: 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| Not a PIP Monitored Item | 54% | 68.66% | 75.36% | 61.19% | 85.71% | 58.93% |

Online Monitoring System-State Rating Summary

The previous decrease in performance may be associated with fewer children in OOHC placed in fictive kin/relative placements in 2022 (12%) and 2021 (11%) versus in 2020 (13%) (Statewide Foster Care Facts Sheets). Analysis determined that frontline staff consider relatives and, if found inappropriate initially, staff do not revisit later to see if their situation has changed. Additionally, absent parent and relative searches are not being performed routinely.

Item 10 scores have seen a large increase for the 38th measurement period, climbing up to 85.71%. Improvement of case review scores around relative placement may continue with increased relative financial support. KY-KINS has launched in four regions: Cumberland, Salt River Trail, Southern Bluegrass, and Two Rivers. With this expansion, KY-KINS is now in four service regions, and geographically half of the state. KY-KINS is a peer-to-peer program where peer supporters assist participants in an array of life skills areas, including home stresses and challenges, familial dynamics, goal setting, and social relationships. KY-KINS seeks to create a strong social support network easily accessible by participants in times of need. Only relative/fictive kin caregivers who have accepted custody or have children placed informally are eligible for this service. Due to federal restrictions, there are some provisions that fictive kin caregivers are not eligible for (K-TAP and the relative support benefit). With HB 492, fictive kin caregivers are now eligible to receive the fictive kin relative support benefit. The process has been incorporated into SOP 5.1, effective 01/18/2022. Taking these steps and continuing to provide a more robust service array option for caregivers will help increase scores surrounding relative placement.

With the multiple activities underway in Goal 2, Kentucky continues to receive implementation support and technical assistance from a variety of entities, including Chapin Hall, Casey Family Programs, and the Center. The support and technical assistance received is specific to the activity and varies greatly as described above in each activity program description. Kentucky is adding additional relative supports with the implementation of KY-KINS, and this is also anticipated to enhance scores in this area. Program staff will continue to educate frontline staff to ensure they are accurately explaining available services to families and reinforce the importance of capturing and submitting the data correctly. More information on these activities can found in Section I.C of the APSR.

*Item 11: Relationship of Child in Care with Parents*

Concerted efforts to promote, support, and maintain positive relationships between children in care and their primary caretakers through activities other than visitation is an area for improvement for the state, as 52% of cases reviewed during the CFSR had a strength rating. Efforts regarding the mother's relationship with the child (57% strength) were better than father's relationship with child (45% strength). PIP measurement data showed a decrease in performance, with 43.75% of cases reviewed receiving a strength rating for this item. However, Kentucky showed improvement in the 27th measurement period, at a 57.14% strength rating. Kentucky continues to show improvement in this item as evidenced in the 38th measurement period, with an increase of 11.61% from the 27th measurement period as seen in Table 31 below. Score decreased to 58.93% during the 03/21-12/21 PUR.

A root cause analysis was conducted for Item 11 and showed that the preparation and training of incoming foster parents is instrumental to having a positive relationship when working with the birth parents. The connection between the foster

parent and the birth parent is often the most crucial piece. The most successful relationships are those where the birth parents and the foster parents are good communicators, and the foster parents are encouraged to mentor the birth parents.

| Item 11 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| Not a PIP Monitored Item | 52% | 43.75% | 42.11% | 57.14% | 68.75% | 58.93% |

Source: Online Monitoring System-State Rating Summary

Activities within the PIP and the CFSP, such as the implementation of visitation services and expansion of the relative and fictive kin service array, have likely contributed to the positive increase in strength ratings for Item 11. The service array workgroup continued with expanding connections and collaborations across the state. PIP strategies related to training and information sharing continued despite the restrictions created under the COVID-19 pandemic. There are nine finalized MOUs with churches. Kentucky anticipates that since the state of emergency has lifted, regular visits will resume in locations with finalized MOUs. Adjustments have been made and will continue to be made to meet restrictions, sanitation requirements, and social distancing.

Additionally, the department issued SOP Chapter 5 Relative and Fictive Kin Placement, which provides guidance to staff when informing relatives and fictive kin caregivers on the relative service array. This allows for additional resource identification and an increase in the relative and fictive kin caregiver's capability, resulting in continued relationships between children and parents. For further information regarding the expansion of the state's relative and fictive kin service array, please see Section I.B of the APSR.

**Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.**
Most cases reviewed during the CFSR were not in substantial conformity with Well-Being Outcome 1, as the outcome was only substantially achieved in 31% of applicable cases. In-home cases had performance below that of OOHC cases, with scores of 24% and 35%, respectively. PIP baseline data mirrored these results with 32.22% of cases substantially achieving this outcome, and additional decline to 21.67% during the 27th PIP measurement period. Well-Being Outcome 1 had the lowest performance of the three well-being outcome areas during the CFSR and during baseline case reviews; therefore, there is ample room for improvement in enhancing families' capacity to provide for their children.

Well-Being Outcome 1 has become one of Kentucky's biggest successes over the past year. Kentucky successfully passed the PIP goal for Item 12 in the 35th measurement period, Item 14 in the 36th measurement period, and for Item 13 in the 38th measurement period. Targeted efforts were made to assist the regions and frontline staff in better determining why their regions were not performing better in this item. One example of this was the statewide supervisor meeting held in September 2021 and the follow up regional meetings held afterwards for regional clarification. This allotted for question-and-answer sessions with KY CFSR staff and central office leadership to address barriers and concerns on Item 9, and any requested item specific information. Kentucky is working diligently to strategize on ways to successfully pass the PIP goal for Item 15 to achieve substantial conformity for this outcome.

Results from the April 2022 CFSP Stakeholder CQI survey, sent to over 150 recipients, indicate that of the 63 survey respondents, 9 respondents (15.0%) strongly agree, and 34 (56.0%) agree that Kentucky's child welfare agency can meet the goals for Well-Being Outcome 1.

*Item 12: Needs and Services of Child, Parents, and Foster Parents*

Item 12 focuses on the assessment of needs and provision of services for children, parents, and foster parents. Overall, this is an area needing improvement for the state as 34% of cases reviewed in the CFSR had strength ratings. As demonstrated in prior outcome areas, the state performed better in OOHC cases (38% strength) when compared to in-home cases (28%). PIP baseline data showed some improvement, with an overall strength score of 40.80% for Item 12, however, this declined during the 15th measurement period to 36.11%. The 27th measurement period reflected an even sharper decline, at 24.44%. Kentucky has made phenomenal progress in this item since the 27th measurement period, and subsequently passed the PIP goal in the 31st measurement period. Kentucky remained above the PIP goal at 49.44% for the 38th measurement period and rose even higher to 51.11% during the 03/21-12/21 PUR.

The needs and services provided to children, parents, and foster parents are individually addressed in the below three sub-items, 12A, B, and C. As demonstrated below across all data points, the department does a better job with the needs assessment and services to foster parents (12C), then children (12A). Assessing needs and providing services to parents (12B) continues to be the greatest area needing improvement within Item 12.

Table 16

| Item 12 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 Includes PIP and non-PIP monitored |
|---|---|---|---|---|---|---|
| PIP Goal: 45.5% | 34% | 40.80% | 36.11% | 24.44% | 49.44% | 51.11% |
| Item 12A | 68% | 64.25% | 55.00% | 43.33% | 64.44% | 68.57% |
| Item 12B | 39% | 38.75% | 34.27% | 20.57% | 40.43% | 45.88% |
| Item 12C | 81% | 83.05% | 83.87% | 76.19% | 86.76% | 84.43% |

Online Monitoring System-State Rating Summary

Analysis of sub-item 12A, which focuses on appropriate services provided to meet the identified needs of the children, showed a lack of frequency and quality of visits that impacted the frontline staff's ability to make comprehensive assessments. This impacted the department's ability to put appropriate services in place to meet the needs of the children, as their needs were not adequately assessed.

Analysis of sub-item 12B, which focuses on needs assessment and services to parents, was found to have been most impacted by a lack of frequency and quality of visits. This was true for both parents. This impacted the department's ability to put appropriate services in place to meet the needs of the parents, as their needs were not adequately assessed. Some cases noted the parents were not cooperative and/or transient. Assessment and service provision further appeared to be impacted by failing to identify underlying causes and providing appropriate services to address needs.

Analysis of sub-item 12C, which focuses on the needs of the foster parents, was negatively impacted by lack of frequency of contact with the foster parents. This affected needs assessments and did not allow the agency to have an overall understanding of the foster parents' needs related to providing care for the target child. In some cases, the department relied mostly on the PCC to complete needs assessments. A lack of comprehensive and accurate assessments made it unclear if services were necessary and/or beneficial to the assist the foster family in caring for the target child. Services

were not provided in some cases where there was an identified need to assist the foster parents with managing the target child's behaviors.

As Kentucky passed the PIP goal for Item 12 in the 31st measurement period and continued to consistently increase scoring throughout subsequent measurement periods, several activities within the CFSP contributed to the improvement of assessment of needs and service provision across this item. Those included the implementation of a safety model, to include the implementation of an ongoing risk assessment, and the expansion of the prevention service array. The safety model assists in identifying safety threats and risk factors for frontline staff to assist families in identifying needs. Parents have access to appropriate services to meet identified needs through the service array. Additional updates for these activities can be found in Section I.A and B of the APSR.

PIP activities that contributed to improved scores for Item 12 included service array strategies targeted at improving the quality and accessibility of services. Activities to assist in meeting the needs of children, parents, and foster parents included embedding screening and assessment into practice to assist staff in accurately identifying children's behavioral health needs upon entry into care and resulting in the identification of the best placement for each individual child. The placement stability protocol process mapping is anticipated to help identify areas of need for foster parents prior to placement disruption. The expansion of prevention services also assists in increasing the department's ability to meet the needs of children, parents, and foster parents as many prevention services allow for intervention in the foster home, as well as in the home of origin.

In 2022, monthly POSC pilot site meetings were held in seven regions of Kentucky-Jefferson, Southern Bluegrass, Two Rivers, Salt River Trail, Cumberland, Eastern Mountain, and The Lakes service regions. A statewide pilot site meeting was held in April 2022 for all participants. An additional statewide meeting was held in September 2022 specifically for the CMHCs and their POSC initiatives. The monthly and pilot site meetings continued to focus on ways professionals serving pregnant and parenting families can be more recovery-oriented in supporting families with SUD. Continued efforts on how to serve this population with the diverse needs throughout the state as well as statewide was also a focus. POSC strategies involve ongoing collaboration with agencies for macro and micro level interventions for SUD supports. Toward the end of 2022, the monthly pilot site meetings began strategic planning for their regions. Working toward specific projects to meet the regional population needs was the focus.

### Item 13: Child and Family Involvement in Case Planning

Involving children and their families in the case planning process is an area needing improvement for the state, as only 40% of applicable cases reviewed during the CFSR and 37.9% of cases reviewed during the PIP baseline received a strength rating. OOHC cases saw greater involvement from children and families in case planning (47%) than in-home cases (28%). Efforts to involve children, mothers, and fathers in case planning were relatively similar, despite the roles of the family member (children: 51%; mothers: 52%; fathers: 49%). When combining the 9th and 15th measurement periods (to ensure a sufficient number of cases), Kentucky showed continued decrease, with only 26.89% of cases with strength ratings. The 27th measurement period required combining measurement periods due to a lack of applicable cases for this item and scores remained steady, at 26.41%. Kentucky was able to complete item-only case reviews to avoid combining measurement periods for applicable cases for the 38th measurement period, and as a result, more accurately reflected the initiatives of the department and the work of the field staff. Kentucky reached 46.33% and successfully met the PIP goal (42.6%) during 2022. For the 03/21-12/21 PUR, the item 13 score was 50.97%.

Targeted efforts were made to assist the regions and frontline staff in better determining why their regions were not performing better in this item. One example of this is the statewide supervisor meeting held in September 2021 and the follow-up regional meetings held afterwards for regional clarification. This allotted for question-and-answer sessions with KY CFSR staff and central office leadership to address barriers and concerns on Item 13, and any requested item specific information.

A root cause analysis for Item 13 showed the department did not make concerted efforts to include all family members, including developmentally appropriate children, incarcerated family members, or family members the department had difficulty maintaining contact with, in the case planning process. Family members were not given the opportunity to provide input into the development of their case plans or choose their service providers and were not aware that they had a voice in the case planning process. Needs, services, tasks, and goals were decided by the department with no input or changes allowed from family members. The goals and tasks were often pre-written and completed prior to meeting with family members. Case plans were sometimes mailed to the family with the request for family members to sign the case plan and mail back to the department. Tasks were not appropriate given the circumstances of the case and were not monitored by the agency on a continual basis for progress or completion. Family members often did not have a clear understanding of what a case plan is, the purpose of the case plan, and confused case plan tasks with court orders. Lack of frequent, ongoing contact with family/child prevented the department from actively involving the family and adequately assessing progress towards goals. Family team meetings were not utilized to assist in the assessment and coordination of services.

**Table 17**

| Item 13 | CFSR | PIP Baseline PUR : 09/17-02/18 | Combined PIP Measurement Periods 9, PUR : 06/18-11/18 and 15, PUR : 12/18-05/19 | Combined PIP Measurement Periods 21, PUR : 06/19-11/19 and 27, PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **PIP Goal: 42.6%** | 40% | 37.9% | 26.89% | 26.41% | 46.33% | 50.97% |

Online Monitoring System-State Rating Summary

While Kentucky passed the PIP goal for Item 13 during CY 2022, the department anticipates that the engagement activities outlined within the PIP will continue to strengthen relationships between staff and families, leading to better engagement in all areas of casework, including case planning. The release of SOP 1.6 Quality Engagement for Successful Partnership along with engagement tip sheets, is anticipated to increase child and family involvement in case planning. A caseworker visit template was developed to prompt staff on engagement cues when in conversation with families. Although the department successfully implemented the template into SOP, it was discovered that frontline staff have not used the template as anticipated. QA staff and regional leads have reviewed the template to discuss how to implement without causing additional work for the frontline staff. Second-level case reviewers are conducting quality calls to families to solicit feedback about the quality of worker visits. A clear definition of quality worker visits and staff expectations has been developed and disseminated to all staff. The engagement WBT finalized during the PIP is required as a yearly refresher for staff.

<p align="center">*Item 14: Caseworker Visits with Child*</p>

The frequency and quality of caseworker visits with children is an area needing improvement for the state as evidenced by a 58% strength rating during the CFSR and a decreased 53.33% strength rating during the PIP baseline. Furthermore, the frequency and quality of visits to children in in-home cases requires extra emphasis, as the strength rating of in-home cases (36%) is half the score of OOHC cases (73%). The department saw further decline during the 15th PIP measurement period (44.44%). This remained consistent in the 27th measurement period. During the 36th measurement period, Kentucky officially passed this PIP goal and has continued to trend upwards in this item. As of the 38th measurement period, Kentucky is at 63.33%, and as of the 03/21-12/21 PUR, has increased even more to 64.44%. These scores are a substantial success given the historical staffing shortages the department has faced.

Analysis of Item 14 revealed the overarching concern related to caseworker visits with children is the lack of frequent, ongoing contact. Additionally, the department is not identifying cases that warrant more frequent contact with the

children, for example, visits in high-risk cases with children under the age of four were not occurring frequently enough to assess for safety and well-being.

The quality of visits between frontline staff and children was not sufficient to promote achievement of case goals, as well as at critical case junctures. Frontline staff were found to have held brief, superficial interviews with the children and conversations related to concerning issues were not sufficient. Some children were not seen in the home prior to case closure. Collateral contacts were not utilized to assess the safety of the children and guide conversations during monthly contact. Visits did not occur in the home when parent/caregiver visits were changed from supervised to unsupervised.

**Table 18**

| Item 14 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **PIP Goal: 58.1%** | 58% | 53.3% | 44.44% | 44.44% | 63.33% | 64.44% |

Online Monitoring System-State Rating Summary

Although frequent and quality visits with children placed in OOHC are happening more often than those visits with children in in-home cases, data in Figure 11 demonstrates that performance has plateaued over the past several quarters. Additionally, monthly caseworker visit data for the past several years has shown that Kentucky remains below the 95% requirement for monthly visits with children in OOHC. Information on Kentucky's most recent scores regarding caseworker visits and associated financial penalties can be found in Section III.C of the APSR.

**Figure 12: Percent of Children in Care Who Received a Visit Each and Every Calendar Month They Were in Care for the Full Month**



Caseworker Visits.
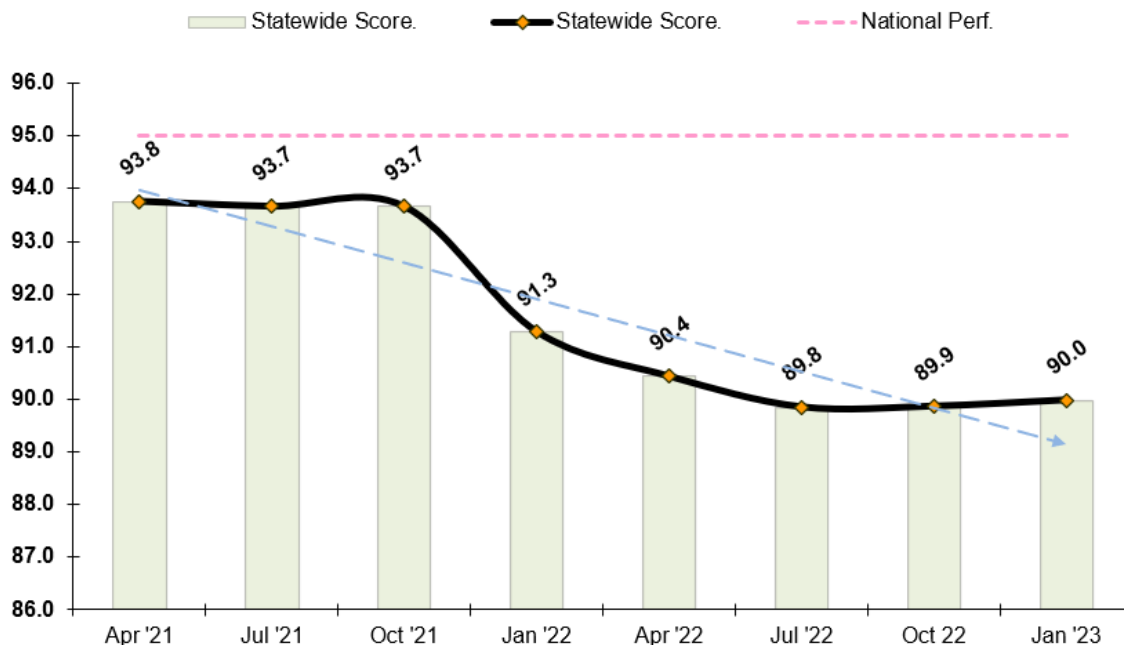
As with Item 13, the department anticipates that engagement activities outlined within the PIP will continue to strengthen relationships between staff and families, leading to better engagement in all areas of casework, including caseworker visits.

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The release of [SOP 1.6 Quality Engagement for Successful Partnership](#), along with engagement tip sheets, is anticipated to increase child and family involvement in case planning. A caseworker visit template was developed to prompt staff on engagement cues when in conversation with families, including children. The addition of the permanency calls also includes strategies that will result in increased caseworker visits. During regional permanency calls, discussions occur around regional practices, protocols, and new initiatives. Northern Bluegrass Service Region recently created a specialized team of staff that focus on finalizing adoptions. This allows frontline staff time to focus on face-to-face visits with children in OOHC. Northern Bluegrass Service Region has implemented various processes since the permanency calls began, which has resulted in increased permanency outcomes. They have regional OOHC retreats where case consultations are held, have significantly decreased the number of pending presentation summary packets, and are beginning to focus more on placement stability and transitioning youth from congregate care.

In addition to the engagement activities, activities to support and retain the workforce within the PIP and CFSP Goal 4 are expected to improve scores for these items. Frontline staff have not met expectations for visits with children, in part, due to high caseloads. The implementation of workforce supports to stabilize the workforce is anticipated to decrease caseloads. The addition of alternative shift teams, telecommuting, and hybrid workstations have resulted in favorable ratings from staff regarding flexibility and work-life balance. Newly advertised positions have options for telecommuting and/or working a hybrid model. Frontline staff with 24/7 schedules have reported only positive feedback. Retention committees continue in each region to help maintain and boost employee morale. The Commissioner conducts virtual chats with each of the regions and central office staff to address any issues/concerns the region has and to inform all staff of central office activities. Many regions conduct town hall meetings in which all staff are invited to discuss concerns and make suggestions for better working environments. Each region conducts these differently, however, they are utilized as CQI meetings to allow staff to voice concerns, allow issues to be elevated, and responses provided to staff.

An example of supportive practice being implemented is the SSR process for fatality and near fatalities. It allows for a deep examination of the case while looking at the child welfare system as a whole, thereby allowing staff involved to feel supported and not scapegoated in these situations. More information on the SSR can be found in Section II.A below. DSR sends out a weekly email to CQI specialists and regional leadership to inform regions of how many children were seen for the month and the children who are missing a visit. This allows regional leadership to review and discuss with frontline staff to plan to ensure visits occur. Updates on CFSP Goal 4 can found in Section I.D of the APSR.

*Item 15: Caseworker Visits with Parents*

Caseworker visits with parents had lower strength ratings than caseworker visits with children in both the CFSR and PIP monitoring data. Cases reviewed during the CFSR received a 41% strength rating, while PIP baseline data produced a 36.9% strength rating on Item 15. Again, parents with OOHC cases had better frequency and quality of visits (45%) than parents with in-home cases (36%). Caseworker visit performance did not vary between the role of the parent during the CFSR, as a 43% strength rating was found regarding visits with mothers and a 44% strength rating for fathers. An even greater decrease was seen in strength ratings during the combined 9th and 15th measurement periods (24.74%) and the 21st and 27th measurement periods (20.00%). Scores for the 32nd and 38th MP (indicate Kentucky is still struggling in this item with a score of 29.86%. Scores for the 03/21-12/21 (40.08%) rose back up nearly to baseline levels.

A root cause analysis was conducted on Item 15, and it was discovered that the overarching concern related to caseworker visits with parents was lack of frequent, ongoing contact with the parents. The systemic and practice concerns related to caseworker visits with the parents include the frequency and quality of contact with the parents was not sufficient to address concerns and issues related to the safety, permanency, and well-being of the children and promote achievement of case goals. Parents were often not contacted for months at a time and were sometimes only seen either at court or for case planning. Time spent face-to-face with the parents was not sufficient to address concerns in the case and assess for progress. Incarcerated parents were most often not seen by frontline staff, although their whereabouts were known. Collaterals were not utilized to guide monthly contact with the parents and assess for progress in the case. Parents were

not referred for appropriate services when they were not aware of where to obtain them. Parents' needs were not assessed, and they were not assisted when there were barriers to accessing services. Parents were not seen in the home prior to case closure.

| Item 15 | CFSR | PIP Baseline PUR : 09/17-02/18 | Combined PIP Measurement Periods 9 PUR : 06/18-11/18 and 15, PUR : 12/18-05/19 | Combined PIP Measurement Periods 21 PUR : 06/19-11/19 and 27 PUR : 12/19-05/20 | Combined PIP Measurement Periods 32 PUR : 05/20-10/20 and 38, PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| PIP Goal: 41.9% | 41% | 36.9% | 24.74% | 20.00% | 29.86% | 40.08% |

Online Monitoring System-State Rating Summary

As with Item 14, PIP activities around engagement are expected to continue improving scores for Item 15. The release of SOP 1.6 Quality Engagement for Successful Partnership, along with engagement tip sheets, is anticipated to increase child and family involvement in case planning. This SOP is a tool kit for frontline staff to guide them in different scenarios they may encounter when engaging with families. A caseworker visit template was developed to prompt staff on engagement cues when in conversation with families, including children.

An additional activity that may improve performance on this item is the expansion of the FTS program. Six of the nine service regions now participate in the FTS program. The department is receiving implementation support from EKU for the FTS program. UofL will support ongoing analysis of the program. Over time, assessing the turnover rate of new employees will be one of the factors examined during implementation of the program. Additional updates on the implementation of these activities can be found in Section I.D of the APSR.

**Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**
Well-Being Outcome 2 was the highest performing outcome area of the three well-being outcomes, as substantial achievement occurred in 77% of cases reviewed in the CFSR and 79.22% of cases reviewed within the PIP baseline. The department's scores during the 27th PIP measurement period show improvement, with 70.13% of cases reviewed receiving a strength rating. Kentucky continues to excel in this outcome with a 14.16% increase since the 27th measurement period. The score for the 03/21-12/21 PUR is 80.43%.

Results from the April 2022 CFSP Stakeholder CQI survey indicate that of the 63 survey respondents, 11 respondents (18.0%) strongly agree, and 30 (49%) agree that Kentucky's child welfare agency can meet the goals for Well-Being Outcome 2.

*Item 16: Educational Needs of the Child*
Assessing and addressing the educational needs of children is an area needing improvement for the state, as 77% of cases reviewed during the CFSR received a strength rating and 79.22% of cases reviewed within the PIP baseline received a strength rating. The frequency of assessing and addressing educational needs of children in OOHC cases is nearly double (84%) of the performance in in-home cases (43%). Kentucky's strength rating increased during the 15th measurement period (83.72%), however, decreased significantly during the 27th measurement period (70.13%). Kentucky has since recovered from this decrease with a 14% increase and, as of the 38th measurement period, was well above the PIP baseline and the CFSR with a score of 84.06%. The score for the 03/21-12/21 PUR is 80.43%

A root cause analysis revealed that the COVID-19 pandemic was the primary cause for the significant drop in this item. Frontline staff were not following up with collaterals for children who have individual education plans (IEPs). Training may assist with educating frontline staff to use the schools as collaterals for educational needs assessments versus relying solely on the foster parent for all information.

| Item 16 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 Includes PIP and non-PIP monitored |
|---|---|---|---|---|---|---|
| non-PIP monitored | 77% | 79.22% | 83.72% | 70.13% | 84.06% | 80.43% |

Online Monitoring System-State Rating Summary

Prior and current activities which contributed to the state's progress to date to achieve substantial conformity in this outcome area include the continued use of PEMs, which continue to show favorable results. PEMs, a collaboration between the school system, the child welfare system, and the community mental health system, identify barriers to school attendance, identify family strengths and needs, and create a plan of action to prevent families from being unnecessarily involved in the child welfare system. The meetings are designed to divert reports of educational neglect and to develop a plan to eliminate barriers to school attendance. Often these children have poor or failing grades due to the low attendance. During the PEMs, plans are developed between the child, parent, and teacher for the child to catch up on schoolwork to improve grades. PEMs are currently available 14 counties statewide. Please see Section I.B of the APSR for updates on implementation and success rates of PEMs.

To improve scores for this item, frontline staff need to increase contact with school personnel as collaterals. Department staff need to be encouraged to prioritize a child's educational needs assessment, when applicable to case circumstances. The decrease in performance correlated to the beginning of the COVID-19 pandemic lockdown when children were completing work virtually as evidenced by the significant recovery in scores once the COVID-19 pandemic lockdown was lifted.

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs**
Well-Being Outcome 3 was substantially achieved in 59% of cases reviewed in the CFSR and 70.5% of cases within the PIP baseline. Children received adequate services to meet their physical and mental health needs at a substantially higher rate in OOHC cases (73%) compared to in-home cases (32%). The department's 27th PIP measurement period shows a significant decrease, with only 49.62% of cases receiving a strength rating. The 38th measurement period reflected an upward trend in this outcome with a 17.8% increase from the 27th measurement period scores. With 66.11% of cases being in substantial conformity for this outcome, Kentucky is continuing to monitor its performance on this non-pip monitored outcome. This is an area that Kentucky performs well in, overall, and Kentucky would like to continue this trend.

Results from the April 2023 CFSP Stakeholder CQI survey indicate that of the 63 survey respondents, nine respondents (15%) strongly agree, and 30 (49%) agree that Kentucky's child welfare agency can meet the goals for Well-Being Outcome 3.

*Item 17: Physical Health of the Child*
Addressing the physical health needs of children is an area needing improvement for the state, as 76% of cases reviewed during the CFSR received a strength rating. Data from the PIP baseline showed a similar score, with 78.3% of cases receiving a strength rating. Children in OOHC had their physical health needs addressed more frequently (83% strength rating)

compared to children in in-home cases (44% strength rating). Data from the 15th PIP measurement period showed a decrease, with only 73.4% of cases achieving a strength rating. Kentucky has shown greater decrease in the 27th measurement period at 63.83%.

A root cause analysis of this item revealed that the COVID-19 pandemic was the primary reason for this drop. The decrease in performance correlated to the beginning of the COVID-19 pandemic lockdown when many dental/doctor/routine care offices closed during the first surge of COVID-19 which put many appointments past due until those offices reopened once the COVID-19 pandemic lockdown was lifted. This is evidenced in the scores increase in the 38th measurement period to 75.79%, which is similar to pre-pandemic numbers. The 03/21-12/21 PUR score is 76.57%, surpassing the original CFSR score of 76%.

**Table 20**

| Item 17 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15th Measurement Period PUR : 12/18-05/19 | 27th Measurement Period PUR : 12/19-05/20 | 38th Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **Non-PIP monitored** | 76% | 78.3% | 73.4% | 63.83% | 75.79% | 76.57% |

Source: Online Monitoring System-State Rating Summary

A current activity targeted at improving the department's ability to meet the physical health needs of children is the cabinet initiative, SKY. SKY is the designation of one managed care organization (MCO) to serve all children in state agency custody to ensure consistent and adequate services to children in care. The goal is to streamline the services received by youth in care, as well as providing easier access for frontline staff to the services an MCO has to offer. In May 2020, after the completion of the state's procurement process, Aetna Better Health of Kentucky was selected to serve as a solitary MCO for children in OOHC. SKY was implemented on January 1, 2021.

SKY tracks when children receive their annual physical, vision, and dental visits to encourage preventative care and monitor importance of these services. SKY provides quarterly data reports back to the department in these areas. Additionally, SKY participates on polypharmacy calls with the department's medical director to ensure children have wrap around services in conjunction with medication management, (i.e., if a child is on psychotropic medications that they are also receiving therapeutic support services), SKY collaborates with frontline staff in attending FTMs, assisting with referrals to external services as needed, sharing data, and helping to transition children to different treatment locations. SKY also conducts a monthly placement visit to assess health needs. SKY coordinates a shared care plan which considers the department's case plan with the family, health treatment recommendations from providers, and the child's personal goals. SKY utilizes a whole health assessment, adverse childhood experiences (ACEs), and an online screener to assign a level of care in the SKY program. If a child is in the complex care tier, they are also assigned a nurse care case manager in addition to the Aetna care case manager. SKY is also monitoring obesity in children in relation to being in OOHC and medications prescribed.

### *Item 18: Mental/Behavioral Health of the Child*
Addressing the mental/behavioral health needs of children is an area needing improvement for the state. The CFSR found a 63% strength rating and the PIP baseline found a 72.45% strength rating regarding this item. As demonstrated in multiple prior items, addressing the mental/behavioral health needs of children in OOHC cases saw better performance (75% strength rating) than that of children in in-home cases (40%). The 27th PIP measurement period showed a decrease in strength ratings, to 53.13%. As of the 38th measurement period, Kentucky has made a 14.22% increase over the 27th measurement period with a score of 67.35%, indicating that Kentucky is trending in positive direction for this item.

Table 21

| Item 18 | CFSR | PIP Baseline PUR : 09/17-02/18 | 15<sup>th</sup> Measurement Period PUR : 12/18-05/19 | 27<sup>th</sup> Measurement Period PUR : 12/19-05/20 | 38<sup>th</sup> Measurement Period PUR : 11/20-04/21 | Combined PUR: 03/21-12/21 *Includes PIP and non-PIP monitored* |
|---|---|---|---|---|---|---|
| **Non-PIP monitored** | 63% | 72.45% | 59.60% | 53.13% | 67.35% | 68.18% |

Online Monitoring System-State Rating Summary

The department anticipates that implementation of screening and assessment into in-home cases will improve scores for this item. The department's reorganization and development of the Clinical Services Branch within the division has allowed for centralized administration and coordination of physical and mental/behavioral health consultation activities. The department, in collaboration with DBHDID through the SOC FIVE grant, is expanding behavioral health screening and assessment expansion for children remaining in their homes. Behavioral health screening and assessment allows frontline staff to use objective instruments, along with professional assessment, to better determine behavioral health treatment needs. Children who received behavioral health screening and assessment experience greater clinical oversight. The screening and assessment process is associated with better safety, permanency, and well-being outcomes for children.

An overwhelming majority of 100 cases reviewed for QA included the required screener (99%) and did so within the required timeframe of 10 days (61%), and in an accurate manner (59%). One area needing improvement identified was the sharing of the screener data with parents (23%) or caregivers (29%). Also, of those who required a functional assessment, only 27% received one within a timely manner. In 2% of cases, frontline staff incorporated findings of CANS into the case plan, and 26% of children were reported to be receiving the recommended EBP. The low rates of sharing results of the assessment declined even more at the follow up assessment points. Approximately 87% of cases were rated as being an accurate representation of the client needs and matched the reviewer scores 68% of the time. Timelines were generally met (78%) and fully completed (78%). The treatment recommendation was rated as appropriate 99.2% of the time, and the documentation justified treatment in 83% of cases. Areas for improvement include the treatment plan reflecting client needs (67%) and incorporating info from the screener 55% of the time. If applicable, 78% of cases that needed a follow up CANS received the assessment.

Children in DCBS foster homes/fictive kin/relative placement who do not have a CANS may be attributed to inefficient referral practices, foster families not following up with referrals, disagreeing with the need for an assessment, and the lack of agencies working with children age four and under. This continues to be a focus for the department and the clinical consultant. Efforts will continue to focus on full integration into casework and treatment planning for DCBS staff. The department continues to monitor PIP service array activities associated with collaborations with CMHC providers to improve quality of substance misuse assessments, ensuring timely access to substance misuse treatment, and supporting the expansion of treatment services. POSC meetings have been expanded to focus on substance misuse issues within all families, not just those families with substance exposed infants. Quarterly meetings take place in collaboration with DBHDID and include SRAs, mental health providers, substance misuse providers, and other community partners. Some regions, such as the Jefferson Service Region, have targeted and more frequent POSC-related meetings, which also include local medical professionals. Currently, there are eight POSC sites. All sites have continued monthly collaborative meetings with community partners using virtual platforms and have begun to implement collaborative work on individual cases presented at monthly meetings by community partners. The goal of this process is to develop a culture of collaboration within the workgroups that models for direct service providers a process for collaborative work with individuals and their families.

Frontline staff are trained to use CANS results to better understand clinically identified treatment needs and monitor progress. With increased compliance in screening and assessment, Kentucky expects to see a greater increase in placement stability and decrease in the length of time in OOHC. Additionally, evaluation has shown that screening and assessment have increased frontline staff support of EBPs and enhanced perceptions of collaboration with behavioral health providers.

Behavioral health screeners are completed by frontline staff. Screeners are different for identified age groups, and include the following:

| |
|---|
| **Screener 0 years old** |
| **Screener 1 years old** |
| **Screener 11 years old** |
| **Screener 12-17 years old** |
| **Screener 2-3 years old** |
| **Screener 4-6 years old** |
| **Screener 7-10 years old** |

Behavioral health screening and assessment of children in OOHC most likely leads to an increased strength rating for children in OOHC compared to those who remain in the home. DCBS implemented screening and assessment for all OOHC cases, which has identified cases with behavioral health needs that would have been unknown and unmet prior to implementation. SKY partners with DCBS to ensure a behavioral health screener and assessment is also completed timely to ensure children have their mental and behavioral health needs met and assessed routinely. The department, in collaboration with DBHDID and the SOC FIVE grant will implement screening and assessment for in-home cases, and it is anticipated that the strength ratings will improve for in-home cases and decrease the gap between the two.

Another likely aspect of practice that influences this disparity in strength ratings is the required comprehensive emotional and behavioral assessments required when a child is placed with a PCC or PCP. Both types of placements are required to complete a thorough assessment including the domains listed in 922 KAR 2:300.

The requirements for this comprehensive emotional and behavioral assessment were incorporated into regulation in 2010 and since that time, there have been multiple training and technical assistance meetings with providers on how to implement, improve, and use information gathered in this comprehensive emotional and behavioral assessment. There is no corresponding regulatory requirement for children in in-home cases. The department anticipates that full implementation of behavioral health screening and assessment will improve scores for this item. Please see Section I.C for updated information on screening and assessment, including updated data on screening and CANS compliance.

For more information regarding how the services provided within the Clinical Services Branch have contributed to the progress in this outcome area, please refer to the department's Section II.B and the 2020-2024 Health Care Oversight and Coordination Plan in Attachment 8.

Implementation of FFPSA and the increased use of EBPs in prevention services is anticipated to improve the quality of mental health services provided to families and children. The addition of title IV-E EBPs to tertiary prevention services in Kentucky allows for greater access to rigorous and clinical EBPs for Kentucky children served by child welfare. This assists with mitigating barriers to accessing necessary interventions outside of contracted services, and through prevention services, where title IV-E EBPs were unavailable through prevention services prior to FFPSA implementation. The availability of EBPs to address issues such as trauma, parental relationships, and externalizing behaviors, through prevention services, also allows families to access necessary services through one provider, preventing barriers to outside referral, paperwork completion, additional waiting lists, and insurance coverage gaps. Title IV-E EBPs also provide a more clinical service provision with approved EBPs found to produce favorable effects, and well-supported interventions, such as FFT, MST, and Parent-Child Interaction Therapy (PCIT), found to sustain positive effects for 12 months, which were not available through

prevention services prior to FFPSA implementation, as many California Evidence Based Clearinghouse EBPs rated promising and utilized previously were rated ineligible on the Title IV-E Prevention Services Clearinghouse. Updated Information on FFPSA implementation can be found in Section I.B of the APSR.

## G. Conclusion, Opportunities for Reassessment, and Learning

**Achievements**

The fourth year of the 2020-2024 CFSP continued to present challenges initiated by the COVID-19 pandemic, however, was still full of accomplishments for the department. Despite some temporary setbacks, the department met the challenges with determination and creativity. The safety model implementation continues. On October 1, 2022, the *Structured Decision Making®: Safety Assessment tool* and the *Risk Assessment tool* went live in TWIST. Updated changes to the incorporating the two SDM® tools were also released on this date, as well as new policy to the *Structured Decision Making®: Safety Assessment tool* and the *Risk Assessment tool*. Following the implementation date of the SDM® Safety Assessment and Risk Assessment, the first micro-survey was sent to staff on March 7, 2023.

Kentucky coordinated with eight other states who have implemented an alternative response track into their child welfare system. Information gained included implementation timeframes, organizational structure, terminology, findings, statutory requirements, training, and outside support. The alternative response workgroup consulted with the Kempe Center who submitted a work plan and budget beginning April 2022 and ending June 2023. The department is utilizing the Kempe Center as a consultant on successful planning and implementation of alternative response. In July 2022, the work group began to meet with the Kempe Center weekly to begin project planning and assessing the data provided to the Kempe Center at the beginning of the contract. Through data evaluation, the work group began to discuss implementation with DSR, and a selection of early implementation sites were made. Early implementation sites will begin alternative response in September 2023.

The department has seen increased participation in the CFSP Stakeholder CQI meetings. All stakeholder meetings since April 2020 have been held via virtual platform due to the COVID-19 pandemic. Valuable feedback received during these meetings assists the department in implementing, assessing, and modifying CFSP activities. The virtual meetings have presented as opportunities to reach key stakeholders across the state that are typically unable to participate due to distance and other barriers. The department is committed to expanding the stakeholder group and creating additional opportunities for stakeholders to collaborate on planning for CFSR Round 4.

Diligent recruitment has remained an area of strength for the department and many improvements have been made regarding services for relative and fictive kin caregivers. Additionally, the department has seen success with the full implementation of screening and assessment within practice and will continue to strive toward full compliance. The department anticipates further improvement in placement stability through increased compliance with screening and assessment.

The department continues to work toward a CQI redesign that will ensure the department's focus is data-informed and outcome driven. The CQI self-assessment was completed in 2020, the CQI specialists completed a formalized CQI training academy and facilitation training. The CQI redesign was launched April 1, 2021, and presented to all staff through regional forums. Modifications to the CQI tracking system to enhance attendance, minutes, and issue tracking capabilities are nearly finalized. The department is confident that an improved CQI process will be a catalyst for improving outcomes statewide.

The Field Quality Branch completed an annual CQI self-assessment in July 2023 and is currently reviewing recommendations to assist with improving CQI program operations and processes going forward. A CQI self-evaluation survey was completed in December 2022 to solicit all staff feedback on the CQI process. The recommendations and feedback will be included in self-assessment findings to continue improving the CQI process. A youth survey is completed annually, and feedback will be

shared with all branch staff. Youth were instrumental in developing the survey and continue to provide input/feedback to CQI.

The Field Quality Branch is currently testing a revamped CQI tracking system that will track meeting minutes, issues, and action plans that will further enhance CQI operations and processes. The Field Quality Branch is utilizing a bi-weekly CQI outcomes meeting and department analysts and TWIST staff to develop tools to use in CQI action planning to assess quality services provided to families and children. The Field Quality Branch along with DCBS staff, community partners, and youth will visit residential facilities to facilitate CQI meetings. This is an opportunity to engage youth and gauge feedback on their lived experiences in the child welfare system. A community partner survey has also been created to facilitate feedback from partners. Feedback is utilized in a broad range of meetings and venues. The survey results are provided to the host of the meeting and the participants.

MI was approved for use in all three EBP categories: in-home skill-based parenting, mental health, and substance use, and for use by child welfare staff. KSTEP was expanded to the entire Northeastern Service Region, Salt River Trail Service Region, and Cumberland Service Region. Intercept® is now available in three service regions. The submission was approved in September 2022. A third Title IV-E Five-Year Prevention Plan amendment is in draft to include KSTEP as an EBP for transitional claiming, to expand the definition of candidates for foster care to include children who have come to the attention of the child welfare agency, and child welfare workers utilizing MI as an EBP.

Through collaborative efforts between QA and CQI, as well as partnerships with the Center and the Children's Bureau, the department met all but three PIP monitoring goals at the close of the non-overlapping period. The department is confident that although not all goals were met, the progress that continues to be made leading up to Round 4 will set the state up for a favorable statewide assessment.

**Opportunities for improvement**
The department will continue to work toward expansion of prevention services to ensure that services are available statewide to maintain children in their homes. Additionally, the department will continue to work toward full and timely implementation of SDM® to ensure that staff are appropriately assessing for safety, and only removing children when they cannot safely remain in the home. The department will continue to implement initiatives to assist with improving timely and appropriate permanency for all children, but especially those who have been in care for 12-23 months.

Continued focus on PIP monitoring goals is needed to ensure successful achievement of the PIP goals. Although Kentucky has seen success with items 1, 3, 4, 12, 13, 14, and 15, three items did not meet the established PIP goals prior to the close of the non-overlapping period. During the non-overlapping post PIP implementation period, Kentucky achieved PIP measurement goals for the Well-Being 1 Outcome. CB determined that the state was not able to achieve the required level of improvement for CFSR PIP measures for Safety Outcome 2 (Item 2) and Permanency Outcome 1 (Items 5 and 6) and continues to be out of substantial conformity with these outcomes.

The state was informed of Children's Bureau's decision to revise the approach to withholding funds for Round 3 for states that did not meet their goals: federal funds would still be withheld for PIP measures not met; however, CB will not withhold penalties for additional periods until the state is found to be in substantial conformity in Round 4, or upon successful completion of a Round 4 PIP. The Children's Bureau reached this decision due to the reimplementation of the national statewide data indicators in Round 4 which makes it difficult to measure the extent to which states with outstanding outcomes achieve Round 3 performance goals during Round 4. It is anticipated that the activities described throughout this narrative will continue to assist in increasing performance to bolster the state's entry point into Round 4, and during the statewide assessment.

Staff turnover continues to be one of the greatest barriers in improving outcomes for families and children. Many factors contribute to staff turnover, including large caseloads and compensation that is not competitive with other states or private agencies. The department is optimistic that salary increases, implementation of the Culture of Safety model, development of an alternative response model, and re-implementation of the FTS program will assist with improving the employment experience of staff, thus improving retention rates within the department.

Kentucky is slow making progress in improving outcomes as evidenced in the KY CFSR 03/21-12/21 PUR scores in comparison to previous years' submission scores, as well as Round 4 data indicators. Kentucky will continue to work steadily toward improved outcomes for families and children.

# II.   <u>Additional Reporting Requirements</u>

## A. Child Abuse Prevention and Treatment Act

During the 2022 legislative session, the state did not have any significant changes to state laws or regulations that would affect the state's eligibility for the Child Abuse Prevention and Treatment Act (CAPTA) state grant. The state did not alter its use of CAPTA funds as described in its current CAPTA plan. The state uses CAPTA funds in three ways. First, the state contracts with UK to provide multi-dimensional, comprehensive, proactive assessments of children and families identified by the department. The information is used by cabinet personnel to more effectively negotiate and implement case plans that include family and individual level objectives that will address safety and permanency issues for children. Second, the state uses CAPTA funds to partially fund the pediatric forensic consultation contract with UofL for use in the investigative assessment of injuries in physical abuse cases. Finally, the state uses CAPTA funds in staff training efforts. Those efforts are ongoing. The state CAPTA coordinator (State Liaison Officer) is Melanie Day and can be contacted by phone at 606-273-4201, by mail at 275 East Main Street 3E-A Frankfort, Kentucky 40621, or via email at melanie.day@ky.gov. The state's annual Citizen Review Panel report and agency response are attached (Attachments 5 and 6).

**Special reporting requirement: Update on the Agency's use of the supplemental CAPTA State Grant funds provided through the American Rescue Plan**

Kentucky was awarded $763 million specifically dedicated to child care through ARPA. The largest portion of the funding, over $470 million, is designated for sustainability payments that were distributed to child care providers throughout the state beginning in October 2021 after the Coronavirus Relief and Response Supplemental Appropriations Act (CRRSA) payments have concluded. These funds will be distributed in nine payments totaling $49.6 million per payment cycle. The amount of each payment will vary based on the number of providers who apply and the tier for which they apply. There are three tiers, each with a wage requirement.

The second stream of funding, over $293 million, is slightly more flexible and the federal government has designated it for four specific purposes, including:
- Increasing provider payments;
- Improving payment policies;
- Increasing wages for early educators and family child care homes; and
- Building the supply of child care for underserved populations.

**Child Maltreatment Deaths**

Prior to the implementation of the SSR in October 2019, the department utilized a child fatality/near fatality review process for every active case involving a subsequent referral and substantiation of maltreatment because of fatality or near fatality. The child fatality and near fatality review process occurred in a meeting involving the central office child fatality liaison, as well as the identified child fatality review team. In most cases, the meeting occurred 60 calendar days from the maltreatment finding. The goal of the meeting was to assist with the assessment, make recommendations for the family, assess the department's previous involvement with the family, identify regional and systemic areas for improvement, and

determine if there are opportunities for staff training. A case review tool, which corresponded to the CQI case review tool used in the regions, was utilized to review fatality and near fatality cases. Data from these case reviews was analyzed to determine if the issues identified in the referrals prior to the fatality or near fatality were systemic or isolated to the fatality or near fatality case, based on the individual regions' overall CQI case review scores.

In response to CAPTA section 106(b)(2)(B)(x) relating to the public disclosures of fatalities or near fatalities, the department has attached a fatality and near fatality reporting table that will be published with the APSR on the department's web page (Attachment 7). The reporting table includes substantiated fatality and near fatality cases from SFY 2021. The department also submits all fatality and near fatality cases for review to the state's Child Fatality and Near Fatality External Review Panel (panel). The panel receives and reviews all investigations that met the department's criteria for a fatality or near fatality investigation. The cases reviewed are un-redacted per KRS 620.055; however, the panel is prohibited from releasing them publicly. The panel provides a report on the summary of the findings of the reviews completed each year. The department has established a process for releasing all records to include the use of SharePoint for transfer of records, protocol for requesting case files from the field, protocol for case file organization, and a collaborative process with the Justice Department liaison to the panel for requesting additional records the panel requires.

The department, in collaboration with Collaborative Safety, implemented a culture of safety framework, the SSR process, for fatality and near fatalities in October 2019. In preparation for the implementation of the new review process, program and regional staff began training with Collaborative Safety in March 2019. Leadership and frontline staff attended orientations and leadership trainings on the process throughout the remainder of 2019. The department's goal in implementing the SSR was to adopt a culture within the department that looks at the child welfare system as a whole, rather than scapegoating and reacting punitively toward individual staff to assist with removing the stigma associated with working for the department. Other states that have implemented the culture of safety have seen an increase in staff retention, ultimately leading to a decrease in caseloads. The culture of safety framework examines systemic-level issues through a voluntary human debriefing process and process mapping. Partnership with other community-based agencies, including law enforcement, may occur during the one-on-one human debriefing process. Local law enforcement personnel are invited to be members of the regional mapping teams.

All cases with a child fatality or near fatality in an active case or investigation have an initial review by the system safety analyst and are presented to the MDT for consideration of a comprehensive analysis. The SSR team completes an initial case review, which includes a review of the circumstances of the fatal or near fatal incident, allegations and details of prior investigations, and the provision of ongoing services. The goal of the initial review is to identify features that may lead to a more in-depth analysis of the case. Particular attention is given to history occurring within 24 months prior to the fatal or near fatal incident. The System Safety Review Process Manual and SOP 2.14 Investigations of Child Fatalities and Near Fatalities fully outlines the SSR process.

Data and actions taken in response to the findings of the SSR are incorporated into the annual Child Abuse and Neglect Fatality and Near Fatality Report provided to the Governor, the General Assembly, and the state child fatality review. In CY 2022, 218 cases met criteria for initial review under the SSR process. Eighty-two (82) of those cases had features presented to the MDT to consider for further study. Fifty-five (55) cases were selected for full review. The variances in the number of cases with features for study and the number selected for full review is attributed to limitations created by program impact. The full review process is time-consuming limiting the number of cases that can be assigned to each analyst and the number of cases that can be selected from one region at one time. During CY 2022, the impact of staff shortages at the field level also contributed to fewer cases being selected since this process requires staff to be pulled from their casework duties to participate in human factors debriefing and systems mapping session.

The agency's response to findings and considerations continues to inform initiatives to aide in the retention of existing staff, attract new employees, improve the hiring process aimed at resolving the agency's demand/resource mismatch, and the

related production pressures. Additional pay increases were approved in 2022 and locality specific pay differential was approved for a region whose staffing difficulties could be attributed to cost of living and competitive employment opportunities. Responding in this way to retain and draw employees enhances the agencies capacity to support safe work practices, which translates better outcomes for families served.

More recent considerations proposed evaluating and adapting performance metrics to enhance focus on outcome-based measures over production-based measures.

When systemic features are identified that do not require agency or state leadership involvement, the agency continues to use the Quick Wins process. The process involves further examination of the features and collaboration with other divisions, branches, and regional management teams to devise a response. Features falling within the Knowledge Gap and Prescribed Practice themes are commonly addressed through this process.

The department continues to target features identified through the SSR process with its development and use of SDM® tools. The SDM® intake screening process was implemented in April 2022 and the SDM® safety and risk assessment process was implemented in October 2022. The agency continues its partnership with Evident Change to develop an SDM® Risk Reassessment and Reunification Assessment. The process will be designed to guide decisions made around reunification and case closure with the goal of assuring safety while making fair and equitable case decisions statewide.

The department also partnered with DPH, the Child Fatality and Near Fatality External Review Panel (CFNFRP), and representatives from the state's forensic medical teams to devise a plan to advance education and awareness around safe sleep practices in response to the increase in unsafe sleep deaths in previous years. The group's efforts revealed that prevention efforts in place prior to the COVID-19 pandemic had lapsed, prompting DPH to restart these initiatives at local DPH sites throughout the state. The group also partnered with EKU to create and update training curriculum promoting safe sleep practices. This training is required for all DCBS frontline staff and encouraged for all foster care providers.

Prevention efforts in collaboration with DPH include recommendations and initiatives developed because of child fatality reviews. DPH's most recent Child Fatality Review Annual Report is accessible here: CFRAnnualReport.pdf (ky.gov).

## NCANDS Reporting
The state uses TWIST to capture information on child fatalities related to maltreatment. For every fatality investigated as a possible death caused by maltreatment, the investigator obtains a copy of the official death certificate and autopsy conducted by the medical examiner. The investigator incorporates this information into decision making around the investigative findings, as well as case disposition. A discussion of the contents of these documents is included in the assessment entered into TWIST. These documents, as well as any additional documents such as those produced by law enforcement, are maintained in the case file.

## Juvenile Justice Transfers
Juvenile justice transfers refer to the population of children who are transferred from the department's custody to the responsibility of the state juvenile justice agency, either placed in that agency's custody or through legal commitment. Once the court order is issued, the caseworker enters the change in TWIST by noting an exit in the child's placement screen. Department personnel are directed to enter data in a TWIST field designated as Transferred to Another Agency, and the juvenile justice transfer number is extrapolated from that field. Additionally, the department and DJJ have an informal agreement to share data on this population. Data sharing among agencies occurs in alignment with the federal AFCARS submission twice per year. Children who exit to the state juvenile justice agency may do so for a variety of reasons associated with their specific situation and court case. Typical reasons for transfer include the receipt of a criminal conviction for crimes committed prior to or during their commitment to the child welfare agency. During CY 2022, 22

children under the care of Kentucky's child protection system were transferred into the custody of Kentucky's juvenile justice system, DJJ.

**Services to Substance-Exposed Newborns**
Since 2003, CAPTA has included a state plan requirement regarding policies and procedures to address the needs of substance-exposed infants, including requirements to make appropriate referrals to child protective services and other appropriate services, and a requirement to develop a POSC for the affected infants. In 2016, the Comprehensive Addiction and Recovery Act (CARA) further clarified the population requiring a POSC, required the POSC to include both the infant and caregiver, specified data to be reported, and specified increased monitoring and oversight.

The POSC must address the needs of both the infant and the affected family or caregiver. Specific data is required to be reported to the *maximum extent practical* on the affected infants and the POSC. The data includes:
- The number of infants identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder;
- The number of infants for whom a POSC was developed; and
- The number of infants for whom referrals were made for appropriate services.

The state requires health care providers to report children born affected by substance abuse to both state child welfare agency and DPH (KRS 620.030, KRS 214.160, SOP 2.3 Acceptance Criteria, and KRS 211.676). The provider may include information related to the mother's enrollment and participation in a medication assisted treatment (MAT) program, and if the mother is able to provide care for the child and herself while taking the medication.

Reports are screened by the child welfare agency's central intake to determine if they meet criteria for abuse or neglect. If a report meets criteria for abuse or neglect, a child welfare worker investigates the report. If the case will be opened, the child welfare worker will create a case plan that will include a POSC for the infant. If the case will not be opened, the child welfare worker will create an aftercare plan that will include a POSC for the infant. The content of any plan will be determined by the case-specific risk assessment. For cases active with child welfare, the prevention plan, case plan, or aftercare plan will become the POSC for the infant, although no changes to the forms themselves are necessary. Staff received training in the spring of 2017 as part of a joint effort with DPH to ensure any planning document created by either agency will carry the critical elements that are related to a POSC for the infant. This includes follow-up care for a withdrawing infant, services to support the mother in recovery, the mother's identification of who might assist in respite during time of stress, use of recovery supports, and a care plan for the infant in case of relapse. Plans will also include a plan for safe sleep.

Diagnosed cases of neonatal abstinence syndrome (NAS), as mandated by KRS 211.676, must also be reported to DPH, who publishes statistical data on an annual basis. The department formed a task force to address services to substance-affected newborns and ensure collaboration among the different departments within the agency. DBHDID is leading a workgroup to address and recommend POSC regarding appropriate assessment of mothers and children completed by the hospital, particularly in cases where the child welfare agency did not initiate an investigation. The task force includes representatives from DPH, DCBS, DBHDID, MCOs, HANDS, health departments, hospitals, etc. The workgroup continues to make progress in two pilot sites in larger metropolitan areas with hospital and CMHC involvement. The sites focus on developing POSCs for children and mothers in cases that do not meet acceptance criteria for DCBS. The group's focus has been to approach the POSC as an SOC and connecting families to supportive services.

In 2017, a grant was secured by DBHDID for Kentucky's 14 statewide CMHCs to conduct trainings with appropriate local community partners. The trainings were well attended and presented as a collaboration of efforts to highlight the POSC as a community response. The trainings consisted of topics related to substance affected infants and NAS, ACEs/trauma, substance abuse, MAT, systems of care, MI, etc. DCBS program staff also presented a segment of the training, and

appropriate local DCBS staff attended. Additionally, DCBS' nine SRAs have joint meetings with the CMHC substance/treatment providers to focus on initiatives in their local areas and build partnerships with one another, as well as address needs within their respective communities. Because of these meetings, there has been great interest in two other areas of the state, which resulted in two additional pilot sites added under the direction of DBHDID. One site is located at Adanta (CMHC) in Somerset (within the Cumberland Service Region), and the other at Mountain Comprehensive Care Center (CMHC) in Prestonsburg (within the Eastern Mountain Service Region). In 2019, Jefferson and Fayette County's pilot sites held POSC summits. The summits focused on how professionals serving pregnant and parenting families can be more recovery-oriented in supporting families with an SUD.

In 2022, monthly POSC pilot site meetings were held in seven service regions: Jefferson, Southern Bluegrass, Two Rivers, Salt River Trail, Cumberland, Eastern Mountain, and the Lakes. A statewide pilot site meeting was held in April 2022 for all participants. An additional statewide meeting was held in September 2022 specifically for the CMHCs and their POSC initiatives. The monthly and pilot site meetings continued to focus on ways professionals serving pregnant and parenting families can be more recovery-oriented in supporting families with SUD. Continued efforts on how to serve this population with the diverse needs throughout the state as well as Kentucky as a whole was also a focus. POSC strategies involve ongoing collaboration with agencies for macro and micro level interventions for SUD supports. Toward the end of 2022, the monthly pilot site meetings began strategic planning for their regions. Working toward specific projects to meet the regional population needs was the focus.

In June 2017, the department implemented a new data point within TWIST that allows a referral to be designated as "Risk of Harm Neglect-Substance Affected Infant." From January through March of 2022, referrals were screened under the above subprogram of "risk of harm". In April of 2022, Kentucky implemented the Kentucky SDM® Intake Assessment Tool. With this new tool, substance affected infant was given its own subprogram and is defined as "a child born with non-prescribed drugs in their system or showing signs of withdrawal from nonprescribed drugs (refer to 42 USC 5106a(b)(2)(A)(ii) and KRS 620.030(2)."

For CY 2022, there were 2,589 intakes that included an allegation of child and/or neglect and substance affected infant. Of those, 2,094 (80.9%) met acceptance criteria for an investigation/assessment, and 495 (19.1%) did not meet acceptance criteria.

**Table 22: CY 2022 Substance Affected Infant Intakes**

|  | # | Risk of Harm Neglect - Substance Affected Infant | Substance-affected infant |
|---|---|---|---|
| CPS Intakes w/ Allegations and Substance Affected Infant | 2,589 | 850 | 1,739 |
| CPS Intakes that Met Acceptance Criteria and Substance Affected Infant | 2,094 | 573 | 1,521 |
| Difference (Did Not Meet Acceptance Criteria) | 495 | 277 | 218 |

Table 40 demonstrates that of those reports that were screened in for an investigation or assessment, 679 (32.4%) resulted in a substantiated or services needed finding. Dispositions for those referrals with a substantiated or services needed finding are outlined below.

**Table 23: CY 2022 Disposition Percentages**

| Disposition | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| Close Referral | 128 | 18.9 | 18.9 | 18.9 |
| In-Home Ongoing Case | 370 | 54.5 | 54.5 | 73.4 |

| | | | | |
|---|---|---|---|---|
| OOHC Ongoing Case | 180 | 26.5 | 26.5 | 99.9 |
| Service Referral | 1 | .1 | .1 | 100.0 |
| **Total** | **679** | **100.00** | **100.0** | |

In 2017, Kentucky developed a PIP in conjunction with the Children's Bureau to address missing elements of Kentucky's POSC. The agency addressed gaps in SOP and training for field staff. DCBS program staff completed trainings for all nine service regions in January through March 2018 regarding the DCBS response to the POSC requirement. Kentucky's POSC SOP can be found at SOP 1.15 Working with Families Affected by Substance Misuse. Kentucky successfully completed the PIP and received a closure letter May 2018.

**Human and Sex Trafficking**

Kentucky passed HB 3 during the 2013 legislative session, and the Safe Harbor Law went into effect in June 2013. Kentucky statute defines human trafficking in KRS 529.010 as criminal activity whereby one (1) or more persons are subjected to engaging in: (a) Forced labor or services; or (b) Commercial sexual activity through the use of force, fraud, or coercion, except that if the trafficked person is under the age of eighteen (18), the commercial sexual activity need not involve force, fraud, or coercion. KRS 600.020 defines abuse and neglect for individuals under the age of 18. The state does not plan to extend this definition to include young adults (age 18-24). The department's duties related to children who are victims of human trafficking are outlined in KRS 620.029. Statute further states that minors/victims who are under the age of 18 and are identified as victims of sex or labor trafficking are to be treated as victims as opposed to being prosecuted for criminal matters related to these offenses/crimes. In response to the Safe Harbor Law, the department implemented training for new and existing department employees. Training for existing employees is delivered through a web-based platform. Human trafficking components are included in the initial training for new employees, which is provided in collaboration with the department and the DCBS Training Branch. Through these trainings, staff receive information on identifying, assessing, and addressing human trafficking for victims under the age of 18. The department continues to collaborate with community agencies to educate the community, law enforcement, and other providers, as well as department staff. There are various other training and education opportunities throughout the community and hosted by various providers such as the Kentucky Attorney General's Office, PCAK, Catholic Charities, and state and local human trafficking task forces. Division staff continues to attend statewide task force meetings, and the department has representation on local task forces for coordination of work at the local level. Additionally, the department modified its procedure to include the definition of sex and labor trafficking, the inclusion of a child protection and law enforcement response to human trafficking allegations, and to include non-caretakers and caretakers of minors as alleged perpetrators (SOP 2.15.9; SOP 2.3). The Kentucky Multidisciplinary Commission on Child Sexual Abuse has updated the state's MDT protocol to include the presentation of child human trafficking investigations involving commercial sexual activity.

The department updated its investigative template and TWIST screens to indicate whether an individual is a victim of human trafficking, as well as to distinguish between labor and sex trafficking. The department publishes an annual human trafficking report to the LRC, which includes data on demographics, trends, and case findings regarding human trafficking reports. Across the state, community partners utilize the report to guide practice for service delivery to victims of human trafficking. The report is posted online annually and can be found on the divisions' public facing website at https://chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/default.aspx.

During 2019, the department collaborated with Dr. Jennifer Middleton (UofL) and associated research assistants on Project PIVOT (Prevention and Intervention of Victims of Trafficking). This project is funded by a two-year grant from the Kentucky CJA Task Force. The primary goals of Project PIVOT are to increase awareness of human trafficking in the child welfare population and to improve the ability of systems to respond to human trafficking in the child welfare population in a way that limits additional trauma to the child victim. Researchers reviewed 582 child protective services cases (reporting period 2013-2018) aiming to answer the question: What happens to child trafficking cases in the child welfare system? Researchers also reviewed child trafficking screening and identification tools to assist in the development of a statewide

screening tool. The goal is to develop and implement a Trafficking Policy and Advising Consortium (TPAC) to enhance cross-agency interactions, facilitate better communication related to child trafficking cases, and work collaboratively to close existing gaps in services for child trafficking victims. Preliminary data from the first year was finalized in November 2019 and shared with the Statewide Human Trafficking Task Force in December 2019.

The preliminary report for Project PIVOT was completed the summer of 2020. This report provided numerous recommendations, such as providing trauma-informed training to first responders, establishing a trauma-informed identification/screening process, enhancing training, and increasing prevention and awareness efforts. The executive summary of the report indicated there are three main recommendations based on the data analysis conducted throughout Project PIVOT. Those are: (1) develop and implement a standardized trauma informed training across all professions and community members involved in ending child trafficking in Kentucky, (2) implement an information sharing system for the MDT, and (3) create an identification process and offer resources that are inclusive of overlooked populations.

The final report for Project PIVOT, completed in 2021, has five implications/recommendations: 1) statewide multidisciplinary human trafficking response team, 2) implement information-sharing agreements across departments/systems, 3) increase law enforcement involvement in alleged child trafficking cases, 4) enhance sentencing regarding family-controlled trafficking cases, and 5) revising laws to address the challenges with charging victims.

In 2020, the department applied for and was awarded the Office of Victims of Crime (OVC) 2020 Improving Outcomes for Children and Youth Victims of Human Trafficking for Kentucky Statewide Response to Child Trafficking Project. With this grant, the department will work toward improving outcomes for children and youth victims of sex and labor trafficking through enhanced statewide and multidisciplinary collaboration. This project will focus on engaging partner organizations, screening high-risk children and youth, training child-serving professionals, and providing trauma-informed services to identified victims, as well as services for children who are identified as high-risk. This is a three-year grant that allows the department to partner with stakeholders from Catholic Charities, CHES Solutions Groups, and Dr. Jordan Greenbaum (Medical Director from the Institute of Health and Human Trafficking at Stephanie Blank Center for Safe and Healthy Children at Children's Healthcare of Atlanta and the Medical Director of Global Health and Well-Being Initiative at International Centre for Missing and Exploited Children, and Threshold Services PLCC) to achieve these goals. Through this grant, the department will develop a validated, evidenced-based, human trafficking screener to utilize when working with Kentucky's children and youth.

Several trainings were created for the OVC Improving Outcomes for Children and Youth grant during 2021. *Human Trafficking 101* and *Screening and Identification of Human Trafficking* training has been approved by OVC and is scheduled for 2022 for staff and community partners to complete. *Labor Trafficking of Children and Youth* and *Sex Trafficking of Children and Youth* trainings were under development in 2021. The cabinet continues to work with community partners regarding cases of trafficking. In August 2021, the cabinet participated in Operation United Front, a multistate human trafficking detail, with law enforcement. The cabinet participated in numerous task force and coalition meetings with community partners.

During 2022, the new SDM® intake tool was released which separated human trafficking intakes from exploitation- neglect intakes. The new breakdown is: 1) Human Trafficking- Sexual- Caretaker, 2) Human Trafficking- Sexual- Non-Caretaker, 3) Human Trafficking- Labor- Caretaker, and 4) Human Trafficking- Labor- Non-Caretaker. With this new separation of maltreatment, the cabinet will be able to run management reports that will make it easier to determine the number of caretaker trafficking reports, non-caretaker trafficking reports, labor trafficking vs. sex trafficking, etc. The plan in the future is to utilize these new management reports to follow the child throughout the length of the case to gauge outcomes for those identified as survivors of trafficking and those at risk of trafficking. The cabinet is finalizing two more OVC grant trainings, one specifically concerning labor trafficking of minors and the second one concerns sex trafficking of minors. These two trainings will roll out to field staff and community partners in 2023. Sex trafficking training has been approved by

OVC, and the labor trafficking training is being modified based on recommendations from OVC and Research Institute International. Through the OVC grant, the department is continuing to develop and implement a screening tool for use with children under the age of 13.

Kentucky is not requesting technical assistance regarding the implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.

**Information on Child Protective Service Workforce**
CAPTA requires states to report information regarding its personnel who are responsible for intake, screening, assessment, and investigation. In Kentucky, frontline staff do not experience differences in classification (job title), core curriculum training, or pay based on caseload type. Some frontline staff do carry entirely investigative caseloads; however, any worker could be tasked with an investigation since the agency's expectation and design is towards a generic workforce. The direct line of leadership supervising an individual position has the flexibility to task specific individuals or create teams of specific individuals who only do investigations for efficiency. However, there are regional and county situations where every worker is generic, or at least flexible, and carrying a mixed caseload of investigations and ongoing at any given time. Thus, the state's data system does not separate worker data based on specialty, since the system is designed to consider every position generic.

*Education, qualifications, and training requirements established by the state for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions.*
Department personnel are organizationally aligned by their class title. A class title encompasses the duties and the qualifications, education, and training requirements considered necessary to execute the duties successfully. For each class title, the duties and qualification requirements are described by the class specification. For all of state government in Kentucky, class titles and class specifications are established by the Personnel Cabinet in conjunction with the agency or agencies that uses the class title to deploy any part of its workforce.

Any applicant may theoretically enter the state's system at any classification, if he or she meets the minimum requirements as depicted on the class specification, is selected by the designated interview panel for that individual vacancy and is ultimately appointed by the state's appointing authority. Child protective services workers, (i.e., caseload carrying workers, regardless of whether they work as an investigator, an ongoing worker, or a generic worker) are classified under four distinct titles, which are separated based on the minimum requirements necessary to qualify under any title. Caseload-carrying workers and immediate supervisors are listed below and linked to their class specification information on the Kentucky Personnel Cabinet website.
- [Social Service Worker I](#)
- [Social Service Worker II](#)
- [Social Service Clinician I](#)
- [Social Service Clinician II](#)
- [Family Services Office Supervisor](#)

Regions have the flexibility to deploy their leadership team based on the strengths of the personnel in regional positions. In some areas, SRAAs and SRCAs supervise personnel and casework. In other areas, SRAAs may only supervise personnel while the SRCA is most often the line of authority for case decision-making. Ultimately, regional structures guarantee that there is an associate available, with the necessary education and experience to guide casework decisions. Regional positions that supervise cases are cited below in increasing order. These positions generally work under the next applicable grade level:
- [Social Service Specialist (regional position)](#)
- [Service Region Administrator Associate](#); [Service Region Clinical Associate](#)
- [Service Region Administrator](#)

*Additional positions, designed to perform a variety of clinical, direct service, or administrative functions—but who do not carry or supervise a caseload, are listed in increasing rows based on their level of responsibility within the agency:*

The following positions represent more administrative roles within the agency that serve in a policy and consultative role:

- Social Service Specialist (central office position)
- Human Service Program Section Supervisor
- Human Service Program Branch Manager
- Assistant Director

Class titles are represented in Table 41 as potential promotional paths for staff who may wish to promote upward, depending on their desire to supervise personnel and/or supervise cases. All classifications are listed directly under the entity that is responsible for their direct supervision.

**Table 41: Job Titles and Pay Grades**

| Grade | Field Personnel and Supervision | | Central Office Personnel and Supervision |
|---|---|---|---|
| 19 | Service Region Administrator | | |
| 18 | Service Region Administrator Associate | Service Region Clinical Associate | Assistant Director |
| 17 | Family Services Office Supervisor | | Human Service Program Branch Manager |
| 16 | Social Service Specialist | | Social Service Specialist |
| | Social Service Clinician II | | Human Service Program Section Supervisor |
| 15 | Social Service Clinician I | | |
| | Social Service Worker II | | |
| 14 | Social Service Worker I | | |
| *Leadership positions above a grade 19 are non-classified, i.e., appointed by the current administration.* | | | |

*Demographic Information and Education, Training, and Qualifications of Workers*

The tables below provide demographic information for caseload workers and their supervisors. For this report, "worker" refers to anyone working under the following classifications: Social Service Worker I, Social Service Worker II, Social Service Clinician I, and Social Service Clinician II.

*Demographic Information Tables and Discussion*

The demographic information presented in Table 42 indicates that of the cabinet's workers are largely female and around two thirds have five or fewer years of experience. Sixty-four and four tenths (64.4%) percent of workers are over the age of 30. Workers are supported by supervisors who are predominantly characterized as females over the age of 30, with 26.5% having more than 21 years of experience. Just over one third possess a master's degree. All supervisors and 97.7% of workers have obtained a bachelor's degree.

**Table 24: Workforce Age, Gender, Years of Service, and Education**

| | Age Range in Years | % at indicated increments | Gender | Range of Years of Service | % at indicated increments | Educational Background: % with degree by degree type |
|---|---|---|---|---|---|---|
| **Workers** | <21 | 0% | 87.9% female | 00-05 | 67.3% | 97.7% |
| | 21–30 | 35.6% | | 06-10 | 16.4% | Bachelor's |
| | 31–40 | 27.4% | 11.6% male | 11-15 | 5.4% | |

| | 41–50 | 21.9% | | 16-20 | 4.7% | 10.0% |
| | 50+ | 14.9% | 0.5% Unknown | 21+ | 6.3% | Master's |
| | Unknown | 0.1% | | Unknown | 0% | |
| % frontline workers with > 3-years of experience = 51.4% | | | | | | |
| | <21 | 0% | | 00-05 | 7.6% | 100% |
| | 21–30 | 1.5% | | 06-10 | 21.6% | Bachelor's |
| | 31–40 | 29.2% | 87.9% female | 11-15 | 21.6% | |
| **Supervisors** | 41–50 | 48.9% | | 16-20 | 22.7% | 36.4% |
| | 50+ | 20.5% | 12.1% male | 21+ | 26.5% | Master's |
| | Unknown | 0% | | | | |

The workforce is largely Caucasian, which is consistent with the state's racial composition. According to the 2020 Census, Kentucky's population has become 6.2% more diverse since the 2010 Census, however, the workforce does not mirror the state's population when it comes to Hispanic, Asian, and Black persons. The department has no American Indian and Alaskan Native, or Asian supervisors, and less than half a percent of workers combined fall into these categories. A side-by-side comparison of workforce racial demographics with statewide and national racial composition is presented in Table 43.

**Table 43: Workforce Demographics-Race**

| Race | % of staff identifying as a member of a particular racial group | | Statewide Racial Composition 2020 US Census Data | National Racial Composition 2020 US Census Data |
|---|---|---|---|---|
| | **Workers** | **Supervisors** | | |
| Caucasian | 62.4% | 85.6% | 87.5% | 61.6% |
| African-American/Black | 7.0% | 11.4% | 9.7% | 12.4% |
| Not Specified | 23.1% | 1.5% | | |
| Hispanic | 0.4% | 0.8% | 4.6% | 18.7% |
| Other | 1.7% | 0.8% | 4.2% | 8.4% |
| American Indian and Alaska Native | 0.3% | 0.0% | 2.0% | 1.1% |
| Asian | 0.1% | 0% | 2.2% | 6% |
| Unknown | 5.0% | 0% | | |
| Bi-racial | | | 5.4% | 10.2% |
| Native Hawaiian and Other Pacific Islander | | | 0.2% | 0.2% |

During CY 2022, the DCBS Training Branch provided approximately 352 scheduled training events resulting in 5,396.25 hours of training credit for 4,217 individual department employees.

Specific information about personnel training rates is included below for 2018 through 2022. The agency's core curriculum was implemented in 2001, with revisions to the training format and course names in 2012. The department's new and modified training worksheets for 2022 are available at the following link: APSR Training Documents.

**Table 25: Advanced P&P Supervisory Series Completion Rates for Supervisors by Calendar Year**

| 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|
| 14 | 10 | 20 | 17 | 21 |

| Course Name | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| PP Academy (Intro to KY Child Welfare Sys)<br>• Introduction to Child Welfare: Part I<br>• Introduction to Child Welfare: Part II<br>• Introduction to Child Welfare: Part III | 283 | 269 | 240 | 216 | 33 |
| PP Academy (Partnership)<br>• Collaborative Assessment and Documentation: Part I<br>• Collaborative Assessment and Documentation: Part II | 325 | 311 | 239 | 304 | 59 |
| PP Academy (ESP)<br>• Case Management: OOHC Case Planning and Services<br>• Case Management: Permanency Options<br>• Case Management: Case Planning | 366 | 290 | 238 | 259 | 73 |
| PP Academy (CSA)<br>• Assessment and Case Management of Child Sexual Abuse: Part I<br>• Assessment and Case Management of Child Sexual Abuse: Part II | 367 | 256 | 240 | 239 | 86 |

Data from tables 44 and 45 reflects the number of staff (separated by supervisor and worker) who have completed the academy training for CYs 2018 through 2022. A new academy is offered each month, which is considered a new cohort of allotted 30 new hires per session. Some academy cohorts have been expanded each month to accommodate more than the 30; and in some months, the state has offered multiple academies to accommodate the increase of new hires. It should also be noted that the individuals represented here may not be currently employed with the state. Due to high turnover, many individuals complete training; however, do not remain employed in the years following.

*Caseload or Workload per Worker and Supervisor*

Caseload or workload requirements for all workers, regardless of an internal specialization, are prescribed by statute: [KRS 199.461 Monthly regional, county, and statewide caseload average for social service workers -- Requirement of report if average in excess of specified quantity](#).

1. As used in this section, "social service worker" means a social worker employed by CHFS, DCBS, to provide direct casework services in foster care, child protection, juvenile services, or adult protection.
2. As used in this section, "active case" includes the total number of cases for which the family service worker has responsibility.
3. The monthly statewide caseload average for social service workers in the area of foster care, child protection, juvenile services, or adult protection shall not exceed 25 active cases.
4. Nothing in this section shall prevent the department or a social service worker from handling emergencies to carry out statutory mandates. If the monthly regional, county, or statewide caseload average for social service workers exceeds 25 active cases for 90 consecutive days, the department shall report the fact to the Governor and to the Legislative Research Commission together with a description of the factors contributing thereto and shall make recommendations related thereto. The report shall include, by county and region, social service worker caseload averages; the number of established social service worker positions; and the number of vacant social service worker positions.

## B. Health Care Services, Coordination, and Oversight for Children in Foster Care

The past few years have seen several advances in health care oversight and the division's Clinical Services Branch is beginning to capture data to reflect results.

**Psychotropic Medication Oversight**
Kentucky currently has a Tableau dashboard for oversight of psychotropic medication prescribed to children in OOHC. Tableau allows the user to select variables of interest to query the data about utilization. Variables include age, sex, class of medication, number of medications per child, and combinations at the macro level.

Medicaid's pharmacy claims data for children in OOHC uploads into Tableau on a quarterly basis. Tableau then allows for a user-friendly interface and visually appealing presentations. In addition to pharmacy claims data from Medicaid, CRP reviews clinical information and data on children in foster care and refer cases to the department's medical director.

The primary activity related to psychotropic medication oversight is currently case consultation with the prescriber. During 2022, the medical director completed 117 psychotropic medication oversight consults. These calls generally include the DCBS medical director, the prescriber, other member(s) of the child's treatment team, the child's assigned caseworker, and a member of the Clinical Services Branch.

Implementing the protocols for the appropriate use and monitoring of psychotropic medications is generally expected to present as challenging due to its complex nature. Some noted challenges relate to provider behavior modification regarding the use of certain medications. Also, the sometimes-transient nature of children in OOHC can present challenges for monitoring usage. DCBS is working with Aetna SKY to focus on a select population of younger children on polypharmacy. The details of the plan are being reviewed but could include peer to peer consultations, training, and outreach.

**Health Care Oversight & Medically Complex Foster Care**
The medical director, in partnership with the cabinet's Office of Health and Data Analytics (OHDA), has developed an application dashboard that utilizes Medicaid and pharmacy claims, which can show utilization of psychotropic medications for all children in foster care. The dashboard can be queried and configured related to various demographic filters to provide information on the utilization of medications at a case level. This information is used to identify and monitor overall trends, as well as isolate individual medication patterns appropriate for case review. The program allows clinical staff at the department to evaluate any child in OOHC for psychotropic medication usage, which facilitates opportunities to communicate with to prescribers, agencies, and other health care providers related to use on medication utilization.

Kentucky typically has approximately 220 children in OOHC at any point in time that are deemed medically complex. Nurse service administrators within the Clinical Services Branch assign the medically complex designation to children in OOHC with complex medical needs. The Clinical Services Branch has two full time nurses that administer the medically complex foster care program. Having two full time nurses allows for adequate back-up capacity and doubles the capacity to consult with frontline staff and providers for foster children. Additionally, nurses are available as a resource to educate staff in the field and in central office.

The nurse service administrators collaborate with UK's TRC on training for medically complex foster parents. These nurses provide portions of the training curricula and provide opportunities to be acquainted with prospective medically complex foster parents. This training process allows for added comfort for prospective foster parents and additional nurse familiarity with foster parents that will be caring for very vulnerable children.

**Behavioral Health Consults**
Behavioral health consults with frontline staff continue to be one of the largest outputs of the Clinical Services Branch. Table 46 outlines the volume of consults in 2022. The branch has three psychological associates and one licensed clinical social worker/branch manager. Behavioral health consults occur mainly via conference call and typically include foster care or residential agency staff, hospital staff, case managers from MCOs, and the frontline worker and supervisor. Topics of the consults include assessment and priority of treatment needs; identification of gaps in services; diagnostic clarification –

including referral for testing; discharge planning; and other topics related to meeting the behavioral health needs of children in OOHC.

| 2022 | # of Behavioral Health Consults |
|---|---|
| January | 99 |
| February | 94 |
| March | 115 |
| April | 89 |
| May | 85 |
| June | 73 |
| July | 52 |
| August | 41 |
| September | 48 |
| October | 48 |
| November | 44 |
| December | 38 |
| **Average Per Month** | **68.80** |

On January 1, 2021, DCBS in partnership with DMS and Aetna Better Health of Kentucky implemented SKY for children in state custody for foster care, adoption subsidy, and dual commitments to DCBS and DJJ. This specialized Medicaid benefit provides, for all children meeting SKY eligibility criteria, assignment to a primary care provider and a dental provider for continuity of care. This is the first time that children meeting these eligibility requirements have been assigned to a primary care and dental provider. Additionally, SKY provides three specialized levels and packages of care coordination and management based upon population health principles. As an example, some of the metrics for tracking are infant and well-baby care visits, immunization schedules, annual physical checkups, and at least one dental checkup per year. These basic population health metrics will allow Kentucky to start at the very basics and beginnings to make sure that children that meet eligibility will have minimum standards of care in physical health as well as dental health.

The department updated the Health Care Services, Coordination, and Oversight for Children in Foster Care plan submitted with the 2020-2024 CFSP to reflect the current numbers of children deemed medically complex for CY 2022. The updated plan is attached (Attachment 8) and updates are denoted in **bold red** for additions and ~~red strikethrough~~ for deletions.

## C. John H. Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Vouchers

The department has the authority to prepare the plan for the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) and is the sole state agency responsible for administering the title IV-E program. The department will be responsible for administering the Chafee Program and the Education and Training Voucher (ETV) program. The department will cooperate with national evaluations regarding the effects of the programs implemented.

**Description of Program Design and Delivery**
The Kentucky Chafee program mandates that all foster children, ages 14 and above, receive independent living services, regardless of permanency goal. The Chafee program also identifies children likely to remain in foster care until age 18 and assists them in making the transition to self-sufficiency by providing support for activities related to completion of their high school education, post-secondary education or job training, career exploration, vocational training, job placement and retention, skill-building for daily living tasks, budgeting and financial management skills, substance abuse prevention, and preventative health activities. The program provides personal and emotional support by connecting children with caring

adults, including Chafee program personnel, foster parents, PCC personnel, and department personnel. For youth ages 18 to 23, the department ensures the provision of appropriate support and services to complement the youth's own efforts to achieve self-sufficiency. The program encourages participants to recognize and accept responsibility in preparing for and then making the transition from adolescence to adulthood. The program provides corresponding assistance regarding finances, housing, counseling, employment, education, and job training.

Youth related factors that impact utilization of the Chafee ETV program include youth being unable to continue their studies due to being on academic and/or financial aid suspension. Other factors may also include the youth being unable to return to college due to delinquent balances (owing their financial aid back for failing or dropping courses). Other factors that may impact utilization of the ETV program is youth enrollment in post-secondary programs that do not meet the definition of institution of higher education as defined by [Section 1002 of Title 20]. Other factors include youth's ability to maintain good academic standing while balancing personal priorities such as parenting, employment, housing insecurity, and mental or physical health needs.

Chafee and ETV services are provided on a statewide basis by 12 regional independent living specialists, two section supervisors, the Chafee program administrator, and the NYTD program coordinator. Services are also administered by several contracted providers. Referrals for Chafee services may be submitted to the regional independent living specialists by foster parents, staff, or private contractors. In addition, department personnel are also available to assist youth in completing and submitting applications. Within 90 days prior to the youth reaching age 18, a meeting to further discuss transition planning facilitated by the independent living specialist must occur. The youth should be supported in making well-informed decisions about their future, transition to adulthood, well-being, and other aspects of their case and permanency planning (42 USC 675 (5)(H)). The plan is developed during the transitional meeting where the independent living specialist discusses in detail, opportunities available to the youth, as well as eligibility of benefits and services.

The commonwealth currently has no federally recognized tribes. Benefits and services under Chafee and the ETV program are, however, made available to Native American children on the same basis as other children in the state. The few youth of Native American or Alaskan descent in OOHC are specifically tracked and targeted for appropriate services. Chafee program personnel maintain contact with youths' families, as well as representatives of community partner organizations involved with Native American or Alaskan families.

Youth with disabilities are assessed for specific needs and are assisted with making appropriate referrals to programs that meet their needs. Youth with disabilities are assisted with finding ways to remain in the community and in the least restrictive placement.

Central office personnel determine eligibility based on an objective criterion related to the age of the youth and his or her commitment status. Chafee program personnel and all contractors are required to enter tracking and progress information on each youth they serve. Services include a gift card for completion of the LYFT learning independent living curriculum, room and board placements, the Fostering Success Program, the Earn and Learn Program, Summer Skill Series, the Tuition Waiver for Foster and Adopted Children, ETV, education assistance for youth residing in college dorm settings or pursuing post-secondary vocational training, youth development funds, aftercare services, and milestone incentives. Foster parents, PCC personnel, and youth also participate in the delivery of these additional service activities, as appropriate. Regional and central office program personnel facilitate room and board placements for youth, as well as financial assistance for post-secondary training and education. Department personnel work with youth who want to move out-of-state after they exit the foster care system and approve eligible services in Kentucky. The program provides Chafee youth the opportunity to develop marketable employment skills through its statewide workforce initiative, Fostering Success.

The Chafee program maintains relationships and collaborates with community partners, PCC agencies, and secondary and post-secondary educational institutions through regional meetings, board representations, grant writing, trainings, and

various other avenues of communication. This course of action ensures awareness of the program with community-based organizations which serve youth. The program also maintains the KY RISE portal, a one-stop shop for transition-age youth and supporters to locate information regarding the Chafee service array and other resources available to current and former foster youth.

Chafee program training opportunities are available statewide and on an ongoing basis. Training regarding available independent living services is routinely provided to foster and adoptive parents, department and PCC personnel, community partners, youth, and other interested parties. Chafee program personnel usually conduct general program information and training targeted for specific populations. The curriculum elements include strategies for successful independent living transition after commitment. A training was developed in 2013 with the DCBS Training Branch designed for new staff working in the department to enhance staff knowledge of cases involving youth. The training includes information regarding timeframes, permanency hearings, how to write court reports involving these youth, the purpose of the foster care review board/processes, steps required in a TPR hearing, independent living services and transitional living plans, reunification, trial home visits, case closure, and aftercare plans. The department also provides a WBT regarding the reasonable and prudent parent standards, which includes allowing foster youth to complete tasks that their peers would, such as babysitting and mowing. Pre-service training for foster parents also includes adolescent component. DCBS partners with the University of South Florida to provide JIT, a web-based service program designed to connect parents, kinship caregivers, or other caregivers with training, peer experts, and other resources. The program includes WBTs on variety topics that prepare caregivers to support foster youth in their transition to adulthood.

The following age-specific services are available through the Chafee program:

**Youth ages 14 to 15**
Foster parents are trained to work with youth ages 14 to 15 in the home on soft skills such as anger management, problem-solving, decision-making, and daily living skills. Daily living skills include cooking, laundry, and money management. Youth are also eligible for Youth Development Funds to support their participation in extracurricular activities including recreational, enrichment, and school-related activities that are age and developmentally appropriate, and promote normal youth development of self-esteem, social, and independent living skills such as school clubs, dance classes, gymnastics, karate, church groups, team sports, band, cheerleading, etc.

**Youth age 16**
Youth age 16 are eligible for youth development funds and a $250 gift card for completion of the LYFT Learning Independent Living Curriculum. LYFT is an online platform that includes instruction in communication skills, getting and keeping a job, independent living, personal finances, and resiliency. Youth are also eligible for funding to complete a driver's education program.

**Youth age 17**
Transition Planning: The independent living specialists facilitate transition planning at age 17, within 90 days prior to the youth attaining age 18, and annually for youth on extended commitment. The youth are supported during the meetings in making well-informed decisions about his or her future, transition to adulthood, well-being, other aspects of his or her case, and permanency planning (42 USC 675 (5)(H)). This meeting is to be held independently of a case planning conference. Although it may be held on the same day, it is important that this meeting is distinct and stands alone. The participants for a case planning conference may differ from those invited to attend the transition plan meeting. These meetings are strengths-based and directed by the youth. The youth should have equal consideration to the adult voices during the meeting. The independent living specialists assist the youth in identifying supports to attend the meeting and may include teachers, mentors, employers, family members, resource parents, and mental health providers. Every young person is provided a Foster Club FYI binder during the 90-day transition plan as a resource as they work to develop their plan to move toward self-sufficiency. The transition planning meetings are tracked in the National Youth Transition Database (NYTD).

LYFT Independent Living Skills Training: Youth are eligible to receive an $250 gift card for competition of the LYFT Independent Living Curriculum. LYFT is an online platform that includes instruction in Communication Skills, Getting and Keeping a Job, Independent Living, Personal Finances, and Resiliency.

Youth Development Funds: Youth are eligible to utilize Youth Development Funds to support their participation in recreational, enrichment, and school-related activities as well as to access other resources and services, including:
- College preparation expenses include SAT/ACT prep programs, SAT/ACT testing, application fees, college orientation and registration fees, housing fees, dorm room supplies such as bedding, etc.
- Driver's education
- Employment related clothing and supplies
- DNA home testing kits
- Transportation related expenses such as the purchase of an automobile or moped and car repairs

Car Insurance: The department reimburses for the cost of the youth's car insurance premium. DCBS will also reimburse for the cost of the caregiver's deductible, in the event the youth causes an accident in the caregiver's vehicle.

Life Set: DCBS contracts with Youth Villages to provide supports to eligible youth 17 and over through their Life Set Program. The program provides one-on-one support to youth in identifying and achieving goals.

**Youth age 18 to 21 committed to the cabinet**
Youth in this age group who extend their commitment with the cabinet are eligible for Youth Development Funds and a $250 incentive for completion of the LYFT Learning Curriculum.

Transition Planning Meetings: Independent living specialists facilitate transition planning meetings annually with youth on extended commitment aged 18 to 21.

Youth Development Funds: Youth are eligible to utilize Youth Development Funds to support their participation in recreational, enrichment, and school-related activities as well as to access other resources and services including:
- For a computer to support completion of a post-secondary program
- College preparation expenses include SAT/ACT prep programs, SAT/ACT testing, application fees, college orientation and registration fees, housing fees, dorm room supplies such as bedding, etc.
- Driver's education
- Employment related clothing and supplies
- College preparation related expenses such as SAT/ACT prep programs, SAT/ACT testing, application fees, college orientation and registration fees, housing fees, dorm room supplies, etc.
- DNA home testing kits
- Transportation related expenses such as car repairs, car insurance or the purchase of an automobile or moped.
- Storage and/or moving expenses for youth serving in the military
- Youth who have outstanding college debt are eligible to apply for the Second Chance Scholarship. The scholarship provides youth the opportunity to return to college and further their education by matching their payments toward their delinquent debt.

Car Insurance: Youth and/or their caregiver are eligible for reimbursement for the cost of their car insurance until the youth reaches 19 years old. The caregiver is also eligible for reimbursement of their deductible in the event the youth is in a car accident in their vehicle.

Supports for College Students: Youth enrolled in college living in dorm settings are eligible to receive monthly maintenance payments. Youth in dorm settings are also eligible for education assistance to cover the costs of educational expenses not covered by their financial aid package. In 2022, DCBS established a partnership with the ifoster AmeriCorps program to provide committed youth living in dorm settings with a peer mentor to support their academic success.

Milestones Incentive: Youth on extended commitment have an opportunity to earn an annual milestone incentive for completion on tasks that show their progression toward independence and self-sufficiency such as completion of a financial literacy program, maintaining employment, academic progress in a post-secondary educational program, etc.

Earn and Learn: Committed youth aged 18 to 21 are eligible to participate in the Earn and Learn Program. The program provides youth weekly wages while they pursue a short-term training certificate or their GED. The state agency contracts with Adecco staffing service to act as the program payroll provider for the weekly wages. The state agency contracts with UK to employ two advisors through the Kentucky Community and Technical System (KCTCS) who support the participants in selecting a training program in a high demand sector and assisting them in navigating the application and registration process. Earn and Learn covers the cost of attendance and supplies not covered by financial aid. Program staff provide ongoing support to participants and assist them in addressing barriers to their success.

Fostering Success: Youth aged 18 to 21 are eligible to participate in the Fostering Success program. Participants are placed in paid summer internships that match their skill set and interests. DCBS partners with businesses across the state to act as worksite providers. DCBS provides the weekly wages for participants through a contract with Adecco staffing service. The program also matches the youth with job coaches who provide professional development and career planning support. They also act as liaisons between the youth and their employer to address any performance issues.

Life Set: Youth aged 18 to 21 on exited commitment in select placements are also eligible for one-on-one support through the Youth Villages Life Set program.

**Youth age 18 to 23 who left care at 18 or older**
Youth who exit care at 18 or older have until their 20th birthday to request to reinstate their commitment.

Youth aged 18 to 23 remain eligible to participate it the Earn and Learn, Fostering Success, and the Life Set program. Youth who have transitioned out of care are also eligible for ETVs, Extended Services, and assistance with Room and Board.

**Education and Training Vouchers (ETV)**
Eligible youth are those who transitioned out of care at their 18th birthday, were adopted on or after their 16th birthday, are enrolled in post-secondary education or a job-training program and are maintaining academic eligibility or making satisfactory progress in program for either full- or part-time study. Eligible post-secondary programs include but are not limited to two- and four-year institutions, cosmetology schools, certified nurse courses, and childcare certification courses. Effective December 30, 2015, youth are paid twice per year, (i.e., January and August) when enrollment verification in post-secondary study is received and progress is being made toward graduation. The student's enrollment and academic eligibility are verified through the student's official transcript. Payments are capped at $5,000 per year. A budget, along with application, is completed and submitted to central office for approval. An amendment was made to 922 KAR 1:500 to remove the requirement for youth who are receiving ETV funds to complete the DPP-335 and to extend eligibility to age 26, for a maximum of five years. This aligns with the new verification changes and FFPSA. The state used all additional ETV funds during this reporting period. There have been no changes to how the ETV program is administered during this reporting period.

Efforts aimed to assist young adults in or formerly in foster care with their postsecondary educational needs include:

<u>Youth Development Funds</u> for current foster youth for expenses such as SAT/ACT prep programs, SAT/ACT testing, college application fees, orientation fees, registration fees, housing fees, dorm room supplies such as bedding, etc., and delinquent school debt.

<u>Workforce Solutions Initiative</u> for current and former foster youth, providing up to $5,000 toward the completion of a career or technical program offered through KCTCS.

<u>Supports for Dorm Youth Kentucky</u> recently implemented changes to its regulations and polices to provide additional supports to committed youth living on college campuses. The goal of these changes is to alleviate common barriers youth were facing living on campus and to increase college retention and graduation rates. These youth are now placed with PCC agencies who provide monthly stipends, housing during breaks, transportation to and from campus, dorm supplies, GPA incentives, and case management.

<u>Academic Achievement Advisors Kentucky</u> contracts with KCTCS to provide virtual academic achievement advisors for current and former foster youth. The advisors provide wrap-around support services to current and potential students including career exploration and assistance navigating the college experience.

<u>Earn and Learn</u> supports current and former foster youth in boosting their earning potential through the completion of short-term training programs or earning their GED. The program provides participants weekly wages while they pursue a vocational certificate in a high demand job. Participants are able to select a program that can be completed in a year or less from the wide selection available through KCTCS. Participants can enroll part-time or full-time and the classes can be completed either online or in person.

<u>Aftercare Services</u> provide funding to youth who have transitioned from care, including trade school costs, SAT/ACT testing, college application, orientation, registration, or dorm security fees, and the second chance scholarship for past due school debt.

<u>University Partnerships</u>: in the coming FFY, the department will continue its work to collaborate with the state's eight public universities to establish supports for current and former foster youth to increase enrollment, retention, and graduation rates.

<u>SKY Training Workgroup Kentucky</u> will continue to collaborate with youth and other stakeholders to identify barriers to youth enrollment, retention, and graduation in postsecondary programs through the SKY Training Workgroup and Council on Postsecondary Education's Kentucky Student Success Collaborative.

**Room and Board**
Kentucky uses the entire 30% of Chafee program funds allowed to provide room and board services to youth who have transitioned out of care ages 18.5 to 23. The state agency contracts with Community Action Council (CAC), a quasi-government agency, to provide house vouchers and case management to eligible youth for up to 12 months through the Project Life Program. The participant population includes former foster care children, now ages 18.5 to 23, who transitioned out of foster care on or after their 18th birthday and are homeless or at risk of homelessness. Homeless may be defined as without any residence, residing in a shelter, residing in a place not meant for human habitation, or in receipt of a seven-day eviction notice. The participant can also access funds for establishing a household, to cover purchases including furnishings, linens, cleaning supplies, food, bus passes, etc. Room and board assistance is provided on a graduated scale for up to 12 months. The first three months rental assistance is provided at 100%. Months four through six, assistance is provided at 80%; months seven through nine, assistance is provided at 60%, months ten through 12, assistance is provided at 40%. Participants who complete a financial literacy course and pay their rent portion on time each month will receive an incentive, $150 in months four through six, $250 in months seven through nine, and $350 in months ten through 12, up to

$2,250.00. Each participant is matched with a program life coach who works one-on-one with the participant in identifying and achieving goals. Participants also can earn incentives for the completion of program goals, such as maintaining employment, completing an educational program, etc. DCBS took advantage of the flexibility and funds provided through Division X to provide additional room and board resources to former foster youth, including assistance with rent, utilities, moving expenses, furniture, etc. DCBS utilized these funds to assist youth who were facing eviction through covering past due rent, as well as those who needed funding for start-up housing costs.

DCBS recognizes the lack of adequate fair housing laws as a barrier to foster youth obtaining safe and affordable housing. Landlords are often unwilling to rent to former foster youth and set minimum income requirements not attainable by most youth transitioning out of foster care. Landlords often refuse to accept third-party payments which excludes youth receiving housing vouchers. Landlords often require double security deposits, which youth transitioning from foster care are not able to pay. The price of rental units also has doubled in many areas making housing unattainable. Also, many landlords are unwilling to maintain the safety and maintenance of their unit, but former foster youth are afraid to complain due to the difficulty in securing housing and fear of being evicted. Youth transitioning from foster care struggle to navigate the process of locating and securing housing, as well understanding the details of their lease. They also struggle with providing the non-refundable applications fees required to apply for a unit. Landlords often will take the fees without any intention of renting the unit to the youth.

In recognition of these difficulties, DCBS utilized funding provided through Division X to employ a housing support specialist to assist former foster in navigating the housing search and application process. The specialist assists the youth in tasks such as completing the required documentation, negotiating, and communicating with landlords, reading, and understanding a lease, and completing the recertification process. DCBS will continue to evaluate the effectiveness of this position to determine if it should be made permanent through the utilization of Chafee funding.

### Extended Services
The department contracts with CAC to provide aftercare services to youth between the ages of 18-23, who transitioned from foster care at 18 years old or older. The purpose of aftercare services is to support youth who have transitioned out of care in achieving self-sufficiency and stability. Aftercare services include emergency funding for room and board needs, assistance in completing a post-secondary or driver's education program, assistance with purchasing a computer, clothing for employment, transportation, and a second chance scholarship to assist youth with satisfying debt to be eligible to return to college.

### Medicaid Coverage for former foster youth ages 18 to 26
During this reporting period, Kentucky participated in the Medicaid expansion under the Affordable Care Act, which allows youth who are in foster care on their 18th birthday to maintain eligibility for health care coverage until the age of 26.

DCBS has partnered with Aetna to provide the SKY program to young adults currently or formerly in foster care. SKY members receive their coverage and extra benefits including access to a care management team that includes nurse and social workers who work who can work with the youth to access the services they need, including connection to mental health providers. DCBS has 13 independent living specialists across the state who connect youth with resources to promote their wellness including CMHCs.

The Support for Patients and Communities Act was enacted to ensure youth who transitioned out of foster care had access to Medicaid until age 26, even if they moved from state to state. Kentucky made changes to add Medicaid categories for these youth before this requirement was made. The changes make former foster youth who transitioned out of care in another state eligible for Medicaid in Kentucky. Currently, DFS does not have a process in place to assist youth with their Medicaid who intend to move out of state.

**Additional Services**

In addition to the previously mentioned services, there is a variety of other supportive programs that Kentucky has made available to the transitioning youth population. Those include:

- In 2022, the department established a contract with KCTCS to provide two virtual advisors to current and former foster youth who are eligible for Chafee. The advisors support the youth in selecting a program of study and through navigating the college application process.
- In addition to Medicaid services, SKY provides added member benefits to eligible current and former foster youth, including:
  - SKY Duffel Bag Program: Duffel bag filled with personal hygiene items, supplies, and a blanket for SKY members who are going from one home to another
  - Birthday in a Box: Eligible members get a "birthday in a box," which includes party supplies and a gift
  - Family Connect: An app that makes key info available to members and their caregivers, like appointments, care plans, claims, ID cards, and messaging
  - Connections for Life: Free smartphone and wireless plan for youth 13 -17 years old
  - Connections for Life: Free Laptop for youth 18–26 years old.

The SKY member's care coordinator leads their care coordination team and helps the member, guardians, parents, DCBS worker, and caregivers navigate the health care system.

Fostering Success: Fostering Success is a ten-week workforce development initiative sponsored by DCBS that provides current and former foster youth the opportunity to participate in a paid internship while receiving personal development and career planning support. Fostering Success is funded through Chafee funds. The program was developed in 2016 at the direction of former Governor Matthew Bevin. The cabinet had been supporting a youth summer employment program through the state's Temporary Assistance for Needy Families (TANF) block grant for multiple years. The geographical area served has historically been Jefferson County, and foster youth were one of the youth populations of service priority. In spring 2016, former Governor Matthew Bevin and his leadership team desired a more concerted effort for foster youth and of benefit to local DCBS offices throughout the state. In late April 2016, the cabinet was charged with redirecting its programming and developing a summer youth program targeting current and former foster youth across Kentucky whose jobs would be stationed within local DCBS offices.

Eligible youth are those between the ages of 18 and 23 who have obtained a high school diploma. The regional independent living specialists collaborate with the local DCBS workers, PCCs, and other community partners to recruit participants. The youth experience the state hiring and employment process like any other state employee. After application, interview, selection, and job acceptance, the youth is placed as an office support assistant I (interim position) in local DCBS offices.

In addition to working in local DCBS offices, in 2017 several participants across the state also worked within other state offices including guardianship, adult protective services, OLS, and OCSHCN. The program collaborated with Kentucky Works to provide a two-day job readiness training. The program also collaborated with True Up to provide weekly professional development and financial literacy Lunch and Learn workshops for participants in three regions across the state. High-performing youth were given the opportunity to extend their participation up to nine months. In 2017, 80 youth participated in the Fostering Success Program. Sixty-one (61) of those participants completed the entire ten-week program and 38 of those youth were given extensions to remain in the program up to nine months.

In 2019, the program contracted with an employment agency to expand worksite opportunities to other state cabinets and local businesses. The program also contracted with UK to employ job coaches who facilitated weekly professional development workshops, as well as provided one-on-one guidance and support to participants. The program also contracted with UK to employ a placement coordinator who worked to expand opportunities for participants by bringing on new businesses and agencies as worksite providers.

In 2020, the department adjusted the program due to the COVID-19 pandemic, which resulted in closures of most worksite providers, including DCBS offices. As a result, a smaller number of youth participated in the program during the 2020 season. However, DCBS offered two new summer initiatives to support youth, the Summer Skills Series and the Earn and Learn program. Both programs were successful and have been permanently added to the state Chafee service array.

- Summer Skill Series: DCBS established the Summer Skills Series in 2020. DCBS partnered with the Conover Company to provide online assessment and skill-building opportunities to current and former foster youth. Youth had an opportunity to complete the Work Readiness and Social Profiler curriculums, which focused on professional skills and emotional intelligence. Youth received $250 gift cards for completion of each program.
- Earn and Learn Incentive: The Earn and Learn incentive provides a $250 gift card to transition-age youth in OOHC who complete a vocational or short-term training program and earn the industry recognized credentials. The program was established in 2020 to support current and former foster youth in boosting their earning potential through the completion of short-term training programs. Participants receive support in selecting a vocational program for a high-demand job that matches their skill set and interests. Participants can choose a program that can be completed in a year or less from the wide selection available through KCTCS. Youth without a high school diploma are still able to participate in Earn and Learn while they pursue their GED through their community adult education program. Earn and Learn contracts with two KCTCS advisors to assist participants through the college enrollment and registration process. The tuition and mandatory fees to complete the vocational program are waived for the participants through the Tuition Waiver for Foster and Adopted Children. The program covers any other costs associated with pursuing the certificate including books, supplies, etc. The program provides participants with weekly wages while they pursue the credential. The participants also receive an abundance of support and guidance from their KCTCS advisor and the program coordinator. This support is an integral part of the program and is instrumental in assisting the participants in successfully navigating life challenges and barriers that would traditionally derail their completion of a post-secondary program.
- Tuition Waiver for Foster and Adopted Children: Per KRS 164.2841, the tuition waiver for foster and adopted children waives tuition and mandatory fees at any Kentucky public university, technical college, or community college. The waiver applies for up to 150 credit hours, or until the youth turns 28 years old. The waiver applies to both undergraduate and graduate programs. Youth must complete a Free Application for Federal Student Aid (FAFSA®) available online at https://studentaid.gov/h/apply-for-aid/fafsa.
  - The department received 623 tuition waiver applications during this reporting period. Of those, 472 were verified and approved as eligible applicants. Figure 12 below shows the number of applicants by service region, as well as those applicants found to be eligible and ineligible.

Figure 13



Tuition Waivers per Region
January 1, 2022 - December 31, 2022
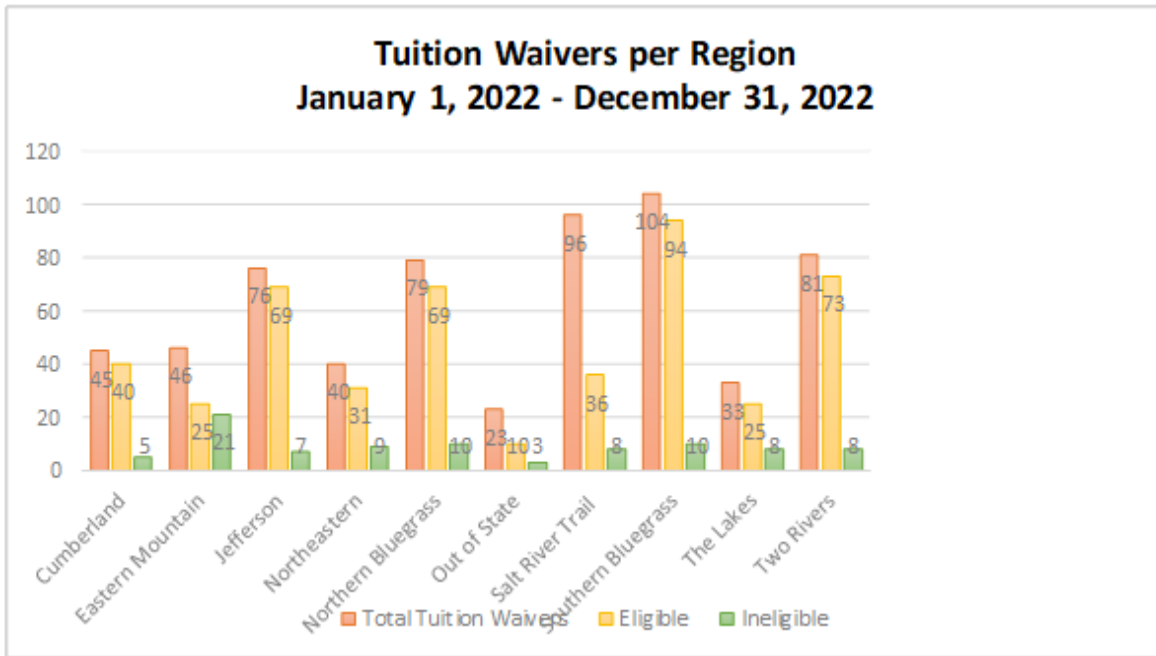
- Youth Council: Beginning July 1, 2014, the former youth leadership council changed their official name to the Voices of the Commonwealth (VOC). VOC is a statewide council comprised of youth 16 and older who had a foster care experience at the age of 14 or older. All youth are instrumental in speaking to resource parents, the department and private agency staff, and community partners about the issues and needs of youth in care and those who have transitioned out of the foster care system. VOC is involved with planning and coordinating activities for nine regional events, the annual statewide teen conference, the legislature as needed. The group seeks to change negative stereotypes about youth in foster care, represent a united voice for all youth in foster care, and to create a speaker's bureau of youth for public engagements. The council actively advocates for changes to state policy and legislation to improve outcomes for foster youth.
- KY RISE: KY RISE provides an annual teen conference, and 11 regional KY RISE events for youth ages 14 and older with opportunities for speakers, professional development trainings, and networking opportunities. The target population for the program events is youth between the ages of 16 and 21. The purpose of these events is to educate current foster youth, foster parents, and regional department staff regarding resources and opportunities for youth transitioning out of foster care. Concurrently, independent living skill training is provided to the attending youth's resource parents. Annual educational events are also provided across the state. The purpose of the regional educational events is to expose current and former foster youth to the wide range of available post-secondary educational opportunities including formal college education and vocational, trade, and short-term training programs, as well as support their development of independent living skills through experiential learning opportunities.
- Trust Funds: The state does not create trust funds to manage Chafee or ETV funds. Upon entry into OOHC, the department determines if the child is, or should be receiving, any benefit, such as SSI. The department applies for benefits on the child's behalf, if appropriate. If the child receives a payment benefit, the department completes and submits an appropriate change of payee action on behalf of the child. If the department becomes a payee for the child, the benefits are deposited into a trust fund account created for the child. If the child is entitled to dedicated benefits that can only be utilized by permission of the Social Security Administration (SSA), that fact is observed in the trust fund arrangements. Regular benefits and dedicated benefits are not co-mingled in the same bank account. They are placed in separate deposits but show on the same trust fund ledger under different headings. Each month,

the department reviews the cost spent on the child and reimburses the state agency from the trust fund balance. If the child, still in the agency's custody/commitment, is placed home on a trial basis or with a relative, the SSA is notified that the caregiver should become the payee, and any balance trust fund is returned to SSA. If a child leaves custody, then SSA is notified, and any appropriate benefits are returned to SSA with the name of a recommended payee.

- Homelessness Prevention: Kentucky recognizes youth homelessness to be a critical issue. The state continuously works with youth in transition to provide any available resources to prevent homelessness after the transition out of care. Kentucky has various partnerships with other entities throughout the state to combat homelessness in youth exiting care. These partnerships include the following:
  - In 2020, DCBS established a partnership with the Louisville Housing Authority to offer Family Unification Program (FUP) housing vouchers to former foster youth between the ages of 18 -24 years old and eligible families. In 2021, this partnership was expanded when the Louisville Housing Authority began offering FUP housing vouchers to eligible former foster youth and families.
  - In 2019, the department established a partnership with the Lexington Housing Authority to offer Foster Youth Initiative (FYI) housing vouchers to former foster youth between the ages of 18-23 who are homeless or at risk of homelessness. Participants are eligible for housing assistance and support services through the program for up to 36 months.
  - In 2018, the department established a partnership with KHC to provide FUP housing vouchers to former foster youth across the state between the ages of 18-24 who are homeless or at risk of homelessness. Participants are eligible for housing assistance through the program for up to 36 months. The state agency also partners with the KHC to connect eligible youth to Mainstream, which provides permanent housing choice vouchers to non-elderly individuals with disabilities.
  - The department contracts with Murray State University to provide professional development opportunities to transition-age youth. Murray State University plans and develops nine regional KY RISE events, nine regional educational events in Kentucky, and one statewide event each year: The Youth Empowerment Conference. The purpose of the Youth Empowerment Conference is to support at-risk youth with necessary skills and confidence to successfully navigate the transition to living independently. The conference aims to empower participants with positive attitudes, access to resources, and skills to overcome challenges of the past and be better prepared to successfully face the challenges of the future. To better consider the needs of all participants, the conference planning committee has expanded to include members representing the Children's Alliance, True Up, and KPFC. Homelessness is an area of focus based on statistics and the realities of foster youth who transition out of care. The purpose of these events is to provide an opportunity for current foster youth to network with resources and peers while gaining valuable information related to transitioning from foster care to living independently, including options for housing. The purpose of the educational events is to expose current and former foster youth with the array of available post-secondary educational opportunities understanding that education is a key factor is escaping the cycle of poverty, avoiding homelessness, and achieving housing stability.
  - Kentucky has a staff of 12 regional independent living specialist who work directly with youth in their designated counties. A significant amount of the independent living specialist's job responsibilities is to facilitate transition plans for youth beginning at age 17 within 90 days prior to a youth turning 18 years old, and annually for youth on extended commitment. One of the most important pieces of the transition plan is to discuss the youth's housing plans once the youth leaves care. This provides youth an opportunity to plan for his or her future and to work with the independent living specialists to discuss available options and resources, such as public housing and community resources in their area.
  - The department has collaborated with Transition Age Youth Launching Realized Dreams (TAYLRD). TAYLRD is a federally funded initiative aimed to positively affect the lives of Kentucky's 16 to 25-year-olds who have, or are at-risk of, developing behavioral health challenges. By improving access to culturally and developmentally appropriate supports and services across the state, TAYLRD hopes that all young people in

the state of Kentucky can access a seamless array of high-quality services that will help them achieve their goals and reach adulthood successfully. One of the purposes of TAYLRD is to assist young people who are experiencing or facing homelessness. The TAYLRD staff works with the young people on securing housing and employment.

- o The state contracts with CAC to provide the Chafee room and board services to young adults between the ages of 18 to 23 who are homeless or at risk of homelessness. Participants can receive up to 12 months of rental assistance and support services through the program. The state also contracts with CAC to provide extended services to youth between the ages of 18-23 who have transitioned out of care. Extended services include funding to assist youth who are experiencing a crisis, which puts them at risk for experiencing homelessness. Chafee funds are used for this contract.
- o CAC aids across Kentucky to include rental assistance in the Lexington and surrounding counties. CAC also collaborates with the Louisville Metro Government Homeless Prevention Program and Neighborhood Places.
- o The department offers the LYFT Learning independent living curriculum to youth in OOHC between the ages of 16 and 21. LYFT is an online platform that consists of instruction in communication skills, getting and keeping a job, independent living, personal finances, and resiliency. Youth receive a $250 gift card when they complete the independent living curriculum.
- o Operation Care in Shelby County is a non-profit organization providing housing for female youth who are transitioning out of care and looking for an option other than recommitment to the cabinet. Limited space is available; however, the program has served nine counties in the Salt River Trail Service Region.
- o The department partners with The Homeless Prevention Project, which operates in two areas of the state: Louisville and the Lake Cumberland region. They provide case management services to people transitioning from state institutions such as prisons, mental hospitals, and foster care. The case managers work with the participants to access a variety of services, which include housing and employment.
- o The department is part of a collaborative initiative of various community partners and systems that work directly with transition age youth. The purpose of this workgroup is to decrease the possibility of homelessness, incarceration, hospitalization, other out-of-home placement, and high school dropout rates for Kentucky's youth.
- o The department collaborates with the organization True Up. True Up is an initiative to empower young people transitioning from OOHC to become self-sufficient. True Up's focus is to connect foster youth to the right resources and agencies to make the changes needed to become self-sufficient. Homelessness is one of many areas True Up champions by collaborating with various PCC agencies and the department on projects to achieve better outcomes for youth who are transitioning out of care.
- o Stand Down/Project Homeless Connect, the biggest event for the homeless in Louisville, takes place on October 5 at the Salvation Army on Brook Street in Louisville.
- o Services specific to Jefferson County (Louisville) include:
  - ▪ The department collaborates with YMCA Safe Place and YMCA's Street Outreach Program (a runaway and homeless youth program); this program assists youth in accessing homeless shelters and provides case management. The program contacts the department if a former foster youth uses the center to determine if the youth is eligible for benefits such as Project Life, recommitment to the cabinet, and educational services/assistance.
  - ▪ The department connects eligible youth who are exiting care with the Partnership for Families, a partnership between the department and Metro Housing to provide parents with open child protection cases with Section 8 vouchers. This allows parenting youth to leave care with permanent housing.
  - ▪ The department collaborates with the Scholar House to connect eligible youth to the program, which provides Section 8 vouchers and case management.

- The department assists eligible youth in accessing Section 8 vouchers through the Center for Accessible Living's Mainstream Program, which is a special Section 8 waiting list for those receiving SSI.
- Pregnancy Prevention: As outlined in SOP 4.55 Sex Education, the department facilitates provision of age-appropriate instruction regarding pregnancy prevention, as well as HIV/AIDS and disease prevention. It is expected, as a part of life skills classes, that youth will be educated on methods of prevention. In addition, the following opportunities are available to youth:
  - The department is currently discussing a MOU with UofL to help identify foster youth to participate in a class titled, Love Notes. The Love Notes curriculum focuses on relationship skills for love, life, and work. The curriculum consists of 13 different lessons. One of the lessons focuses specifically on planning for choices to include preventing pregnancy and sexually transmitted diseases.
  - Murray State University has a resource fair at the annual Youth Empowerment Conference and invites the health department to have a booth focusing on preventing pregnancy and sexually transmitted diseases.
  - The Healthy Relationships Workshop was offered for the past two years at the Youth Empowerment Conference and included planning for choices related to preventing pregnancy.
  - The independent living coordinators discuss birth control options with youth during the development of transitional living plans.
- LGBTQI+ youth: Currently, Kentucky has no specific policies in place that address the support or affirmation of the sexual orientation and gender identities of youth in care. However, staff are expected to support LGBTQI+ youth by:
  - Being particularly attuned to placing youth who identify as LGBTQI+ with foster families who are committed to providing a safe, supportive, and affirming environment for the young person while in care;
  - Being a link to support and safety;
  - Having the understanding and willingness to support the child's social and emotional development while in foster care;
  - Assessing and serving the needs of each child without bias and to ensure the safety of all children in foster care;
  - Supporting the families of youth to ensure that the parents or guardians develop the capacity to address the young person's needs in a healthy, understanding manner when the family is reunified; and
  - Obtaining more information and researching services as needed.

  Services currently in place for LGBTQI+ youth include:
  - TAYLRD offers training at their drop-in centers focusing on LGBTQI+ awareness and education. The title of the training is Genderbread.
  - TAYLRD staff are very open to presenting the Genderbread workshop at conferences, to independent living coordinators, to private agency staff, or at any other transition age youth events to spread awareness and education on LGBTQI+.
  - In the Jefferson Service Region, there are several support groups for the LGBTQI+ community. These support groups are available as a resource to foster youth. The independent living coordinator and other community partners work in collaboration to coordinate this information to foster youth.
  - A workshop on human trafficking was presented at the youth empowerment conference and included information related specifically to LGBTQI+ issues.
  - DCBS partners with the University of South Florida to provide JIT, a web-based service program designed to connect parents, kinship caregivers, or other caregivers with training, peer experts, and other resources. The program includes WBT on variety topics that prepare caregivers to support foster youth in their transition to adulthood. Kentucky provides the following trainings through JIT for foster parents, adoptive parents, and case managers regarding supporting and affirming LGBTQI+ youth/young adults:

- Supporting LGBTQI+ Youth in Out-of-Home Care: This training is for Foster/Adoptive Parents to provide an overview of LGBTQI+ terms, challenges, and how to support and promote the health and well-being of LGBTQI+ youth in OOHC.
- Affirming Care of LBGTQI+ Youth: This presentation reviews child development, gender, and orientation. It reviews the over-representation of LGBTQI+ youth in the child welfare system and the importance of affirmation for this population. It also provides an overview of the psychological evaluation process, puberty blockers and hormone therapies and the importance of seeking help from affirming professionals.
- LGBTQI+ Mental Health: The Trauma of Coming Out: This course assists foster parents and case manager understand the trauma of youth coming out or considering coming out.
- Let's Talk, Diversity, Equity, and Inclusion: This training provides participants with tools to identify and understand race and oppression. It will also increase their communication, cultural competencies, advocacy, and interpersonal skills from a trauma-informed perspective as well as learn to apply skills learned to mitigate trauma experienced by youth of color and those that identify with the LGBTQI+ community.

- o Department staff are required to complete the Responding to the Impact of Implicit Bias training. This training is designed for all department staff to create awareness of prejudice, discrimination, and plan how to reduce these to provide better services to children and families. This training helps staff evaluate their own cultural characteristics and discover where their attitudes and beliefs about other cultures originated. Open discussion around the nine cultural groups helps participants grasp how both unintentional and intentional forms of discrimination affect others. Participants are given several skills using the REDUCE model to help them reduce prejudice both personally and professionally. They practice these skills through role-play and develop an individual plan to behave differently to reduce prejudice and discrimination and serve families more effectively. Before leaving the classroom, participants create an action plan to help reduce prejudice as an agency, community, and individual.

## Service Activities and Statistics

The department tracks independent living services in 11 broad categories: independent living needs assessment; academic support; post-secondary educational support; career preparation; employment programs or vocational training; budget and financial management; housing education and home management training; health education and risk prevention; family support and healthy marriage education; mentoring; and supervised independent living. Kentucky also captures information related to financial assistance provided, including assistance for education, room and board, and other aid. Table 47 presents ETV data for the 2021-2022 and 2022-2023 school years.

DCBS does not currently have comparative data on independent living services in urban versus rural areas, however, these measures will be tracked going forward through the following:
- NYTD services and surveys reports;
- Exit surveys for youth transitioning from care;
- Enter and exit surveys for youth placed with contracted independent living programs; and
- Enter and exit surveys for youth utilizing Project Life room and board program.

As a result of FFPSA, Kentucky expanded eligibility for aftercare and room and board services to youth 21-23 years old. This allows for the availability of funds for these youth to assist with crisis situations, purchase, or repair vehicles, resolve outstanding school debt, etc. It also makes available housing vouchers and 12 months of rental assistance. Kentucky also expanded eligibility to participate on the state's youth leadership council, VOC, to youth 21-23 years old. As a result of FFPSA, Kentucky expanded the eligibility for ETV to 26 years old. Kentucky expanded the eligibility for Youth Development Funds to assist with participation in extracurricular activities to committed youth between the ages of 14-16 years old. Per

FFPSA, Kentucky also modified SOP to include a requirement to provide youth exiting care at 18 or older with a commitment verification form, which verifies they were in foster care.

Kentucky has contracted with Murray State University to hire an independent living skills training coordinator. The coordinator is an individual with lived foster care experience. The trainer is developing a curriculum to train foster parents on how to naturally support foster youth in developing independent living skills and identifying permanent connections. Foster parents who complete this training will be identified as Gold Star Homes and targeted for placements of teens. Trainings provided thus far include:

- The Importance of Relational Permanency
- Supporting Youth in Obtaining Their Driver's License
- Supporting Youth in Financial Literacy
- Teens and Technology
- Basic Life Skills

In addition, agencies may include training for foster parents, adoptive parents, workers in group homes and case managers to support and affirm LGBTQI+ youth/ young adults and/or address the needs of LGBTQI+ youth. Such training may be allocated to title IV-E foster or the Chafee program, as appropriate. (See Child Welfare Policy Manual Section 8.1H, Question 8 and 21 for examples of training allowed under the title IV-E foster care program.)

In accordance with the Consolidated Appropriations Act, Kentucky implemented the following temporary changes to its ETV program: Increased the maximum annual benefit from $5,000 to $12,000 effective October 1, 2020, through September 30, 2022. Kentucky implemented this change by increasing the traditional $2,500 spring and fall payments that participants received to up to $6,000, impacting the following payments: Fall 2021 (January 2022 payment) and Spring 2022 (August 2022 payment).

Kentucky sent several email notifications to ETV participants regarding the temporary provisions and additional available resources.

**Table 28: Annual Reporting of Education and Training Vouchers Awarded**

|  | Total ETVs Awarded | Number of New ETVs |
|---|---|---|
| **2021-2022 School Year**<br>(July 1, 2021, to June 30, 2022) | 261 | 66 |
| **2022-2023 School Year***<br>(July 1, 2021, to June 30, 2022) | 232 | 63 |

*In some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

**National Youth in Transition Database (NYTD)**

NYTD was implemented on October 1, 2010. Personnel are actively entering data to track service provision. The state is now able to receive data. The implementation of NYTD has had a positive effect on the communication between the department's social services workers and independent living coordinators regarding tracking services for youth. The independent living coordinators also provide trainings to staff in the regions.

Kentucky has improved NYTD data collection by allowing services to be directly entered into NYTD. Previously, Kentucky required that the PCC agencies submit services rendered on checklists, and then manually entered the data. Additions were made to the NYTD user base to include PCC agency administrators across the state. Assigned PCC agency staff members have been given limited access to NYTD and have been trained to enter data reflecting the provided services. Social service workers, foster parents, and other community partners will continue to be asked to provide checklists to the regional independent living coordinator or central office reflecting the services they provided to youth each reporting period.

Regional independent living coordinators and central office staff enter data to reflect the provided services for youth who are not placed within a PCC agency. Central office staff provides technical supports to PCC agencies and any training necessary for new staff. The NYTD data is shared with stakeholders through a compilation of each reporting period's outcomes. These outcomes are made available through the independent living program. The NYTD outcomes drive SOP changes, identify needed training, and dictate the contractual-based services for youth. Based on NYTD outcomes, the Kentucky independent living program will begin offering more extensive services for youth ages 17 and older.

The NYTD survey focuses on the following outcomes: financial self-sufficiency, experience with homelessness, educational attainment, high-risk behaviors, access to health insurance, and positive connections with adults. During April 1, 2022-September 3, 2022, NYTD surveys were collected from 19-year-olds. From October 1, 2022-March 31, 2023, NYTD surveys were collected from 17-year-olds. NYTD youth surveys are dispersed from central office by email, or phone and all outcome data is entered in central office. Youth receive a $25 gift card for completing and returning the survey at age 17. Youth receive a $50 gift card for completing and retuning the survey at age 19. Youth receive a $75 gift card for completing and returning the survey at age 21.

Kentucky has not been scheduled for a NYTD review. Upon scheduling, Kentucky will notify stakeholders, including PCC agencies and independent living staff, of the review and ensure that all requested documentation of services provided to youth are available and entered into the system. Kentucky has identified barriers to collecting demographic data with surveys for 21-year-olds. However, this has improved since Kentucky NYTD program staff was granted access to the self-portal, which contains more recent phone numbers and other information to contact youth. In addition, Kentucky NYTD staff has continued to collaborate with PCCs on the importance of assisting young people to create email addresses and providing education to the youth about creating email accounts to receive important information that may come up after they transition from foster care.

At this time, the collection of the youth's educational level and special needs status is compiled by contacting frontline staff, foster parents, and/or PCCs. This data is also collected during the 17-year-old transition plan that the independent living specialists conduct annually beginning at age 17. Another resource to obtain this information is through TWIST, where this information is updated by frontline staff.

**Information on the planned use of the Chafee funding received through Division X, the Supporting Youth and Families through the Pandemic Act.**
Kentucky's use of Chafee funds provided by Division X focused on meeting the immediate needs of current and former foster youth between the ages of 18-26 years old through September 30, 2021. After consultation with the state Youth Leadership Council, Kentucky implemented Pandemic Relief 1.0 using the additional Chafee funding received through the Consolidated Appropriations Act, which included:
- Hired two foster alums to act as peer navigators as part of the state pandemic relief implementation team. Responsibilities of the peer navigators include outreach to youth who had registered for pandemic relief, processing of payment requests for assistance, facilitating webinars, and providing ongoing consultation on Kentucky's implementation plan.
- Launched an online webpage where youth could register for pandemic aid.
- Created a special pandemic relief email address where current and former foster youth could submit questions regarding available resources.
- Established a partnership with the Goodwill Cars to Work Program to provide support to youth seeking to purchase a vehicle. Current and former foster youth between the ages of 18-26 who were accepted to the Goodwill Cars to Work program were eligible for up to $4,000 of pandemic relief funds toward the purchase of a vehicle.
- Established a new contract with an existing private childcare provider to provide targeted intervention services to former foster youth between the ages of 18-23 years old to provide support in achieving their educational goals, obtaining employment, securing housing, accessing community resources, and obtaining vital documents. The

contract was also used to make available crisis funds for needs such as past due school debt, outstanding bills, vehicle repairs, car insurance, extraordinary dental work and the purchase of bikes, or mopeds

- Provided up to $10,000 toward the purchase of vehicle through the Wheels to the World Program.
- Provided up to $10,000 toward the payoff of an existing car loan through the Wheels to the World program.
- Hosted monthly virtual Adulting 101 master classes that provided current and former foster youth 18 -23 years old the opportunity for personal development. The department partnered with subject matter experts to host seminars on entrepreneurship and vocational programs; keys to successful parenting; keys to purchasing houses and cars; family planning and sexual health; building generational wealth; healthy relationships; mental, emotional, and physical self-care; and investing 101. Youth received a $250 for each master class attended.
- Hosted two *Loving You* webinars that provided current foster youth 16 -17 years old the opportunity for personal development. The webinars included training on establishing healthy boundaries; healthy relationships and sexual health; and accessing Chafee benefits and implementing mental and physical self-care. Youth who completed the training received a $1,000 incentive.
- Provided $2,000 direct stimulus payments to current foster youth 18 and over and those who transitioned out of care, up to 23 years old.
- Partnered with local financial institutions to provide financial literacy and breaking poverty mentality webinars for pandemic aid recipients.
- Provided $1,000 start-up payments to youth receiving housing assistance through the FUP or FYI program.
- Partnered with KCTCS and Kentucky's seven public, four-year colleges to identify current and former foster youth who have outstanding balances to assist them in settling their debts.
- Partnered with DFS to notify current and former foster youth enrolled in Medicaid of available pandemic relief.
- Contracted with an advertising agency to launch a public awareness campaign targeting eligible former foster youth between the ages of 18–26 23 through paid social media ads, email/text ads, etc.

Kentucky's pandemic relief 1.0 efforts concluded on September 30, 2021. However, Kentucky was committed to utilizing all remaining Chafee funds received through the Consolidated Appropriations Act to provide needed supports and services to current and former foster youth. As such, Kentucky developed a plan to use the remaining Chafee funding and launched Pandemic Relief 2.0 on February 1, 2022. Kentucky's Pandemic Relief 2.0 implementation concluded on September 30, 2022. The agency requested an extension to utilize Chafee funding. However, not all funding for ETVs was used.

**Medicaid supports**:
- Kentucky previously extended Medicaid eligibility to young people residing in the Commonwealth who transitioned out of foster care in a different state. Therefore, no additional changes or coordination efforts were needed to due the SUPPORT Act.
- Kentucky provides all youth who transition out of foster care at 18 or older with a Custody Verification Letter, which confirms former foster youth status and the young person's eligibility for the FFCC Medicaid benefit.

**Post-secondary supports:**
- The state used Chafee funding received through Division X, the Supporting Youth and Families through the Pandemic Act to eliminate delinquent debt that would prohibit youth from returning to college. The state partnered with KCTCS and the public four-year public universities to identify eligible youth with outstanding debt.
- KCTCS Virtual Advisors: In 2022, DCBS established a contract with KCTCS to provide two virtual advisors to Chafee eligible current and former foster youth. The advisors support the youth in selecting a program of study and through navigating the college application and registration process. The advisors also work to support the youth in overcoming barriers they may experience navigating the college experience and connecting to community resources.

- Earn and Learn: Earn and Learn supports current and former foster youth in boosting their earning potential through the completion of short-term training programs or earning their GED. Participants receive support in selecting a vocational program for a high-demand job that matches their skill set and interests. Participants can choose a program that can be completed in a year or less from the wide selection available through KCTCS. Participants are paid weekly wages and receive ongoing support while they complete the vocational program.
- The state partnered with &Well advertising agency to implement a public awareness campaign and create a series of promotional videos, highlighting the educational supports and resources available to youth who have transitioned out of foster care.
- The state conducted regular email outreach to current and former foster youth, highlighting the available educational resources.
- The state utilizes social media platforms to promote and highlight the available educational resources to current and former foster youth.
- The department is working to establish relationships with campus support programs offered through the public colleges and universities for youth with foster care experience. The state agency collaborates with Western Kentucky University through their Beacon Project. The program was launched in 2021 by the university to increase enrollment, retention, and graduation among students utilizing the tuition waiver for foster and adopted children.

**Physical and mental health and well-being service array:**
- Kentucky hosted monthly virtual master classes that provided current and former foster youth 18 -23 years old the opportunity for personal development. The state agency partnered with subject matter experts to host seminars on family planning and sexual health; building generational wealth; healthy relationships; setting boundaries; mental, emotional, and physical self-care; and mindfulness. Youth received a $250 for each master class attended.
- Hosted two *Loving You* webinars that provided current foster youth 16 -17 years old the opportunity for personal development. The webinars included training on establishing healthy boundaries; healthy relationships and sexual health; accessing Chafee benefits and implementing mental and physical self-care. Youth who completed the training received a $1,000 incentive.
- The state agency hosted KY RISE and education events across the state for foster youth 14-21 that promoted physical and mental health and well-being.

**Adulthood transition activity support:**
- The state provides access to Youth Development Funds to foster youth age 14 or older to support their participation in developmentally appropriate activities, and those that are a normal part of the transition to adulthood, including recreational, enrichment, and school extracurricular activities, such as church camps, dance classes, gymnastics, karate, team sports, band, cheerleading, etc. Youth Development Funds also provide support for:
    - Driver's education programs
    - Vehicle purchase match up to $1,000
    - SAT/ACT prep programs and testing
    - College application fees, college orientation and registration fees, and housing fees
    - Dorm room supplies such as bedding, etc.
    - The state also reimburses for the cost of car insurance for foster youth until their 19th birthday. Youth 19–21 may receive assistance with car insurance premiums up to $1,000
    - Up to $650 toward the cost of senior expenses including the prom experience, a class ring, senior pictures, a senior trip, etc.
- SKY provides added member benefits to eligible current and former youth, including:
    - Connection for Life: free smartphones and wireless plan for youth 13–17 years old
    - Connection for Life: free laptops and hotspots for current and former foster youth 18–26

## D. Adoption and Legal Guardianship Incentive Payments

In Kentucky, adoption incentive payments are used to support PAPSS, adoption awareness campaigns, and fund regional adoption specialists' positions devoted to facilitating timely permanency. PAPSS prevent children from re-entering foster care when experiencing serious emotional or behavioral disturbances. PAPSS is an optional and supportive service offered to adoptive parents on a voluntary basis. Adoptive parents receiving adoption assistance subsidies for a child adopted through the department may request services if the placement is close to disruption. These monies fund short-term residential placements without the adoptive parents having to relinquish custody to obtain needed treatment.

No changes have occurred or are planned to occur regarding the use of adoption incentive funds during this APSR. As of this submission, there are no concerns regarding expending these funds in a timely manner. During 2022, the Adoption Services Branch continued to work with Aetna and other MCOs to identify adoptive families in need of additional supports. Due to Kentucky's placement crisis and limited resources, this is a growing area of need. Kentucky continues to look at ways to increase supports and provide more in-home services to these families. Kentucky currently does not have a guardianship assistance, therefore, does not receive legal guardianship incentive payments.

In 2019, the Adoption Services Branch established a new social service specialist position that focuses primarily on PAPSS cases. The social service specialist provides consultation and guidance to front line staff when a potential disruption is identified. The adoption specialist tracks these cases and conducts periodic follow-up reviews depending on the specific circumstances of the case. In 2021, a communication loop was established with Aetna regarding the PAPSS process and identifying adoptive families who could benefit from these services. The communication loop has been quite effective and coordinates information with Aetna, central office, R&C, and families. As a result, more families are being offered supportive services, including PAPSS.

In 2021, a WBT was developed for staff regarding the PAPSS process. A customer service request (CSR) has been submitted to TWIST for system modifications to allow the R&C worker and MCO case manager to identify one another more readily and to allow for more efficient communication. This request is still pending.

Data showing the correlation between increased permanency and adoption incentive payments is not available, however, most children in Kentucky who are adopted from foster care do receive a subsidy. SOP has been updated to ensure the subsidy process is being completed consistently statewide. The special needs criteria has been clarified and TWIST has been updated to ensure adherence to regulatory language. Updates were also made to forms and tip sheets to support staff. This topic is regularly discussed at statewide R&C meetings.

## E. Inter-Country Adoptions

In Kentucky, inter-country adoptions are initiated through licensed PCPs, which are located throughout the state. Although dependent on the type of visa the child receives, inter-country adoptions are generally finalized in the country of origin. While some families do re-finalize their adoptions in Kentucky, there is no Kentucky statute or regulation that requires it. Adoption and post-adoption services are provided directly by the PCPs. These services include post-placement visits and progress reports, referrals to needed services, and training for families. Additionally, all adoptive families can participate in the peer support group, ASK. The cabinet's oversight in these matters is discretionary. CHFS provides technical assistance to prospective adoptive parents, lawyers, private adoption agencies, biological parents, and others involved in independent adoptions. Opening communication and providing more support in assisting all parties in completing the process has increased the quality of work and the timeliness of reports by frontline staff.

In 2022, there were four foreign adoption certificates of registration processed. This decrease is likely due to the pandemic and the resulting limitations with international travel, economic fallout, and other stressors that families experienced. To receive the certificate, the adopted child must return to the United States with an IR-3 or IH3 visa status. Kentucky's TWIST does not include a mechanism for tracking the number of children who enter foster care following the disruption of an

international adoption. Anecdotal reporting indicates that this number of children is extremely small; and in many reporting years, the anecdotal information suggests that no such children entered the state foster care system. The department plans to execute this modification in the future.

When an adoption is finalized in Kentucky, after-placement and finalization services for Kentucky families are the same as for interstate placements and are provided by the private agency. DCBS is not involved in the facilitation or finalization of inter-country adoptions. All inter-country adoption petitions are reviewed by the Adoption Services Branch. If a private agency is identified, the petition is sent to that agency requesting a court report. If no agency is identified and the adoption was finalized in an out-of-country, Hague accredited country, a report is sent to the court advising that no report is needed because the adoption is already final, and the child is in the country on a full Visa. If no agency is identified and the adoption was not final in a Hague accredited country, a report is sent to the court advising that the department is not qualified to perform inter-country court reports.

In 2021 a WBT was developed for staff regarding the PAPSS process. A CSR has been submitted to allow for the R&C worker and MCO case manager to identify one another more readily and to allow for more efficient communication. This request is still being considered.

DCBS drafted regulatory updates to 922 KAR 1:540, Registration of a foreign adoption. This administrative regulation establishes the requirements and process by which a certified notice registering a foreign adoption in Kentucky is requested and provided. The amendment to this administrative regulation includes the IH3 visa issued for a child adopted in a country that is a member of the Hague Convention and has an accepted visa by United States Customs and Immigration Services. The amendment simplifies the process through which the adoptive parent submits the required documents, makes technical changes necessary for compliance with KRS Chapter 13A, and makes conforming amendments in the material incorporated by reference. These changes were filed in early 2021 and are now in effect.

## F. Interstate Compact Reporting

The Safe and Timely Interstate Placement of Foster Children Act of 2006 (Federal legislation H.R. 5403, P.L.109-239) resulted in the implementation of the Interstate Compact for the Placement of Children (ICPC) Automated Reporting & Tracking Services database on October 1, 2006. This act established new timelines for interstate home study requirements to improve protections for children and to hold states accountable for the safe and timely placement of children across state lines, and for other purposes. Each state is required to complete and report on the interstate home study within 60 calendar days, with an incentive payment awarded to the state for each home study completed within 30 calendar days.

Implementation of the National Electronic Interstate Compact Enterprise (NEICE) occurred in Kentucky on June 17, 2019. NEICE is a cloud-based, electronic system for exchanging the data and documents needed to place children across state lines as outlined by the ICPC. Launched in November 2013 as a pilot project with six states, NEICE significantly shortened the time it takes to place children across state lines and saved participating states thousands of dollars in mailing and copying costs. Most states, including Kentucky, have found this to be a costly endeavor with an estimated annual fee for Kentucky of $25,000. In 2018, the NEICE MOU was signed by all parties in Kentucky and was sent to the American Public Human Services Association for first party signature. The fully executed agreement was entered into the Procurement, Payables, and Asset Tracking System (PPATS) to pay the fees.

CFSR Item 36 (State Use of Cross-Jurisdictional Resources for Permanent Placements) was identified as an area needing improvement during Kentucky's 2016 CFSR. A concern noted during the CFSR was that Kentucky is not completing home study requests received from other states timely, which delays the facilitation of permanent placement of children in Kentucky. As noted in Table 48, the data collected from the past two years indicates that approximately half of Kentucky home studies are completed within the 60-day timeframe. The extended period (through 75 days) did allow for the resolution of some additional cases; however, this only affected a small portion of the total number of cases. Most past due

cases were still overdue after the 75-day extension had expired. Kentucky does not track specific reasons for extension requests; however, anecdotal reporting indicates that staffing shortages, delays with background checks, and inability to contact the home study subject are prominent reasons for home study delays. Kentucky Applicant Registry and Employment Screening (KARES) fingerprinting delays led to delays in the approval process, especially with the processing of background checks. When cases are overdue, Kentucky's ICPC administrator maintains contact with the local field personnel, requests status updates, and monitors the assignment until completed by field personnel.

**Table 29: Home Studies**

|  | FFY 2018 | FFY 2019 | FFY 2020 | FFY 2021 | FFY 2022 |
|---|---|---|---|---|---|
| **Studies Completed within 30 days** | 113 (24.14%) | 201 (26%) | 340 (30%) | 588 (28%) | 921 (31%) |
| **Studies Completed within 60 days** | 202 (42.16%) | 234 (31%) | 258 (23%) | 430 (21%) | 566 (19%) |
| **Total number completed within 75 days** | 252 (53.84%) | 186 (24%) | 133 (12%) | 223 (11%) | 294 (10%) |
| **Studies completed after 75 days** | 130 (27.76%) | 210 (27%) | 388 (35%) | 826 (40%) | 1219 (41%) |
| **Studies Still Outstanding** | 116 | 82 | 175 | 170 | 162 |
| **Total Number of Studies Completed** | 468 | 760 | 1,119 | 2,067 | 3,000 |

The number of completed home studies continued to increase from 1,119 in 2020, to 2,067 in 2021, and up to 3,000 in 2022. The increase in the numbers could be attributed to some COVID-19 restrictions being lifted. Also, the implementation of NEICE now requires all requests to be uploaded into the system. Staff may start the process, but later decide not to proceed. Prior to NEICE, ICPC requests were not processed until they were ready to be sent to the receiving state. Any change to the status of a request must be sent as a new request. For example, prior to NEICE, a change from relative to foster, relative to adoption, or foster to adoption would just be noted in the open transmission. After the implementation of NEICE, if there is a change in status, a new request must be submitted. Due to staff's unfamiliarity with the new process, the same request could be uploaded in the system multiple times. Online trainings became available that explained the ICPC process, allowing a better understanding for staff to know what is needed for a request and how to properly upload.
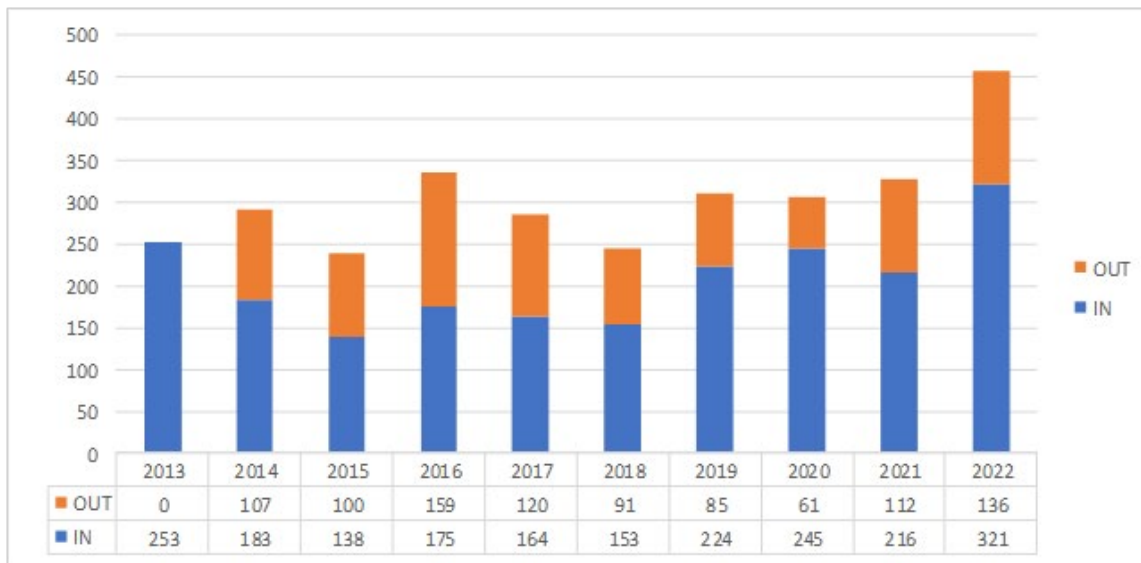
Kentucky has border agreements comprised of Kentucky's Boone, Campbell, and Kenton counties with Hamilton County, Ohio. Kentucky also has border agreements comprised of the Kentucky counties of Christian, Trigg, and Todd with Montgomery County, Tennessee.

The Interstate Compact on Adoption and Medical Assistance (ICAMA) allows the department to continue to provide support to those families who are receiving adoption assistance and move to a different state. ICAMA is an agreement between and among its member states that enables them to coordinate the provision of medical benefits and services to children receiving adoption assistance in interstate cases. ICAMA, which has the force of law within and among party states, provides a framework for uniformity and consistency in administrative procedures when a child with special needs is adopted by a family from another state, or the adoptive family moves to another state. Any time a family moves into or out of Kentucky, and they are receiving adoption subsidy and a medical card, the subsidy worker notifies the ICAMA deputy compact administrator, who then requests that the state the family moved to provide the child a medical card. Kentucky continues to pay the subsidy and the family always has a subsidy worker in Kentucky until subsidy ends.

ICAMA has fully transferred operations to the secure online web server with an accompanying database for the completion of the forms. The real-time data collected will reflect state and national movement of adopted and title IV-E guardianship assistance program children outside the agreement state. The online database that securely houses information for ICAMA children continues to work well and is updated to reflect ongoing needs. States are notified via email in real time when a child has relocated across state lines. Due to restrictions during the COVID-19 pandemic, several virtual meetings have occurred to provide training and policy clarifications for ICAMA coordinators.

The 2023 AAICAMA Conference will focus on the new ICAMA System development vendor eCare Vault. ICAMA administrators from all states will have the chance to work together to develop model practices to support state efforts to administer the ICAMA program. Kentucky is excited to be part of this learning opportunity.

**Figure 14: ICAMA Cases 2013-2022**



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ OUT | 0 | 107 | 100 | 159 | 120 | 91 | 85 | 61 | 112 | 136 |
| ■ IN | 253 | 183 | 138 | 175 | 164 | 153 | 224 | 245 | 216 | 321 |

The number of new ICAMA cases for 2022 was 457, a 39% increase from 2021. This is attributed to the increase in cases processed to the increase in job opportunities that have been created in Kentucky in the past year and the benefit of companies allowing employees to work remotely.

All U.S. states are now members of ICAMA, with New York as an associate state. There are five states where there is not reciprocity for state-funded adoption assistance; meaning in those states, children with state funded adoption assistance are not automatically eligible for a state issued medical card through ICAMA. Due to the 2008 Fostering Connections Act, it is projected that by 2025 all children will be title IV-E applicable. The department has not identified issues with subsidies and medical assistance under Medicaid when adoptive families from out-of-state. The children's benefit workers and billing specialists communicate address changes for adoptive families to ensure that Medicaid requests are sent to other states timely. Due to electronic banking, moving to another state does not generally interrupt receiving subsidy payments.

## G. Coordination with Tribes and the Indian Child Welfare Act

There are no state or federally recognized tribal entities in Kentucky. However, there are two Native American groups in the state: The Southern Cherokee Nation of Kentucky and the Ridgetop Shawnee. The Southern Cherokee Nation filed a petition seeking federal and state status; however, the petition was denied at both levels. One of the main reasons for the denial is that there are no true tribal lands in Kentucky. Many tribes used Kentucky as hunting and burial grounds, but none claimed ownership. The Southern Cherokee Nation is now listed as a non-profit entity. The Ridgetop Shawnee have no plans to pursue federal or state recognition. Neither the Southern Cherokee nation, nor the Ridgetop Shawnee have recognized tribal governments and do not participate in Kentucky's CFSR process regarding the Indian Child Welfare Act (ICWA). The department has not had specific consultations with tribes.

Although there are not federally or state recognized Native American tribes in Kentucky, the department attempts to engage the two tribes with cohorts represented in the state. The department has invited tribal representatives to previous and upcoming CFSP Stakeholder CQI meetings. The Ridgetop Shawnee contact was discovered to be fraudulent as reported through media outlets. Additional contact attempts with Ridgetop Shawnee tribal members have been unsuccessful. The

most recent email interaction with a Ridgetop Shawnee member indicated that they would attend the April 2022 Stakeholder CQI meeting, however, attendance could not be confirmed via the participant roster. Kentucky will continue to reach out to the Ridgetop Shawnee and invite them to engage in partnership. The agency continues to invite the tribe to the CFSP Stakeholder CQI meetings and provides meeting notes through email. This is the only known method of contact for the tribe. The agency continues to investigate other ways to make contact the tribe through Google searches and Facebook.

The Southern Cherokee Nation chief has indicated to the department that the tribe is unable to participate due to funding issues. The department continues to provide meeting agendas, invites, and meeting minutes prior to and following each stakeholder meeting via email. The emails are not returned as undeliverable, leading to the assumption that the tribes have received the information. As the most recent meetings have been virtual, the department will continue to invite the tribal representatives to join online in hopes of removing any financial barriers associated with travel.

The department is committed to the consistent and appropriate compliance with ICWA, as well as the education of department personnel and resource parents about the law and cultural implications for Native American children in foster care. Designated staff participates in the State ICWA Managers Workgroup, which includes monthly conference calls. An infrastructure of procedures that are designed to ensure compliance with the federal law has been fully integrated into the agency's SOP, case review standards, and diligent recruitment activities. Designated staff provide technical support to department personnel in conjunction with the cabinet's OLS, as indicated. These standards have undergone revisions to reflect compliance with the updated Bureau of Indian Affairs ICWA Guidelines (effective December 2016) and to provide clarification to agency personnel. The department's current SOP are as follows:

- The department's SOP provides guidelines that reflect the protocols outlined in ICWA. SOP 4.1 Consideration of Race and Ethnicity/Maintaining Cultural Connections relates to the maintenance of cultural connections for families and children. It gives specific instructions for field staff to use to determine whether the child may be an Indian child. SOP 4.2 Indian Child Welfare Act (ICWA), updated in 2019, outlines the steps to take once a child has been identified as eligible for services through ICWA. It also provides direction on the steps to take to comply with ICWA, as well as a link to ICWA. Field personnel also consult with the Federal Bureau of Indian Affairs (BIA) for assistance in determining whether identified children meet the federal definition of an Indian child. If the child enters the legal custody of CHFS or foster care, procedures require an assessment of the child's background, a search to identify any absent parent, and a search to seek out relatives for possible placement. Once the department is aware of the possibility that a child may have Native American heritage, the determination of the child's status is accomplished as quickly as possible. Protocol also gives specific direction on ICWA compliance, as well as a link to ICWA, for personnel who are engaged in direct service provision to a Native American child in state foster care. A link to 25 USC Chapter 21 is included in SOP.
- There is a designated ICWA contact in the department's central office available to offer technical assistance to the service regions regarding the federal law. A central office contact participates in monthly conference calls with the State ICW Managers Workgroup facilitated by the Child Welfare League of America (CWLA).
- Title IV-B recruitment plan elements direct that states are to provide plans for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. The department devised targeted demographic and geographic recruitment strategies for resource homes for Native American children.
- The department continues to be available to staff for ongoing consultation regarding ICWA issues. An SOP has been drafted to include that central office staff are provided with a copy of all tribal notification letters, to track all potential cases. These will be provided even when staff receive consultation from OLS. This SOP was released in October 2019.

To assist field staff in working with families with Native American heritage, the resources below were made available on the SOP manual website in May 2010, and are updated as new information becomes available:

- [Indian Child Welfare Act (ICWA) Compliance Desk Aid](#): This pamphlet provides information regarding the process of ICWA notification. This tool includes steps on notifying indicated tribal entities and the BIA. Information included is as follows: how to determine if a child coming into OOHC is a member of (or eligible for enrollment into) a recognized Indian tribe, federal law regarding the requirements for search and notification of Indian tribes, and preferences regarding placement of children of Native American heritage. This tool has been updated to reflect the new ICWA guidelines issued by BIA effective December 2016.
- [Letter to the Bureau of Indian Affairs](#): This letter provides the information needed by the BIA when processing requests for assistance with identifying tribe affiliation for notification purposes. This descriptive letter allows the worker to enter information into specific fields to ensure that all necessary information is sent to the BIA. This tool has been updated to reflect changes in the notification process as well as the new ICWA guidelines issued by BIA effective December 2016.
- [ICWA Tribal Notification](#): This letter provides information needed by a specific tribe when processing enrollment status. The letter is designed in a way that the social service worker may enter information into specific fields to ensure all necessary information is included when notifying a tribe that the cabinet has removed a possible tribal member or a child eligible for tribal enrollment. The social service worker sends this letter to the indicated Designated Tribal Agent. This tool has been updated to reflect changes in the notification process, as well as the new ICWA guidelines issued by BIA effective December 2016.
- [Link to the National Indian Child Welfare Association (NICWA)](#): NICWA is the preeminent national Native organization focused specifically on the tribal capacity to prevent child abuse and neglect. NICWA works in six major, and often overlapping, issue areas: child abuse and neglect, the ICWA, foster care and adoption, children's mental health, youth engagement, and juvenile justice. NICWA is a membership organization whose main constituencies are tribal governments, urban and reservation-based social service programs, and especially the frontline staff who work with Native children and families. As a 501(c)(3) nonprofit organization, NICWA receives funding from many different sources, including memberships; individual, tribal, and corporate donations; fundraising events; program contracts; curriculum sales; and foundation and government grants.

There is not a large Native American population in Kentucky (approximately 8,326 individuals: 0.3% of Kentucky's population). The current percentage of Native American or Alaskan Native children in OOHC in Kentucky is 0.3, compared to 2.09% nationwide. The trend in Kentucky remains the same, and Native American families are not often represented in the Kentucky child welfare system.

Since 2008, two questions on the CQI case review instrument measure compliance with ICWA standards. The first question asks whether the target child in the case was assessed for Native American heritage; and for those for whom Native American is assessed, the reviewer is asked to determine if the worker complied with ICWA standards.

**Table 30: ICWA Compliance Rates**

| | Total Case Review Sample for the Year | Percent Assessed for Native American Heritage | Number of Cases Sampled in the Sample Where ICWA Compliance Was Applicable to the Review for the Year | Percent Compliance with ICWA Procedures |
|---|---|---|---|---|
| **2018** | 607 | 95.3% | 82 | 65% |
| **2019** | 636 | 98.3% | 53 | 79% |
| **2020** | 726 | 97.0% | 64 | 66% |
| **2021** | 689 | 94.6% | 76 | 50% |
| **2022** | 646 | 97.7% | 75 | 79% |

Table 49 indicates the number of cases selected for review from 2017 through 2022. There is meaningful comparison in the Percent Assessed for Native American Heritage and Percent Compliance with ICWA Procedures columns. The average percentage of compliance with ICWA procedures over the past 5 years is 67.8%. Data from 2022 shows a decrease in the

number of cases reviewed and an increase the percentage of cases assessed for Native American heritage. Data from 2022 further shows a significant increase in the percentage of compliance with ICWA procedures. Consistent assessment suggests that the department is making diligent and effective efforts to improve assessment regarding ICWA; however, data throughout the past several years suggests there is room for improvement regarding compliance with ICWA procedures. The department continues to make efforts to contact both tribal groups. New contact information for the Southern Cherokee Nation chief has been obtained, and communication has been attempted, but not reciprocated. Email invitations to stakeholder meetings, as well as meeting minutes sent by email, continue with the Ridgetop Shawnee before and after each meeting. Kentucky is not currently coordinating with any neighboring states' Tribes or Tribal Associations.

## H.  Training

Results of the 2016 CFSR indicated that Systemic Factor 4, Staff and Provider Training, was not in substantial conformity, as only one of three items (Item 27-foster and adoptive parent staff training) was found as a strength. A Foster Adoptive Parenting Training Steering Committee was re-established in October 2019. Committee members include department staff, DCBS Training Branch, UK training partners, and Murray State University training partners. Goals for this committee include developing a logic model to utilize in the assessment of training effectiveness, as well as develop a way to evaluate training and identify strengths and barriers. The committee wants to identify measures/ways to evaluate the outputs and outcomes of the department's foster parent training.

The department continues to collaborate with the University of South Florida and EKU to offer more online training options for foster parents and relative caregivers. The platform, JIT, launched in March 2020. The site averaged over 2,700 unique views in the first three months. Additionally, Kentucky has migrated all foster parent training to virtual platforms due to the COVID-19 pandemic and has provided coaching and mentoring to department trainers on the use of virtual trainings.

Data from the CFSR indicated initial staff training (Item 26) as an area needing improvement for the state, as there was concern around the quality of initial trainings and questions regarding the amount of preparedness it provides to staff. New child welfare staff attend New Employee Orientation with the regional training coordinators and complete four masters-level courses in child protection. The current P&P Staff Development plan outlining trainings required for new and tenured staff is available at https://training.eku.edu/checklists. All trainings are tracked through EKU's Training Records Information System (TRIS). Any training that is developed and required is disseminated by the DCBS Training Branch, leadership, and regional training coordinators. Required trainings are listed on the staff development plans.

Each training offered has an evaluation component to the training for participants to provide feedback for Level 1 Evaluation. The evaluation which staff complete contains Likert and short answer questions covering a variety of topics ranging from quality of instruction to ways to improve in the future. Since 2020, over 3,400 Level 1 Evaluations have been completed for the Academy Course and 88,233 Level 1 Web-Based Evaluations have been completed. Regarding training for relative caregivers, adoptive parents, and residential care staff, based on regional feedback training has been updated, new material added, and new trainings created. Participants have also reviewed material to provide feedback. Evaluations are completed following foster parent trainings.

During this CY, the Foster Parent Training Program expanded upon its live interactive virtual trainings. The Foster Parent Training Program will continue to enhance these trainings by developing new curriculum, including more interactive apps and features to promote learning with measurable outcomes. The Foster Parent Trainings will use trauma-sensitive, evidence-based curricula that integrate the VARK learning model to address the three primary learning styles (visual, auditory, reading and writing, and kinesthetic) for adult learners. A total of 21 events were held from January–December 2022. A total of 559 participants attended these events.

The following is evaluative data taken from the Learning Management System (LMS) Feedback Forms for Foster Parent Training Sessions conducted during this reporting period. The data supports the fact that foster parents are increasing their

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knowledge and skills, which also supports the likelihood that they are invested in parenting towards the needs of their foster youth and will remain active.

**Table 50: 2022 Foster Parent Training Classes CY 2022**

| Foster Parent Training Program Feedback – LMS (N=210) | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Learning Objective 1 | 45% | 48% | 1% | 1% | 5% |
| Learning Objective 2 | 46% | 47% | 1% | 1% | 5% |
| Learning Objective 3 | 41% | 46% | 4% | 1% | 5% |
| I was comfortable with the pace of the training. | 54% | 32% | 5% | 4% | 4% |
| My learning was enhanced by the knowledge and experience of the trainer. | 51% | 36% | 8% | 0% | 5% |
| I felt energized by the interest and enthusiasm displayed by the trainer. | 53% | 33% | 9% | 0% | 5% |
| I was encouraged to be actively involved in the learning process. | 51% | 37% | 7% | 0% | 5% |
| My questions and concerns related to the training material were adequately addressed by the trainer. | 47% | 38% | 10% | 0% | 5% |
| The length of time for this training was sufficient for the learning objectives to be achieved. | 48% | 38% | 7% | 3% | 4% |
| The content for this training was up to date. | 51% | 35% | 8% | 2% | 4% |
| The content for this training was relevant to foster/adoptive parents. | 52% | 38% | 6% | 0% | 4% |
| I was appropriately challenged by the content of this training. | 45% | 38% | 10% | 3% | 4% |
| My learning was enhanced by the instructional aids (i.e. handouts, PowerPoint slides) utilized for this training. | 48% | 37% | 10% | 1% | 4% |
| This training will assist me in caring for my foster/adoptive child(ren). | 48% | 38% | 9% | 0% | 4% |
| I want to participate in another Foster Parent training. | 52% | 38% | 6% | 0% | 5% |

The state received a rating of area needing improvement for ongoing staff training (Item 28) during the CFSR. Concerns were noted regarding no clear process to ensure staff having ongoing training opportunities available and required to support them in their work. Considerable work has occurred since the CFSR. Many training efforts and initiatives are

documented throughout the APSR, including the FTS program in Section I.D, as well as the 2020-2024 Training Plan and Kentucky's biannual PIP reports. Data around training participants can be found in Section II.A of the APSR. Updates to the Training Plan for this submission are available in Attachment 12 and indicated in **bold red** for additions and ~~red strikethrough~~ for deletions.

The mission of the DCBS Training Branch is to provide quality, comprehensive training, mentoring, facilitation, and professional development to department employees, and foster and adoptive resource parents so they can effectively serve and empower families and children in Kentucky. The DCBS Training Branch consists of both department employees and EKU contract employees working together to serve department employees throughout the state. Training is provided in the department program areas of protection and permanency and family support, as well as other ancillary trainings. The training program provides pre-service, in-service, and advanced skill level training opportunities for prospective, new, and tenured employees, as well as resource parents. A self-directed, online training registration system maintained by the DCBS Training Branch captures information regarding training records. Kentucky's professional development and training system is funded from several sources including title IV-E, Medicaid-Targeted Case Management, CAPTA, TANF, Medicaid-Medical Assistance, title IV-B subpart II, state general funds, and the Social Services Block Grant (SSBG).

During CY 2022, the DCBS Training Branch provided approximately 352 scheduled training events resulting in 5,396.25 hours of training credit for 4,217 individual department employees. The department's new and modified training worksheets for this submission are available at the following link: APSR Training Documents.

## I.   Quality Assurance and Evaluation Activities

Kentucky's QA system (Systemic Factor 3/Item 25) was identified as an area needing improvement during the 2016 CFSR, citing the case review process as not effectively identifying strengths and needs of the system. However, many modifications have been made since the CFSR, to include restructuring of the department to better coordinate and standardize CQI activities, the implementation of the KY CFSR process, and embedding CQI into daily practice through processes such as the permanency case review process.

The division's IQI Unit supports QA and evaluation activities. The IQI Unit designs research and evaluation activities and utilizes information from established systems to provide the department tangible evaluative information on the quality and effectiveness of department programs and services. Additionally, this unit provides consultation regarding ongoing information and/or data requests with respect to any known history, terminology, and methodological changes in data collection and/or reporting that may have occurred to inform the organizational knowledge base. Data collection and analysis activities are filtered back through department organizational layers and levels, particularly through the CQI process. Some planned efforts include:

- Work with the QA Branch in collaboration CQI specialists to develop data visualization and analytic tools for KY CFSR data utilizing OSRI data to inform regional action planning.
- Finalization of an ad-hoc REACH dashboard and handoff to the TWIST management reports team for full integration.
- Analysis of state of fidelity review data – evaluation of data collection and dissemination processes.

The formal DCBS CQI process consists of a tiered teaming structure at the local, regional, and state levels inclusive of stakeholder involvement and incorporation of key performance data. Since CQI is embedded into the everyday processes, the multi-level and stakeholder-inclusive teaming framework allows for the strengthening of the feedback loop and creates a pathway for information flow and solutions to be generated and implemented by all levels of staff within the organization and through engagement of external stakeholders. The feedback loop and communication process are critical to a high functioning CQI process and require input from multiple levels of the department as issues are advanced through the

system in an orderly way that assures a commitment to problem solving and feedback. This interactive process allows give and take and the presentation of data from the local level to the state level.

It is vital to the success of the CQI process for all staff to be engaged and use their knowledge, vision, and skills to have multiple opportunities to lead DCBS toward improved practices and results. Additionally, a high functioning CQI process is inclusive of stakeholders and trusted advisors such as birth parents, youth, relatives, fictive kin, foster/adoptive parents, service providers, and community partners. Various opportunities for engagement are as follows:

- Participation in meetings: Meetings are held at all levels of the department (local, regional, and state) for the purpose of solution-focused discussions using data to examine trends and identify opportunities for improvement. The inclusion of stakeholders and trusted advisors is crucial to provide the experience-related data to measure the effectiveness of the department's engagement. Meetings provide a structured approach for tracking action plans and generating new solutions or modifying current strategies where indicated. Whether or not the meeting is labeled as a CQI meeting, where data is presented and solutions are developed presented to improve processes or service delivery, this is CQI embedded into the everyday practice of DCBS.
- Collective Participation: Since not all staff can attend regional or state level CQI meetings, their voice can be represented through participation in a variety of ways:
  - Participation in annual employee surveys;
  - SOP development through the opportunity to provide feedback and suggestions prior to implementation through the field draft review process;
  - The employee suggestion process;
  - Peer representation during regional meetings to communicate for the local team; and
  - Participation in committees, such as the regional retention committees.

Additional, detailed information on Kentucky's CQI system can be found in Kentucky's  CQI State Plan and Procedures Manual.

IQI has been involved in several projects to assist in building the capacity of program staff. During 2020, the IQI Unit worked in partnership with the Center to build internal capacity around evaluation and CQI across divisions and within program branches. IQI continues to build capacity internally through its work with other branches and program areas. The following is not intended to be an all-inclusive list of activities or products; but rather a demonstration of the scope of work and the collaborative nature in which these interactions take place.

- Provided technical and subject matter assistance regarding data analysis and evaluation from available administrative data.
- Participated in monthly CQI collaboratives to discuss ongoing initiatives and modifications and/or enhancements to ongoing management reports.
- Participated in weekly management report meetings.
- Served as state evaluation co-lead on CQI MITS Application Development workgroup.
- Worked with Chapin Hall at the University of Chicago to implement processes and procedures required for FFPSA, to include but not limited to:
  - Development of numerous draft dashboards working with program staff to determine product requirements
  - Managed data collection tools for five EBPs approved for FFPSA by the Title IV-E Clearinghouse

**Overview of Data Systems**
To collect data, the department, through the collaborative efforts of department personnel, the IQI Unit, and providers, have established multiple data collection processes and systems.

- Primary Prevention and Event Tracking (PP-MET) - Community partners enter their primary prevention meetings and events. Data from the system informs the understanding of community-based services supporting child welfare.
- CQI-Case Review Evaluation System (CQI-CARES) - The case review system captures data entered directly by reviewers from protection and permanency personnel. Case review instruments include elements comparable to the federal CFSR case review instrument. Case review data is published to all protection and permanency personnel quarterly for coaching purposes. Enhancements were made to the case review site to allow for target case reviews specific to specific pieces of casework practice.
- CQI-Meetings and Issues Tracking System (CQI-MITS) - The system tracks the minutes and issues generated through CQI meetings. Issues are compiled quarterly for resolution. The use of this system was discontinued in 2019 except for a handful of initiatives and users. A process is underway to enhance the system. Development of the new MITS began in 2022. The system is in a testing phase with roll-out projected in late summer of 2023.
- Family Preservation-Case Tracking System - Family preservation and diversion providers enter information about children and families served. Data collection informs program evaluation efforts. During 2019, work occurred to consolidate two information systems into one larger system. This work continued into 2021 to include training of application of users and system migration. Migration was completed in 2022 with program staff and providers fully trained.
- KSTEP Case Management System – The system provides KSTEP workers a web-based, single point of entry for all their case information and assessments. During 2019 this system was modified for the purposes of the assimilation of the Family Preservation-Case Tracking System which supports Family Preservation, Diversion, and CCC programs.
- FFPSA Fidelity Monitoring Data Collection: Data collection is focused on EBP fidelity for the following EBPs: FFT, TF-CBT, MI, PCIT, and START.

**Overview of Ongoing Data Publications**
The IQI Unit produces multiple targeted internal data publications to department personnel and providers.
- Fact Sheets - Fact sheets capture specific aspects of program service delivery, including adult protective services, foster care, investigations, etc. Fact sheets are disseminated monthly and are available to personnel. The fact sheets can also meet data requests from the public and legislators. System modifications to TWIST often affect fact sheets. IQI, along with QA staff and the TWIST management reports team, continues to redesign the CPS intakes factsheet and IQI continues to provide ongoing testing and data validation against comparable administrative data to reconcile and improve accuracy.
- Data in a Glance (DIG) - Two DIGs are published regularly based on information from TWIST and the department's case review system. DIGs allow supervisors and leadership to use the data for coaching and the development of program improvements. DIGs allow for comparison of performance between regions and statewide in comparison to federal outcomes.
- Race Community and Child Welfare (RCCW) - The RCCW initiative began in 2007 in five targeted counties with the highest rates of disproportionality and disparity: Jefferson, Fayette, Hardin, McCracken, and Daviess counties. In 2021, RCCW expanded to Boyd, Johnson, Boone, Kenton, and Taylor counties. Each RCCW committee meets monthly with community partners to discuss data, develop strategic goals, and collaborate to address disproportionality and disparity. Racial Disproportionality Quarterly (RDQ) Reports – These reports are provided in .pdf format (also available in Microsoft Excel) and provide data tables and illustrations focusing on racial disproportionality and disparity and different points on the child welfare continuum. Disproportionality and disparity data is distributed on a quarterly basis to all RCCW committees for review and is used for implementing strategic goals.
    o Efforts were taken to further engage staff that may not be directly participating in the RCCW initiative with these data to advance conversations and facilitate action planning.
    o Racial disproportionality quarterly reports were re-shared with CQI specialists that may not have been familiar with the data or RCCW efforts.

- Several information sharing events took place to initiate/reinitiate CQI staff with the RDQ reports in efforts to support agency focus on racial disparities and equity.
- Executive Dashboards - During 2019, IQI staff collaborated with department and division leadership to develop an executive dashboard, which is published monthly to include point-in-time and trend data on areas of interest identified. Currently this consists of statewide and regional data on:
  - The OOHC population;
  - Youth entering vs. youth exiting OOHC;
  - Recurrence of maltreatment;
  - Re-entry into OOHC; and
  - Timeliness of permanency for youth exiting OOHC to reunification and adoption.
- Online Monitoring System CFSR Dashboard(s) - A series of dashboards were created as an analytic tool for the KY CFSR. Note: these have been published in a "development" environment and are undergoing testing. New data has been made available by James Bell and Associates (JBS) and are being explored as an ongoing data source for these dashboards.

## 2022 and 2023 Evaluation, Projects, and Program Improvements

The IQI Unit has worked on many stand-alone and ongoing projects throughout 2021, as well as planned activities for 2022. The below is a snapshot of activities that have occurred and planed projects for the upcoming year:

- IQI continues to provide ongoing technical assistance and support to the DPCW regarding data collection activities and reporting and provides general administration and tier 3 technical support.
- IQI assisted CBCAP personnel with data reporting and narrative for the CBCAP application and annual report. Continued analytical enhancements are planned for CY 2023.
- IQI has planned ongoing enhancements to the in-home services data collection and reporting for CY 2023.
- IQI provided the ongoing creation of random sample cases for targeted reviews.
- IQI aided other branches with data analysis and reporting from available data sources.
- Screening threshold analysis on intakes with allegations of child abuse and/or neglect to explore decision-making processes and potential errors occurring on the "front end," i.e., true positives, false positives, true negatives, and false negatives.
  - Three points of potential action were identified from the initial analysis.
  - Information system changes to allow more data collection at the "case level" for reports that screen out and do not receive an assessment/investigation.
  - Examination of screening criteria in SOP to see if it can be adjusted to reduce error, i.e., false positives and false negatives.
  - Exploration of other SOP changes to reduce error rates, (e.g., differential response, community response, etc.).
  - While ongoing, this is currently on hold awaiting SDM® changes.
- Explore differences and similarities in service populations and inform potential service matching.
- Development of a "new and improved" CQI-MITS is, in part, an update of a legacy system to include enhanced layout and technologies and resolve system barriers/challenges. This project is currently in progress. Milestones include:
  - System requirements defined by project group (CQI MITS Application Development workgroup and subgroups.)
  - Application development team has taken requirements and begun development.
- Participated in Kentucky's Online Monitoring System Data project with the Center.
- Analysis and report generation for the DCBS Employee Engagement Survey.
- Presentation creation to support agency FFPSA activities.

The department continues to utilize QA leads in each region. QA leads are regional staff who manage many duties within the regions that are separate from the QA lead duties. QA leads are responsible for disseminating and monitoring QA activities within their respective regions. QA lead duties include interfacing with their regional leadership and collaborating directly with the divisions' QA staff to facilitate practice improvement across the state. Additionally, many of the QA leads served as PIP workgroup leads during the PIP implementation period. Monthly QA lead calls were held with central office hosting these calls during PIP monitoring. In 2022, these calls were used to assist in PIP monitoring, maintaining, and finetuning positive practices developed from Round 3 and begin strategizing for Round 4 of the CFSR. In 2023, the department began revamping these meetings to return to the original purpose-implementing and monitoring QA activities/initiatives across the state. The department's commissioner will speak to the QA leads during the revamp kickoff to discuss the importance of the QA leads, QA activities across the state, and integrating CFSR into the everyday work of DCBS.

As noted in the CFSR 2016, Item 25 was identified as an area of concern specifically regarding the adequacy of the case review process, the ability to evaluate implemented improvement strategies, and the effective use of data to inform continuous improvement. In 2018, the state finalized its KY CFSR process that served to establish a baseline and continued case monitoring during the PIP. The state developed the KY CFSR process and PIP measurement plan, both of which have been approved by the Children's Bureau and the Measurement and Sampling Committee (MASC). The first cycle of PIP monitoring case reviews began in September 2018, with the initial case elimination process beginning in July 2018. The first cycle concluded in February 2019 and data from this cycle provided the state with baseline data for PIP monitoring.

The case review team consists of 12 dedicated case reviewers and four dedicated QA staff. The branch has one rotating QA position utilized from the case review staff. The branch has two floater positions that assist with other QA related tasks. The review team has completed training on the OSRI via the E-Training Platform provided by the Children's Bureau website, as well as the most recent Round 4 training modules. The review team meets bi-weekly to discuss feedback from secondary oversight, information gathered from monthly meetings with the Children's Bureau, case review narratives and ratings to improve IRR.

A rolling statewide random sample is utilized for both in-home and OOHC case reviews. TWIST has automated monthly sample pulls (two months prior to the date of the review) and a branch staff member who is neither a case reviewer nor a staff who completes QA on reviews makes assignment of randomly selected cases.

Reviewers review a minimum of 180 (30 per month) cases, which results in approximately three cases per reviewer, per month. Each month, 18 in-home and 12 OOHC cases are reviewed, per area. This ratio was calculated based on the average state ratio of workload regarding in-home and OOHC cases (60.8% and 39.2%, respectively). Reviews occur in six-month increments. A statewide case record review is conducted twice per year. A breakout of review areas/sections based on workload was created and is included in the Kentucky Child and Family Services Review Process Manual. One area is reviewed per month, with each area being reviewed every six months. The department currently receives technical assistance from the Children's Bureau in the form of secondary oversight on cases. Additionally, the department participates in calls with the Children's Bureau monthly to discuss strengths and areas in need of improvement regarding the case review process. With Kentucky's efforts toward the development and successful implementation of the KY CFSR process, which included the review of 360 cases per year utilizing the OSRI, secondary oversight and monthly consultations by the Children's Bureau to ensure conformity and consistency, the department is prepared to conduct state led reviews in place of traditional reviews for all future CFSRs. The QA Branch works closely with the Field Quality Branch and regional CQI specialists to bridge the connection from data to case work application. As of May 2021, the department rebranded the KY CFSR to better reflect the true intention of these reviews and what they measure. These reviews are now referred to as the KY CFSR.

Trends from KY CFSRs continue to be shared with staff and leadership. Upon finalization of all cases for an area, feedback is sent to all applicable SRAs, regional QA leads, and CQI specialists. This feedback contains the case rating summary and item rating rationale statement directly from the OSRI, as well as a face sheet explaining the KY CFSR. Kentucky utilizes data collected from the OSRI as part of the state's ongoing QA/CQI process to present at monthly debrief meetings. These debriefing meetings are a product of the PIP Data/Regional Engagement CQI Core team. They are held in each region twice a year and present an overview of each region's case reviews. The QA Branch provides case review feedback forms to each region prior to the debrief meeting, to allow time for review. The debrief meeting provides a broad overview of trends and data identified during the most recent case reviews and allows staff an opportunity to discuss casework with QA staff. A specialist from the QA Branch completes an in-depth review of the data and information identified through the OSRI, identifying both strengths and factors leading to ratings of areas needing improvement. The information is then shared during the debrief meeting. Regions are encouraged to invite all staff who have had a case reviewed during the recent pull as well as any other interested staff that leadership would like to invite. The debriefings provide opportunities to discuss strengths and challenges with the region, based on data obtained from case reviews. The debriefings are scheduled with dates that work best for the specific region. Review data is then incorporated into existing CQI activities to ensure that findings and trends are reviewed at the local, regional, and state level and used to inform action planning. The partnership between the CQI specialists and QA reviewers provides additional infrastructure to support staff and build capacity to understand data, connection to everyday practice, and the role in improving outcomes for families and children through data informed decision-making. Trends garnered through debriefings are shared with CQI specialists. After data is presented at the debriefing, the CQI specialist leads their region in a deeper discussion and strategizing to create action planning. The QA Branch is dedicated to working with each region to provide data that will best meet the needs of the region and allow the region to develop strategies for success. Other resources and tools provided by QA staff includes tip sheets, quick reference guides, PIP monitoring logs, and OSRI reports.

The CQI Collaborative was recently constructed and is a group that represents all department divisions to discuss all CQI/QA related topics. The QA Branch and Field Quality Branch (CQI) report out on every agenda and share information, data, communicate enhancements and initiatives, and process CQI issues that remain unresolved or needed subject matter experts. The collaborative helps engage internal stakeholders and prepare communications for agency employees, external stakeholders, and targeted audiences. Quarterly evaluation data on the CQI redesign efforts is also shared and feedback solicited for any revision or further assessment of the current evaluative measures as it relates to CQI.

The current case review instrument for first- and second-level reviews has been in use for approximately six years. This length of time allows for enough data for the Casework Quality DIG to analyze case review scores for the state. The IQI Unit has updated the DIG for regional and state use. When compared to the results from the CFSR in July 2016, it has been determined that cases selected for second-level reviews are not being reviewed at a threshold comparable to the KY CFSR. Scores from second-level reviews were not comparable to the results of the CFSR and were more favorable than those of the CFSR. Although scores from the first and second-level case reviews vary greatly from those from the KY CFSR, preliminary analysis shows that, in many instances, that the data from both sources tells similar stories with similar trends. The department will work with the DCBS Training Branch to develop a training for second-level reviewers to ensure that existing and new second-level reviewers are trained to review at the appropriate threshold. The state does not anticipate needing technical assistance.

## J. Technical Assistance

DCBS' central office and Training Branch develops and implements trainings for the regional and local offices as necessary to carry out child welfare services and programs. Many of the training initiatives have been noted throughout this narrative. Technical assistance is provided to frontline and regional staff, as needed.

The department continues to work in collaboration with the Center on various projects. The Center has provided subject matter experts to assist with the CQI, Online Monitoring System data project, and the PIP rapid response project. During

rapid response, which spanned the period of 01/24/2022-04/25/2022, the Center provided analysis and visualizations of Online Monitoring System trends and context data for OSRI items 2, 6, 13, and 15. The Center team also provided a set of longer-term recommendations for consideration beyond the non-overlapping period to prepare for Round 4 of the CFSR.

Additionally, the department receives technical assistance from a wide variety of partners such as Evident Change, Collaborative Safety, Chapin Hall, the Kempe Center, and SSG. Chapin Hall provides technical assistance for FFPSA. Kentucky's development of processes and systems for CQI around well-supported interventions largely compliments the revitalization of the department wide CQI process, with similar opportunities for regional meetings, stakeholder engagement, and a feedback loop. Chapin Hall is working closely to align and integrate components that include an overall approach to the statewide CQI, FFPSA CQI, and FFPSA evaluation processes. These processes will work in tandem, by the engagement of service providers and along with the feedback loop of any necessary communication from the frontline staff. Chapin Hall is also assisting Kentucky in analyzing request for information (RFI) responses from potential prevention providers, to expand prevention services in Kentucky.

Public Consulting Group (PCG) provides technical assistance by making title IV-E claims and ensuring title IV-E funds are spent according to federal and state regulations. Bi-monthly meeting are held to ensure all parties appropriations are executed accordingly.

DCBS participates in the SOC FIVE grant, a cross-cabinet grant with DBHDID, working with Brandy Kelly Pryor (BKP) Strategies, LLC. The purpose is to develop specific goals and strategies for health equity for FFPSA clients and stakeholders. Part of this work comprised trainings in public health, health in policies, and health equity. Another piece is the racial equity impact assessment of a portion of FFPSA implementation. This includes evaluation of data and data infrastructure. Qualitative data has already been collected. A second contract to provide additional support in implementing the recommendations and incorporating them into the CQI process to review data that may indicate disparate outcomes has been executed.

DCBS completed a contracted health equity audit at the end of March through BKP Strategies, LLC. This contract was separate from the SOC FIVE work. The purpose of the audit was to provide strategies to help DCBS advance health and racial equity at a systemic level. The audit looked at data, policy, infrastructure, and organizational readiness. The agency is at an early stage of implementing the recommendations. One area of recent focus is recruitment and retention of a more diverse workforce reflecting greater congruence with populations served, and increased understanding of systemic causes of poverty and racial disparities.

DCBS recognizes that a diverse workforce, representative of the populations it serves, is essential to systemic change. To that end, DCBS has developed a tool to track workforce diversity by race or ethnicity and gender throughout regions and levels of leadership. The agency is also implementing and refining a process to assess for understanding and skill in addressing diversity and poverty during the interview process. In the next FFY, the department will address the pipeline issue through improved collaborations with colleges and universities. All members of the executive-level leadership team participate in education and training experiences related to social identity, biases, and their impacts. Cultural humility training has been revised and updated to reflect modern thoughts and practices encompassing racial equity. The training encourages and incorporates courageous conversations.

DCBS recognizes that laws, policies, and practices can reinforce status quo biases but can also drive change. Each DCBS division and region has been trained to use a racial equity impact assessment tool and are either starting or planning to use that tool in areas it defines as critical functions. DCBS implemented the addition of an equity lens review during its bill review process.

DCBS participated in a racial equity impact assessment (REIA) related to the implementation of the FFPSA and is reviewing the draft report. This was an over year-long effort. Multiple recommendations were made, several of which are around data. Because of the importance of data collection in developing accurate benchmarks and appropriate goals and priorities, the agency plans to continue work on training in this area with the consultant who conducted the REIA. Trainings will begin in summer 2023. Other technical assistance both given and received by the department is outlined throughout this narrative.

## K. Comprehensive Child Welfare Information System

Kentucky received a strength rating on Systemic Factor 1, Information System, and Item 19, Statewide Information System, during the 2016 CFSR. TWIST is Kentucky's CCWIS. TWIST collects data on referrals of maltreatment (including victim(s) and perpetrator(s), issues of safety, and determination on the referral), a child's demographic characteristics (including but not limited to gender, age, race, etc.), a child's entry into and exit from OOHC, plans for services and permanency, court activities, title IV-E determinations, contacts, and ongoing case management activities including adoption activities (placement and finalized adoptions). TWIST provides statewide access for staff and select community partners. There are approximately 2,700 users of the system with entry or view only access. TWIST exchanges data with over 20 partner interfaces, including CRP, AOC, KDE, DMS/Kentucky Health Information Exchange (KHIE), and Kentucky Justice and Public Safety Cabinet in cooperative efforts to enhance investigations and ongoing casework. TWIST provides aggregated data to colleges/universities and other private entities throughout Kentucky to assist in child welfare research efforts.

Numerous data reports currently provide staff and stakeholders with valuable analysis of pertinent content and service areas. TWIST Business Intelligence (BI) team is responsible for creating and maintaining management reports for TWIST and federal data submissions such as AFCARS, NCANDS, NYTD, and Caseworker Visits. There are approximately 400 weekly, monthly, quarterly, yearly, and ad hoc reports jobs. All reports jobs are automated and scheduled to run on a set schedule, except for ad hoc reports. Management reports are hosted on the TWIST BI portal where all DCBS regional SRAs, central office, CQI, and frontline staff have on demand access. Community partners and other stakeholders can access data from TWIST management reports through formal requests and data sharing agreements with the department. These reports are used to assure timeliness of data entry and data integrity, which in turn helps assure quality delivery of services to DCBS clients and a higher quality of data for federal reporting, including AFCARS, NCANDS, NYTD, Caseworker Visits, and PIPs. Through PIP activities, the department, in conjunction with TWIST staff, developed management reports used solely for assessing the quality of data for some of the department's most used management reports. This has been developed for two management reports (TWS-W058 and TWS-202).

The department and TWIST staff work continuously to improve the functionality within TWIST to streamline work for end users and to ensure that federally and state required data elements are implemented. The department, in collaboration with TWIST staff, currently employees the following data quality standards:
- Development and design captures time stamps on every table when data is entered into the system for timeliness.
- System is designed to enforce thoroughness through a review and approval process for all functions related to child welfare. This is to ensure that all data is entered correctly.
- System access in case management is based on roles and is centrally managed by Kentucky Online Gateway (KOG).
- Once all data has been approved there are many different management reports in place to support the CQI process to help report missing or bad data.
- Data quality is ensured using tools and services such as USPS address verification and SSN/SSA verification, where applicable.

Regular meetings are held between TWIST and department leadership to discuss issues from local and regional staff; federal and state statutory and regulatory changes; and new protocols and practices that affect the capturing and analysis of data. In these meetings, work is prioritized and scheduled for future implementation. The TWIST management reports team, consisting of program and information technology (IT) staff meet weekly to discuss identified issues and problem

solve for correction. Kentucky identifies data quality issues through many avenues, including but not limited to the case review process, federal data submissions, federal requirements, the CQI process, and program/IT staff. Ongoing, Kentucky will continue to identify issues in these ways, as well as through ongoing data monitoring and use of Kentucky's Data Quality Review Instrument. Issues are prioritized by level of importance when considering associated financial penalties, timelines of projects, and issues that improve child welfare outcomes across the board. Once an issue is identified, action plans are developed after reviewing associated data, communicating with integral staff/stakeholders, and considering previous strategies that have been proven successful.

**AFCARS Improvement Plan**
Kentucky's AFCARS assessment review occurred in August 2008. The state submitted its most recent AFCARS improvement plan (AIP) in November 2019. Kentucky received an official AIP closeout letter in January 2022. All AFCARS 2.0 elements were implemented on October 1, 2022. Kentucky successfully submitted its first AFCARS 2.0 submission in May 2023. Program and IT staff will continue to work on enhancements that will assist with data collection and accuracy for AFCARS submissions.

**TWIST Modernization**
Kentucky's goal of a full replacement of TWIST with a modernized, web-based, Microsoft.NET platform was accomplished in December 2017. In 2014, the department updated and migrated to .NET, TWIST screens where staff enter information related to investigations, individual information, contacts, staff safety issues, and administrative activities. In 2015, the department migrated screens related to case planning and periodic reviews. In April 2017, the department migrated screens related to payments and OOHC. In December 2017, the department completed a final migration, which included screens related to case name assignments, victim/perpetrator pairing and program/subprograms, case plan permanency, case plan evaluation, fictive kin, and relationships. Kentucky has opted to implement CCWIS requirements in place of the former SACWIS requirements, including the submission of a data quality plan and review tool. The department and TWIST staff work continuously to improve the functionality within TWIST to streamline work for end users and to ensure that federally and state required data elements are implemented. No issues with cross-systems integration have been noted during this reporting period.

## L. Case Review System

Item 20, written case plan, was found to be an area needing improvement within the statewide assessment and during the 2016 CFSR. The department did not have quantitative data related to this systemic factor during the 2016 CFSR. Additionally, information gathered during the statewide assessment and stakeholder interviews identified concerns that parents were not routinely engaged in the case planning process. It was often identified that case plans are developed by the agency without parental involvement and prior to case planning conferences. Within the department's PIP, strategies were developed to address the quality of worker visits and the implementation of a risk and safety model. It is anticipated that the implementation of safety and risk assessment tools and engagement during worker visits will directly affect the quality and engagement in case planning as staff gain the skills and confidence to properly engage with families. The department conducted training with staff statewide throughout 2019 regarding quality engagement. In early 2020, modifications were made to SOP 1.6 and associated tip sheets to better guide and support staff with quality engagement. KY CFSR data surrounding Item 13 indicates that Kentucky met the PIP goal during the 38th measurement period with a strength rating of 46.33. Kentucky received confirmation from MASC regarding achievement of the goal for Item 13.

As a part of the PIP engagement strategy efforts, second-level engagement phone calls were implemented as a routine part of the regional second-level case reviews. There is a specific question that addresses input in planning and whether the family received a copy of the case plan. The most recent data revealed minimal progress in this area in regards family engagement and sharing of the case plans. This information indicates that much work is still to be done in the engagement of families in case planning. Specifically, over the last six months of 2021, no more than 21% on any given month, with one month as low as 16%, of parents have acknowledged having input in case planning and having received a copy of their case

plan. There are multiple action steps in progress to rectify this specific area of need, such as the statewide FSOS meeting, which occurred in September 2021 where regions convened to strategize ways to engage families and children and meet PIP goals after hearing successes from other regions. The QA Branch is also meeting individually with regions on a regular basis to discuss trends, concerns, and successes they see in the reviews within regions as a part of their debriefing process.

A root cause analysis revealed the overarching concern related to child and family involvement in case planning continues to be centered on family engagement. Specifically, the department is not making concerted efforts to include all family members in the case planning process and include children when appropriate. Incarcerated family members or family members with whom the department had difficulty maintaining contact were often not included in the case planning process. Family members were not given the opportunity to provide input into the development of their case plans or choose their service providers and were not aware that they had a voice in the case planning process. Needs, services, tasks, and goals were developed by the department staff with no involvement by family members and family members were not given the opportunity to make changes in the case plan. The goals and tasks were often pre-written and completed prior to meeting with family members. Case plans were sometimes mailed to the family with the request for family members to sign the case plan and mail back to the department. Tasks were not appropriate given the circumstances of the case and were not monitored by the agency on a continual basis for progress or completion. Family members often did not have a clear understanding of what a case plan is, the purpose of the case plan, and confused case planning with court orders. Lack of frequent, ongoing contact with family/child prevented the department from actively involving the family and adequately assessing progress towards goals.

The department placed heavy concentration on Item 13 and engagement strategy statewide to make improvements in this area. Meetings were held with each region to discuss case planning, parental and child engagement, and CFSR expectations. These meetings, coupled with PIP engagement strategy efforts and debrief meetings, are believed to have contributed to increased PIP scores for Item 13. The 27th measurement period required combining measurement periods due to a lack of applicable cases for this item and scores remained steady, at 26.41%. Kentucky was able to complete item-only case reviews to avoid combining measurement periods for applicable cases for the 38th measurement period, and as a result, more accurately reflected the initiatives of the department and the work of the field staff. Kentucky reached 46.33% and successfully met the PIP goal (42.6%) during 2022. For the 03/21-12/21 PUR, the Item 13 score was 50.97%.

Item 21 (process for periodic reviews every six months) was found to be an area needing improvement in the 2016 CFSR. The greatest concern identified during the CFSR, per the final report and stakeholder interviews, was that there is not a consistent process in place statewide to ensure that periodic reviews occur at least once every six months for every child in care. For Kentucky, the six-month periodic reviews are required to occur in conjunction with the development of a new family case plan and are witnessed by an objective third party.

Data for prior years were updated in the 2019 submission to reflect the same report month (May) over the past five years. As noted in Table 51, the data shows incremental increases in percentage of timely case plan completion between 2018-2021. However, May 2022 data shows a large percentage decrease from last year. The number of cases has continuously decreased over the past five years. 2022 saw the lowest number of cases, and the smallest percentage of case plans completed in a timely manner, in the past 5 years. It should be noted that the data in Table 51 reflects all case plans, regardless the case type (in-home or OOHC case).

**Table 51: Statewide Timely Completion of Case Plans**

|  | 5/6/2018 | 5/6/2019 | 5/6/2020 | 04/16/2021* | 05/06/2022 |
|---|---|---|---|---|---|
| # of Cases (N)* | 12,128 | 11,439 | 10,755 | 9,681 | 8,639 |
| % of Cases with Case Plan Completed Timely | 82.99% | 85.44% | 89.74% | 87.78% | 80.60% |

| # of Cases with Case Plan Completed Timely | 10,065 | 9,773 | 9,651 | 8,498 | 6,963 |

TWS-M004S. *Due to a management report run failure, the TWS-M004S was not available on May 6, 2021.

Several tools were implemented during the PIP implementation period, including the caseworker home visit template that prompts staff to actively discuss and follow up with families and children case plan progress during monthly home visits. Extensive SOP modifications have been made regarding case planning and permanency goals for children in OOHC. These updates and clarifications to SOP were made due to conversations that took place during the regional permanency calls. Regions have reported that since the SOP was released, they are reviewing the case planning goals for children in OOHC and are making changes if needed/appropriate. Collaboration with OLS staff on regional calls has been instrumental in addressing barriers. There has been increased communication between regions and OLS attorneys in several areas, having a positive impact on regional practices and permanency outcomes. Data entry has improved across regions where this was previously a barrier and better reflects regional activity. The department will continue to monitor engagement efforts to ensure continued increase in timeliness.

Item 22 (permanency hearings within 12 months) was rated as a strength in the state's 2016 CFSR. The results indicated that stakeholders had no concerns regarding timeliness of hearings, however, noted concerns regarding the quality of the hearings. State completion of annual permanency reviews is not entirely under the control of the child welfare agency. Successful completion of this item requires a timely judicial review and timely documentation. Table 52 illustrates timely completion of annual permanency reviews. There was a slight decrease from the upward trend for 2020 and 2021. 2022 and 2023 have stayed relatively the same at over 88%. The number of children in care decreased most years. The decrease can be attributed to the halt in reviews in March 2020 related to the COVID-19 pandemic restrictions. There are some jurisdictions remaining where reviews are not occurring consistently. Otherwise, there have been no changes in practice to attribute to the marked decrease noted in 2022.

**Table 31: Statewide Timely Completion of Annual Permanency Reviews**

|  | 01/06/2019 | 01/05/2020 | 01/02/2021 | 01/02/2022 | 01/01/2023 |
|---|---|---|---|---|---|
| # of children | 9,708 | 9,748 | 9,193 | 9,004 | 8,436 |
| % of timely reviews | 91.04% | 93.63% | 87.16% | 88.79% | 88.43% |
| # of timely reviews | 8,838 | 9,128 | 8,013 | 7,995 | 7,460 |

Source: TWS-W058WI Annual Permanency Review Report

The department continues to participate in quarterly data meetings with AOC staff. This is an additional opportunity for the department and AOC to discuss CFSR data and other cross-agency data needs and is included as a data priority area in the Court Improvement Plan (CIP). Currently, this group reviews and discusses KY CFSR data, which looks at statewide scores and comparison data on several items such as risk and safety assessment and management, stability of foster care placement, permanency goal of child, achieving reunification, adoption, or other planned permanent arrangement, needs and services of child, parents, and foster parents, and family involvement in case planning. For each item, several data points are compared including 2016 CFSR scores, baselines from which the goals were established, and federally established goals that were developed during the PIP. The goal in reviewing this data is to identify areas that AOC can assist the department in improving outcomes for families and children.

DCBS is sharing permanency data with the judges in each service region. A judicial focus group was formed to discuss the court's impact on CFSR items (5, 6, 12b, 13). The focus group is comprised of judges from the Judicial Engagement Workgroup, and the goal of the focus group is to get judges' feedback as to the 'why' before moving toward a solution.

CIP staff conducted a root cause analysis on the data finding of a below average rate of permanency within 12-23 months compared to the national average. The group is also expanding root cause efforts into the quarterly data meetings.

Additionally, CIP staff are currently exploring the use of court performance measure reports. This report was developed in the spring of 2021 utilizing data in AOC's case management systems-Children's Automated Tracking System (CATS), CourtNet, and KCOJ. The report is created using Tableau and focuses on timeliness court performance measures, time to permanent placement, time to the first annual permanency review, time to TPR petition, time from DNA (dependency, neglect, abuse) disposition to TPR petition, time to order of TPR, adoption petition timeliness, and adoption proceedings timeliness. The anticipated outcome is to identify jurisdictions with delays in timeliness to permanency by collaborating with the department to determine cause of delays in timeliness and problem-solve to improve outcomes. The group is strategizing on what service regions need this focused effort. The CATS/TWIST data interface became operational May 2022.

The CIP lead team, also referred to as "Enhancing Communication and Relationships" is chaired by the Chief Justice of the Supreme Court and Secretary of the cabinet. This committee meets quarterly to discuss and resolve any identified issues or barriers to positive outcomes among agencies. CIP staff also meet regularly with child welfare agency leadership in multiple collaborative capacities. The Judicial Engagement Workgroup consisting of child welfare professionals from the child welfare agency and AOC was also formed to improve communications between the agency and the court system. During COVID-19, this workgroup met more frequently to collaboratively address issues related to the pandemic.

A pilot team was assembled of family court and non-family district court judges to review court performance measures related to timeliness in DNA cases. This team was responsible for reviewing the data, giving their feedback on the usefulness of the data, and making improvements and enhancements to the report. This project was paused after the CIP coordinator, who was leading the project, left AOC. Efforts have since resumed with planned steps including locating a secure but easy to access space for data dashboards for judges and internal review of all available data.

CIP consistently received support and technical assistance from the Capacity Building Center for Courts (CBCC) throughout 2022, including a review of CFSR data, performance measures discussions, an invitation to present on racial and ethnic disparities, and virtual hearings on national constituency group meetings. The Kentucky Court of Justice has long recognized the presence of racial and ethnic disparities within the court system and has been striving to address those disparities over the last decade. Since 2014, this work has become even more intentional and targeted efforts have resulted in remarkable improvements for the individuals and families who come into contact with the courts. Data from AOC's statewide programs show how Kentucky is no exception to the prevalence of racial, ethnic, and equity disparities (REED) and that REED affects all aspects of the court system. Disparities can be found to a greater degree in the Kentucky counties with larger minority populations. African-Americans, whether children or adults, are the most overrepresented at the system's critical points of contact and are the least likely to access and benefit from positive interventions. CBCC also facilitated a thorough review and discussion of Kentucky's strategic plan and self-assessment.

A CIP initiative implemented by AOC is the Upstream Model: Strengthening Children and Families through Prevention and Intervention Strategies. Developed by the National Center for State Courts, Upstream is a community-based approach, informed by the Sequential Intercept Model, that leverages court resources, judicial leadership, and child welfare agency partnerships to enhance community collaboration through state and local coordination, community mapping, and action planning. This collaboration aims to strengthen communities, prevent child maltreatment and out-of-home placement, reduce court involvement, and support safe and healthy families. Like the DCBS Visioning Sessions, focusing on prevention services to support and strengthen families will assist in preventing child maltreatment and keeping families from entering the child welfare system. AOC held their Upstream Kickoff Meeting on March 15, 2023, identified the state planning team from the Kentucky Mental Health Commission, and met to review the readiness assessment.

The department hopes to incorporate a diverse set of judges, attorneys, and other court personnel in preparations for Round 4 of the CFSR. In addition, resources such as the Judicial, Court, and Attorney Measures of Performance (JCAMP) will be explored for usefulness in measurement regarding court process, professional practice, and family experience measures.

Data presented in Figure 14 around permanency goals for children reflects the most recent data available. The case review scores for Item 5 have fluctuated between 70 and 85% during 2022. CIP staff, in collaboration with the department have developed and adopted a statewide communication plan addressing permanency issues. A review of the scores per case review question suggests that the scores on individual questions have plateaued far below a desirable threshold for those questions most relevant for Item 23; appropriate filing of TPR.

**Figure 15: Case Review Item 5 Casework Quality Data in a Glance, Item over Time**



Permanency Goal for Child
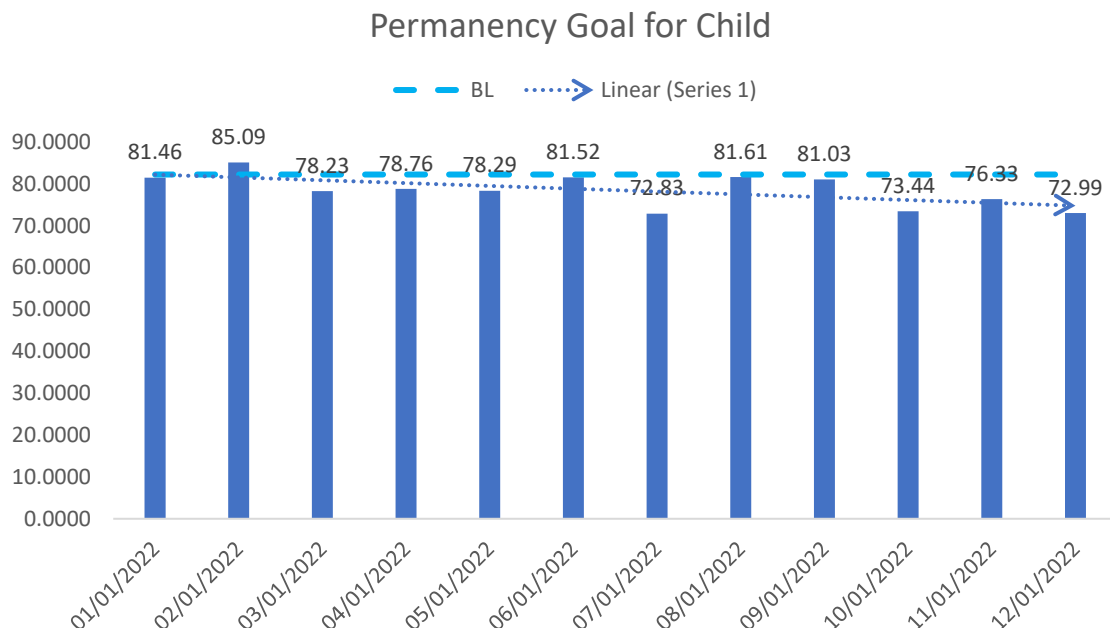
To assist in achieving permanency, in 2020, the department implemented bi-monthly regional calls to address permanency data, barriers, and trends. The permanency calls guide the regions in implementing strategies for improving permanency outcomes. Data is used to identify regionally specific barriers that are delaying permanency for children in OOHC and solutions to overcome those barriers. Planning for overcoming barriers is unique to each specific case. TWIST management reports are utilized during the calls by regional and division staff and include detailed listings of children who have a permanency goal of adoption, other permanency goals, and length of time in OOHC. The permanency calls are comprised of program staff from the Adoption Services and OOHC branches, including the branch managers and specialists; regional staff including SRCAs, regional specialists, CQI specialists, OLS representatives; and local staff, including R&C supervisors, CFRM supervisors, and frontline staff, as well as the DSR assistant director. While AOC does not participate in the bi-monthly calls, AOC did participate in the PIP permanency workgroup. During these meetings, updates were given regarding the calls and what barriers, successes, etc. are being identified statewide. The Adoption Services Branch manager also contacts AOC workgroup members to discuss concerns when identified, even if only specific to one region. Permanency calls continued during the COVID-19 pandemic through a virtual platform, whereas previously the calls were conducted via conference call. The virtual platform allows for better communication and the feedback from staff has been positive.

**Table 53:  Case Review Item 5, Point in Time Review of Contributing Case Review Questions**

|  | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|
| **Is the most recent permanency goal appropriate to the needs of the child and the circumstances of the case?** | 94.9% | 96.8% | 92.1% | 96.6% | 94.8% | 90.2% |

| | | | | | | |
|---|---|---|---|---|---|---|
| **For a child in care for more than 15 months indicate: The termination of parental rights was filed timely** | 21.1% | 15.1% | 21.5% | 17.6% | 15.2% | 13.3% |
| **For a child in care for more than 15 months indicate: ASFA exception has been documented** | 18.1% | 17.9% | 17.2% | 20.3% | 10.0% | 4.7% |

Additional possible drivers for the data in Table 53 include:
- Court hearing delays related to the COVID-19 pandemic
- Adjudication delays due to criminal charges
- Length of time it takes to complete SUD treatment programs necessary to make reasonable efforts
- Department discretion in determining whether it is in the child's best interest to file the petition
- Inability to locate parties
- Staff shortages/high caseloads and demands on frontline staff and agency attorneys

CIP operates under the assumption that the goals of achieving safety and permanency for children, respecting due process and timeliness, and increasing efficiency by ensuring that all court appearances achieve their intended purpose will lead to the outputs of judicial practice change and more collaborative case planning and use of community-based interventions. This will lead to more engaged parents and legal professionals and timelier disposition of cases. In the long term, children will be safer, and will have their needs met more quickly. For this to take place, courts, CIP staff, and child welfare partners must have data related to child welfare cases that is clear, concise, and user-friendly, as well as accurate and timely upon which to base the CIP initiatives. To that end, the Kentucky CIP Taskforce (Enhancing Communications Workgroup (ECW)) will continue to be involved in child welfare program planning and improvement efforts. These representatives have decision making authority and are equipped to participate in discussion of how the CIP can become more meaningfully involved and ensure that appropriate action is taken to improve the outcomes related to these.

The Judicial Engagement Workgroup is a Commissioner and Justice-level quarterly meeting that includes judges from various regions of Kentucky, the CIP team, AOC, and DCBS program managers and administrators. The purpose of this workgroup is to engage judges and the courts in DCBS programmatic improvements and solicit judicial input to improve collaboration and communication. The collaborative efforts and communication from the Judicial Engagement Workgroup is shared to streamline child welfare program planning and improvement efforts.

The child welfare and judicial branches have been prioritizing improving relationships between judges, attorneys, and social workers. During a Judicial Engagement Workgroup meeting, DCBS had addressed concerns about how their staff are being treated by attorneys and judges. It was suggested to have another Relationships Matter training to discuss expectations and reiterate being kind/friendly in court. To help remedy this situation, the Judicial Engagement Workgroup created a small work team known as Relationship Building Strategies that would help identify approaches and solutions to the communication issues. The team was tasked with creating a survey for DCBS and AOC to get a sense of attorneys, judges, and workers interpretation of relationships on the local level and provide some insight on how individuals are feeling about the current climate. Information from the survey will help the workgroup identify next steps in improving the communication between the courts and the child welfare agency.

Item 24, notification of hearings, was identified as an area in need of improvement through both the statewide assessment and CFSR final report. Although the state does not have quantitative data regarding this item, information gathered during the assessment and stakeholder interviews identified that not all caregivers are permitted in court hearings. Another concern identified that caregivers are not consistently invited to case planning conferences and that caregivers are not aware of their rights regarding hearings and case planning conferences. Item 24 remains an area needing improvement. AOC is nearing completion of an open courts pilot project that includes substantial input from foster parents indicating that foster parents are not being notified of dependency hearings in some jurisdictions. As for TPRs, foster parents may elect to

be a party to an involuntary TPR but is unknown whether foster parents are taking advantage for this due to limitations to party labels in CourtNet. CourtNet does not have specific party fields for foster parents, pre-adoptive parents, or relative caregivers.

The department modified SOP 11.32 Process for Court Case Reviews in early 2019 to outline that staff must notify and invite many parties, including caregivers, to scheduled court hearings and that the invitation must be documented in the case record. The department implemented a data interface with AOC regarding foster care review board data, however, additional work is planned to add more court related interfaces. To ensure that staff and foster families are informed, the department has utilized various means of communication. In July 2020, leadership participated in a virtual town hall for foster families in which the subject of hearing notification was addressed. The department informed foster families of the proper communication avenues in the event they are not notified of court hearings and that they should always be notified of hearings. In addition, in July 2020, the DSR director sent communication through the SRAs reminding of the importance of notifying foster families of hearings.

The state has shown, as demonstrated in Table 54, a continued decrease in the past few years in the percentage of adoptions occurring in less than 24 months. Consecutive decreases were experienced in 2021 (18.5%), 2022 (12.6%) and 2023 (12.0%). As discussed in previous sections, the department has established priorities for improving the timely finalization of permanency plans and instituted several measures to increase adoption finalizations. The department updated SOP related to the Adoption and Safe Families Act (ASFA) exemptions in August 2020. As a result of the 2019 legislative session, KRS 625.060 was amended to add foster parents in the action of an involuntary TPR petition. This did result in some delays in the filing of petitions, as this was a change in practice and the feedback from many foster parents indicated they did not want to be included as a party. There was some delay, as the department worked to notify foster parents and courts when a foster parent did not wish to appear in the action. Feedback was received through the permanency calls, and department advised legislators of the concerns of many foster parents. The statute was amended during the 2020 session and SOP has since been updated to reflect the changes. Foster parents still have the right to appear as a party, however, it is optional. An internal process has been developed in collaboration with AOC and OLS to ensure foster parents are served.

**Table 54: State Data in A Glance Report, Federal Measures**

| | January 2018 | January 2019 | January 2020 | January 2021 | January 2022 | January 2023 |
|---|---|---|---|---|---|---|
| **Measure C2.1 Of adoption exits, the percent occurring in less than 24 months** | 15.6 | 14.2 | 20.9 | 18.5 | 12.6 | 12.0 |

## M. Limited English Proficiency (LEP)

The cabinet's Language Access Section (LAS) works to ensure all clients have meaningful access to programs and services in a timely, efficient manner regardless of LEP. The LAS was created to implement and oversee services by administrative order in 2003 as part of the Employment Opportunity Compliance Branch of the former Cabinet for Families and Children. The LAS strives to minimize language and cultural barriers by providing services throughout CHFS.

LAS currently has three full-time interpreters/translators, a support staff, and a supervisor who is also qualified as a Spanish/English interpreter/translator. Additionally, the cabinet has tested, trained, and deemed qualified field staff and community partners to serve as Spanish/English interpreters bringing staff current totals of qualified interpreters up to four in the LAS, eight cabinet field staff members, and over 500 community partner individuals and organizations. Between January 1, 2022, and December 31, 2022, LAS completed two language proficiency assessments and two interpreter trainings.

From January to December 2022, most interpretation calls were then handled by a contracted provider, Interpretalk. The section has translated 3,839 documents and forms into Spanish for the various CHFS offices and programs in 2022 for a total of 678,679 words. There were 238 translations into 30 different languages completed by qualified community partner organizations on an as-needed basis upon request from local field staff in this timeframe. This more than doubles last year's count. Whenever possible, notices are provided to clients in their primary language.

Monitoring and secret shopping telephone calls and as-needed in-person office visits are made by LAS staff. There were 112 monitoring calls completed for the year. Results with issues are documented, reported, and investigated for QA.

To ensure that clients are aware of their rights, a poster in both English and Spanish has been placed in the lobby of every cabinet office informing clients that an interpreter will be provided to them free of charge. Posters are also available in other languages, where needed. "I Speak" language identification cards from the U.S. Department of Commerce, Bureau of the Census, are used in every office for clients to identify the language they speak. An appropriately qualified interpreter is then called. The "Know Your Rights" brochure published by the Federal Interagency Working Group on Limited English Proficiency is available in ten languages. These resources have been provided via email to all local offices and are on the cabinet's intranet for printing and distribution.

When a client calls most offices of the cabinet, the telephone greeting is recorded in both English and Spanish and informs them of the availability of assistance in Spanish. Additionally, a toll-free number has been established that directs clients to LAS. This number is provided to clients through the cabinet's internet site and through community partners.

To ensure that staff are appropriately trained in the cabinet's procedures for providing language access to clients with LEP, an online training has been developed and is required for all frontline staff, as well as any staff who have direct contact with customers of the cabinet. As of December 31, 2022, 798 employees have completed the online training, which is around 300 more than 2021. In addition to online and face-to-face trainings, all language access policies, procedures, and resources have been disseminated to all cabinet staff via email and are available via the cabinet's intranet site.

Interpretalk is providing scheduled, virtual, face-to-face interpretation services via Zoom and Microsoft Teams. The goal is to add on-demand virtual face-to-face interpreters and utilize an additional platform called Iris for the new contract year.

Data demonstrates that the total number of interactions with Spanish speakers was 127,703 for the CY. This number is a combined total of interactions via the LAS and contracted partner Language Services Associates (LSA). During the same time frame, LSA also provided telephone interpreting service in languages other than Spanish for an additional total of 25,373 interactions. A total of 153,076 LEP customers were served during CY 2022. This amount does not capture services provided by contracted entities and individuals who serve the LEP community in-person.

## N. Accommodations for Those with Disabilities

The department provides, upon request, reasonable accommodations, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. Persons with hearing and speech impairments can contact the agency by utilizing the Kentucky Relay Service for the Deaf.

## O. Title IV-E Review

Kentucky participated in a title IV-E review the week of April 4, 2016. The state received the final report on July 22, 2016. Kentucky was not found to be in substantial compliance; therefore, a PIP was required and submitted the Children's Bureau on September 19, 2016. The PIP draft was approved by the Children's Bureau on November 2, 2016. The first quarterly report was submitted to the Children's Bureau on December 15, 2016. Additional documentation was provided after the first quarterly report. The department successfully completed the requirements of the title IV-E PIP and received official notification of PIP closure in December 2017. Kentucky completed the title IV-E waiver demonstration project in September

2019. During the wavier period, Kentucky was exempt from a title IV-E review. Title IV-E reviews were paused during the pandemic. The most recent information received from the Children's Bureau states that Kentucky will undergo a title IV-E review in FFY 2026.

## P. Disaster Plan

A state of emergency was declared on March 6, 2020, due to the COVID-19 outbreak and continued into 2021. Kentucky's state of emergency was lifted on March 7, 2022.

From July 26, 2022, through August 11, 2022, severe storms, flooding, landslides, and mudslides impacted over 20 Kentucky counties, with 13 counties requiring Federal Emergency Management Agency (FEMA) assistance with a declaration of federal disaster. Many foster homes were impacted by this disaster. DCBS staff were quickly able to locate foster families and staff, and to determine their safety and well-being, and provide any necessary support.

A declaration of federal disaster occurred on July 29, 2022. In response to that disaster, DCBS administered D-SNAP that served over 13 counties beginning August 22, 2022. DCBS Facilities Management and Safety Administrator staff assisted with alternative work locations for DCBS and co-housed outside agency staff. Multiple state parks (Buckhorn, Jenny Wiley, and Pine Mountain) were used by DCBS due to a steady flow of clients who were temporarily housed there, due to their homes being destroyed. Staff also worked from eight separate Disaster Recovery Centers, located in Floyd, Pike, Clay, Knott, Perry, Breathitt, Letcher, and Whitley counties, to provide D-SNAP cards directly to clients impacted by the disaster.

In past scenarios, conducting daily and sometimes twice daily operations calls has been critical to responding to these events. The first call of the day is generally early to ensure knowledge of current happenings and needs, as well as coordinating staff deployment which prioritizes imminent tasks management and accountability. Disaster Response Group (DRG) calls include all key local, regional, and statewide stakeholders, including local supervisors, local leadership (SRAAs and SRAs), safety administrators, the Safety & Facilities Branch manager, DSR assistant director, DSR director, representatives of the Commissioner's and Secretary's Offices, OAS, Department for Facility Management, and others. The meeting takes place as soon as possible after the event, typically the following morning after individual and group safety is assessed. During these meetings, it is extremely important that Safety & Facility staff are available onsite at the impacted area as soon as it is safely possible. This provides direct visual and technical information to the DRG, so key supports may be identified and procured. These supports often include potable water, port-o-let rentals, disaster trailer/facility, power generation, cell phones, internet hotspots, and laptops. The safety administrator will provide continuous updates as these items are procured and fielded by OAS, to the temporary operation site. Any areas of concern or need, will also be relayed by the safety administrator, then communicated to the DRG and Safety & Facility Branch manager. This allows for consistent planning of communications amongst the team, but also the messaging for broader audiences.

Another lesson learned includes tracking expenses and resources on a universal tracking system—i.e., Excel accessible in TEAMS to Disaster Command Team, from the onset helps with submission for expenses, insurance, etc. later. It also allows access for all group members to quickly access documents as needed.

Safety and Facilities Branch members created a quick reaction or "go bag" for safety administrators to utilize. During a recent disaster management training it was learned that everyone who responds to disasters should have boots with steel shank (safety precaution equipment in event of broken glass, unknown objects in aftermath, walking on nails/sharps, etc.), over boots for standing water, flashlights, hard hats, bright road vests, and leather gloves. Disaster response teams should have a small supply of meals ready to eat (MREs) on hand for three or four days, since local vendors would not be open to provide food services. Steps are being taken to implement this protocol for the future.

Supplemental Appropriations for Disaster Relief Act update on funds usage: Kentucky did not apply for this funding.

Kentucky's updated Disaster Plan is attached (Attachment 9) and updates are denoted in **bold red** for additions and ~~red strikethrough~~ for deletions.

## Q. Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the cabinet and its employees and agents to use and disclose an individual's health care information only for legitimate purposes as described by the federal privacy regulation, 45 CFR Parts 160 and 164. HIPAA and the privacy rule, promulgated pursuant to the statute, establishes in federal law the basic principle that an individual's health information and medical records belong to that individual and, with certain exceptions, cannot be used, released, or disclosed without the explicit permission of that individual or their legal guardian. There have been no known breaches of information prohibited by HIPAA. Maintaining this level of security requires the agency to use multiple secure email systems which are often not very user-friendly and can make effective and efficient communication difficult. Additionally, despite HIPAA-compliant email applications and solutions, there are some hospitals and/or agencies that prefer the use of fax machines or hard copies sent by mail.

The cabinet issued requirements to all cabinet workforce staff regarding the division's administrative requirements and SOP relating to the implementation of HIPAA and regulations, including:
- Designation of a HIPAA privacy officer and compliance contact
- Workforce staff training requirements
- Complaint process
- Workforce staff sanctions
- Mitigation efforts
- Prohibition of retaliation, intimidation, or waiver
- SOP and procedures
- Documentation

SOP was developed pursuant to the statute and all cabinet employees received training on those standards. General information, such as definitions, parties affected, and agency procedures were communicated through a newsletter distributed by the cabinet. DPP staff, DFS staff, regional management, records management, and the Office of the Ombudsman received more in-depth training on the scope and maintenance of protected health information (PHI) due to the nature of their job responsibilities. Additionally, each new workforce staff, whose job requirements are impacted by a material change in the protocols and procedures relating to PHI, or by a change in position or job description, receives the training. The Ombudsman's Office (or HIPAA compliance officer) coordinates mitigation efforts with support from the HIPAA privacy officer, Records Management Section, central office, and SRAs and designees as required.

# III. Budget Narrative

## A. Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I)

Title IV-B, subpart I funds are used to make foster care maintenance payments for children who enter OOHC as the result of department intervention, as well as worker salaries.

**Final Update: Special Reporting Requirement: Use of the Coronavirus Aid, Relief, and Economic Security (CARES) Act supplemental title IV-B, subpart 1 funding and accomplishments**

Due to the COVID-19 pandemic, the department saw an overall increase in the number of youth in foster care with courtrooms closed for non-emergency hearings. Initially, the department saw a reduction in the number of youth exiting foster care. During March and April 2020, the department reached a record number of children in OOHC exceeding 10,000. However, since then, the department has been able to work with the courts and implemented the requirements of the QRTP under FFPSA and has seen a steady decline in the number of children in OOHC.

In June 2022, there were 8,764 children in OOHC. The downward trend would be even greater if this were a direct comparison between 2016 and 2022. Historically, it was common in Kentucky for relative caregivers to be given custody of children directly and those children placed with relatives were not reflected in the OOHC population. In April 2019, Kentucky implemented a new relative service array providing additional supports and pathways for relative caregivers to be approved as foster parents. In August 2016, only 336 of the 7,894 children in care were placed with relatives (4.3%), with 7,558 in non-relative care. By contrast in May 2022, 1,494 of the 8,760 children in care were placed with relatives (17%), with 7,266 in non-relative care. If Kentucky practiced the same way in 2022 regarding relative placements as in 2016, the number of children in OOHC would be lower than six years ago.

The department's reliance on congregate care providers, particularly for children with more challenging behaviors, increased over the last year and the providers' ability to maintain necessary staffing to meet the needs of children in their care became a struggle. Providers continued to report incurring substantially increased costs over the past SFY to maintain required staffing ratios. Although many schools and day cares returned to in-person instruction and care, staffing continued to be a challenge.

Providers incurred additional operating costs due to the provision of additional meals during school closures and heightened, more frequent infectious disease control measures, including the purchase of personal protective equipment (PPE) for staff, and masks for children. The provider cost study indicated that residential and emergency shelter providers were already not meeting their costs with the current per diem rate, even prior to these impacts. At least one Kentucky provider considered closure as a result of the COVID-19 pandemic and additional strain on their budget. For FY 2017-2018, cost reporting analysis found the following data:
- Residential programs, on average, had costs exceeding reimbursement revenue by 18.7%.
- The median per-diem cost of $245.94 returned an average of $229.00 per diem revenue.
- The additional costs for PPE, sanitizing and cleaning of facilities, and health screenings for staff and residents are new costs not previously accounted for in costs reports.

The department utilized CARES Act funding to support a one-time stipend to PCC facilities based upon their average child census for the months of March and April 2020, dates that best capture the maximum census and impacts from the COVID-19 pandemic. Through the CARES Act, the department extended a one-time stipend that was issued in SFY 2020, flat amounts, to the emergency shelters providing temporary, sometimes treatment-based care, to foster children or children who are involved with child protective services. These shelters' child censuses varied too greatly to use the same methodology for fund distribution. A $1,000 stipend to each would have had a nominal impact.

The CARES Act funding allocated to Kentucky for child welfare totaled $732,000. The department allocated a portion of the funds to support ongoing PPE and cleaning/disinfecting costs for the department and its clientele. With gradual reopening plans, disposable masks will have to be offered to clientele on occasion, disinfecting measures will increase, and there will likely be a need to purchase masks for foster children ages five and older. Department staff were outfitted with possible demand for PPE support from foster care and relative/kin care providers increasing.

Kentucky Housing Corporation (KHC) and Community Action Council were awarded CARES funds to disperse. As part of DCBS's pandemic relief efforts and outreach, the agency educated youth about this resource and ensured they knew how to apply. KHC and Community Action went to great lengths to ensure there were minimal barriers to individuals accessing the funds. The only issue reported by young people was that some landlords were refusing to accept payments from third parties. In those situations, KHC and Community Action paid the funds directly to the youth who then in turn paid the landlord.

Currently, there are six known emergency shelter providers. All supply/equipment purchases by the department followed 45 CFR § 75.2.

For the stipend to PCC facilities, the following projections were developed based on the compilation of each provider's average child census data obtained through CRP:

Figure 16

| $440,985.00 | $485,085.00 | $529,180.00 | $573,278.00 | $617,378.00 | $661,473.00 |
|---|---|---|---|---|---|
| $ 500.00 | $ 550.00 | $ 600.00 | $ 650.00 | $ 700.00 | $ 750.00 |
| $292,010.00 | $247,910.00 | $203,815.00 | $159,717.00 | $115,617.00 | $ 71,522.00 |

Given these projections, the department provided a stipend of $700 per child (based upon the provider's average child census) to PCC facilities and $1,000 stipends to emergency shelters, retaining upwards of $100,000 for other outlays anticipated with the departments' provision of child welfare services such as PPE, cleaning and disinfecting products, and hand sanitizer. The department drafted agreements for the CARES Act funding awarded to limited duration childcare programs and regulated childcare providers, which could be modified to affirm these stipends and arrangements with PCC facilities and emergency shelters. Unlike complications experienced with issuance of payments to children's programs, these payments were issued through TWIST readily to the PCCs and emergency shelters. On January 1, 2022, the department filed an emergency KAR to increase the per diems for QRTP due to the increased demands expressed by these providers.

## B. MaryLee Allen Promoting Safe and Stable Families (PSSF) Title IV-B, Subpart II

### Family Preservation and Time-Limited Family Reunification Services

The FPRS service array includes Family Preservation Services (FPS) – for families with children at moderate to imminent risk of out-of-home placement, and Family Reunification Services (FRS) - to help children in OOHC return to their families. FPRS ranges from intensive short-term four to six-week interventions to moderate risk level interventions, lasting three to six months. FPRS service intensity ranges from three to ten hours of direct contact occurring in the home. Intensive services require smaller caseloads of two to four families at a time to ensure the intensity level needed is met, and moderate risk level intervention programs serve a caseload of up to six families at a time. FPRS programs serve children 17 years of age and younger. All FPRS programs utilize EBP interventions and an in-home intervention using a strength-based approach to working with families. Families served are evaluated at intake, closure, and interim for services extending beyond 45 days using the NCFAS and other evidence-based clinical assessments. This provides a comprehensive assessment of family functioning and determines service needs.

Eligible families are referred by DCBS frontline staff and referrals are screened and approved by a designated DCBS regional staff person. Families are evaluated using the NCFAS and other clinical assessments to provide a comprehensive assessment of family functioning and determine service needs. Lower scores on the NCFAS form the basis for goal development using evidence-based intervention strategies which bear a scientific rating of well-supported, supported, or promising on the Title IV-E Prevention Services Clearinghouse.

FPRS services are provided statewide in all 120 Kentucky counties through contracts with non-profit agencies. In 2022, the FPRS served 110 families, with 87 cases served through closure. Of the closed cases, 55 cases closed with the children remaining in the home at closure, 14 children were removed from the home, and 18 cases were listed "other" that were closed due to moving out of the service area, refusal to complete services or no contract, or cases were opened but no longer met criteria for the EBP.

DCBS received an additional $20 million appropriation of state general funds to be utilized for prevention services in SFY 2022. In CY 2021, DCBS began the planning and contracting process to expand the KSTEP program into the entire Salt River Trail and Cumberland service regions, in addition to increasing flexible funding to meet concrete needs from $500 to $1,000

per family. Additionally, the agency received $10,000,000 in funding for SFY 2023, and an additional $10,000,000 in funding for SFY 2024 with the agency's biennium budget for utilization with Family First programs.

Kentucky received a grant award in the amount of $7.9M to support Family First implementation. This grant funding was originally going to be used to support expansion of FPP. However, in CY 2021 with the Consolidated Appropriations Act granting 100% federal reimbursement to states for Family First EBPs through 9/30/2021 and the department receiving a $20 million appropriated in state general funds for Family First through SFY 2022, this was no longer a need for these funds. Instead, a portion of these funds was used to support QRTP implementation in the form of stipends to QRTP providers who were struggling financially because of pandemic related challenges including staffing. The remaining balance of these FFTA funds is $6,519,207 and these must be used by 9/30/2025, understanding this is 100% federal funding and cannot be used for services for which a title IV-E claim will also be submitted. Beginning October 1, 2026, the federal reimbursement for title IV-E prevention will increase to the state's FMAP rate, which will be roughly 72% in Kentucky (based on current FMAP rate). Similarly, Kentucky received a federal certainty grant, granted to former waiver demonstration states. The current amount of this grant is $3,003,300. This grant amount can be adjusted based on the state's title IV-E claiming, but it must be used by 9/30/2026. It can also be used to support implementation of Family First services.

**Table 55: Family Preservation and Reunification Services Continuum, CY 2022**

| Service Type | Referral Criteria | Details | Outcomes |
|---|---|---|---|
| Family Preservation Services (FPS) | *Moderate to imminent risk* of removal of child from home. | **Duration:** 1-6 months for 3-10 direct hours per week<br>**Caseload:** 2-6 families at a time<br>**Ages:** 0-17 years old | 2,123 of 2,624 families completed services |
| Family Reunification Services (FRS) | *Immediate to Moderate risk cases* with a plan to return a child home from OOHC. | **Duration:** Average 3-6 months intervention meetings; 1x/week for 3-8 direct hours based on family needs<br>**Caseload:** Not to exceed six cases at a time.<br>**Ages:** 0-17 years old | 3,631 of 3,936 children remained safely in the home (92%) |

From January 1, 2022, through December 31, 2022, there were 2,123 families with 3,936 children at risk of OOHC placement or reunifying from foster care participating in one of the FPP services. 3,631 of those children were reunified with their families or remained home safely at closure indicating a 92% success rate.

The following data shows the number of families and children served by service and the primary indicators of program goals to maintain children safely at home with the family and maintain permanency and stability in their living situations. A percentage rate of 80% or more of children remaining in the home indicates that the services were successful.

Family Preservation and Reunification Services (FPRS)
- 2,624 families accepted
- 2,123 families completing services
- 3,936 children at imminent risk of placement
- 3,631 of 3,936 children remained safely in the home (92%)

Families and children who have completed FPRS services are also followed-up with at three, six, and 12 months to determine if the child who was at risk of placement (or was reunified) remains in the home. The six month follow up contact is a face-to-face visit with the family and child if possible and includes a review with the family of the maintenance of safety and family functioning goals.

Table 56

| 6 Month Follow-Up | FPS | FRS | All FPRS |
|---|---|---|---|
| # Children at Risk | 2,005 | 438 | 2,443 |
| # Children at Risk in Home | 1,835 | 397 | 2,232 |
| % of Children at Risk in Home | 92% | 91% | 91% |
| 12 Month Follow-Up | FPS | FRS | All FPRS |
| # Children at Risk | 2,465 | 522 | 2,987 |
| # Children at Risk in Home | 2,226 | 456 | 2,682 |
| % of Children at Risk in Home | 90% | 87% | 90% |

Families served are evaluated at intake, closure, and at interim for services extending beyond 45 days using the NCFAS and other clinical assessments. This provides a comprehensive assessment of family functioning and determines service needs. The NCFAS comprises five domains for preservation and seven domains for reunification, which are measured on a six-point rating scale. Rating scores and change scores measure the family's capacity to provide for the child's needs and the lower scores form the basis for goal development. Improved closing scores can indicate increased parenting capacity in areas such as supervision, discipline of children, and improved family communication and problem solving.

In Figure 16, outcomes for families completing preservation services with and evaluation placement risk of imminent risk (represented by "n") during CY 2022 are evaluated by showing the overall change in the percent of families who scored at or above baseline in each of the five categories at intake and closure.

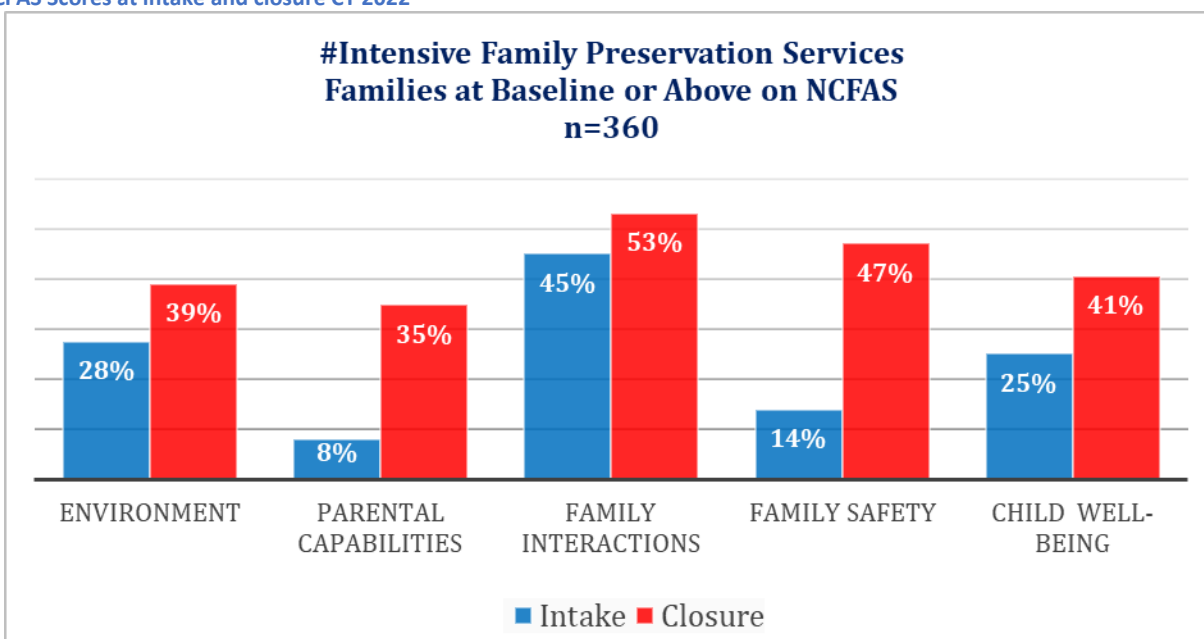Figure 17: NCFAS Scores at intake and closure CY 2022



Figure 16 shows significant improvement that families made in the domains of Parental Capacity, Family Safety, and Child Wellbeing at the completion of FPRS services. Parental Capabilities domain is one of three domains (Parental Capabilities, Family Safety, and Child wellbeing) where families referred to FPRS usually experience low scores ranging from moderate to serious problem. Conversely, these domains normally see the greatest gains at closure. Comparison of the intake and closure scores reveal that greater gains were made in Parental Capabilities (27%), Family Safety (33%), and Child Wellbeing (16%). An increase in scores in parental capabilities normally correlates to an improvement in scores in family safety and

child wellbeing. This shift in NCFAS scores indicates that incremental and impactful improvements can be measured during the intensive family preservation services (IFPS) intervention.

In CY 2022, Kentucky awarded FPRS contracts as a result of RFPs, which included increases to flexible funding available to meet familial concrete needs from $500 to up to $1,000 per family, and to add 25% more in additional funding to serve additional families. Future directions include assessment of expanding FPRS to include funding to impact recruitment and retention of provider staff through salaries increases ensuring a competitive rate to optimize the use of expansion funding and serving families. The cabinet will continue to assess the statewide implementation of title IV-E EBPs for in-home service provision and provider readiness for capacity building and growth. The following title IV-E EBPs are approved for use with FPRS statewide:

- FFT
- Homebuilders Model
- MT
- MST
- PCIT
- TF-CBT

FPP services are funded through multiple funding streams:
- State General Funds
- Title IV-B Subpart 2 Funds (Promoting Safe & Stable Families)
- TANF funds; and
- Title IV-E funding

SSG continues to provide consultative and technical assistance to Kentucky in implementing Family First and Chapin Hall has helped Kentucky develop CQI processes to ensure providers are providing EBPs to model fidelity and follow federal requirements for Family First.

**Family Support**
CCC is funded by PSSF and CBCAP, including ARPA. PSSF funds are used exclusively for direct services. CBCAP funds are used for direct services, the regional network, and other initiatives such as child abuse prevention awareness (especially in April). Both CBCAP and PSSF are used to develop, operate, expand, and enhance community-based and prevention-focused programs. Two direct services are currently provided through these funding streams: in-home based services (IHBS) and PEMs.

1. IHBS are available in every county across the state. This service targets low-risk families, such as families who have children with disabilities, teenage parents and parents who are young adults, parents with disabilities, young children, low incomes, and families who are struggling with other issues. IHBS are short-term, home-based services geared to develop, support, and empower the family unit. IHBS teaches parent education, child-development, problem-solving skills, appropriate discipline techniques, and how parents can become self-sufficient by coordinating available community resources.
2. PEMs have the same target population. PEMs are available in Jefferson and Daviess counties and were expanded to ten additional counties in CY 2022 with state general funds and CBCAP funding through the ARPA. PEMs bring families, agencies, and community partners together to discuss barriers leading to educational neglect. Using a family strength approach, facilitators bring everyone together in the development of a plan to assist the family in eliminating barriers to school attendance and linking to community resources. Referrals are accepted from the school system. PEMs target school-aged children (ages 5-11) at risk of educational neglect.

CCC is divided into 17 service areas (comparable to the area development districts (ADD)) and the service areas cover all 120 counties. CBCAP exclusively funds the regional networks in each of the CCC service areas, which cover the entire state. Each region has an established regional network whose membership requires representation from DCBS, CCC service

providers, Early Childhood Councils, FRYSCs, health departments, mental health service providers, court officials, domestic violence shelter representatives, other child and family serving prevention agencies, community leaders (including the faith-based community), and local citizens, including parents. A regional network is a community-based collaborative within each service area whose members meet at least five times per year. The regional network provides collaboration and support to CCC service providers. The members share regional resources, discuss child abuse prevention in local communities, discuss needs of the regions, and share data. Regional networks are a unique component of the program and fulfill the statewide network requirement of the CBCAP program instructions.

Each regional network and collaborative partners bring data and issues to the network. Networks work to set priorities and allocate funding available based upon those priorities. Increased awareness of child abuse and neglect issues is always a primary focus, especially during the month of April, which is Child Abuse Awareness Month. Activities and information are targeted to issues identified within the community. In-home service providers participate in a continuous quality review process to assist with improving services to families involved with CCC.

In 2022, IHBS served 597 families with 1,154 children. CCC provided these statewide according to the state's in-home services continuum. Services were designed to develop, support, and empower the family through teaching appropriate discipline, child development, and problem-solving skills; assisting parents to advocate for themselves; and coordinating community resources. CCC utilizes evidence-based curricula for all in-home services provided to families. In CY 2022, additional funding was used to provide concrete support to families, to reduce waitlists and serve additional families, and to expand the PEM program to ten additional counties. With this addition, more families can be served and are given the opportunity to purchase items to meet their needs allowing them to feel secure in the ability to care for their children.

Trainings to provide IHBS are provided by the DCBS Training Branch and have been developed to reflect all CBCAP and DCBS requirements, as well as promote strengths-based principles for family engagement. CCC vendors participate in quarterly statewide meetings and an annual orientation. CCC employs one parent leader as an effort to increase parent involvement and build leadership skills. The CCC parent leader serves on the National Parent Advisory Council with Family Resource Information, Education, and Network Development Service (FRIENDS) the CBCAP federal resource center.

CCC in-home services will continue in the geographic location, as described above. In-home services continue to be the most effective and in demand services for prevention of abuse/neglect.

In 2022, 526 families received PEM services and 96% of those cases were diverted from becoming involved with Kentucky's child welfare agency.

Kentucky applied for and was approved for both the Prevention Mindset Institute and the Poverty Institute. Current consultative efforts include the development of a logic model, and the participation of statewide parent groups to be in the Building Effective Parent/Practitioner Collaboration (BEPC) training.

PEM programs will continue in 14 counties, with continued efforts to identify additional funding sources for program expansion. Funds from the American Rescue Act will be used to sustain the PEM expansion, funds to decrease wait lists, and to provide concrete supports to families in each region in CY 2023 and beyond. More families and geographic areas now also have access to the PEM program, which is successful in diverting 96% of families served from being brought to the attention of the child welfare system for educational neglect.

CCC's work on the CFSP is an ongoing task with direct services and federal mandates. CCC collaborates with various agencies including DPH, Early Childhood, CMHCs, faith-based community, and education, among others. CCC in-home services staff continues to provide Ages and Stages Questionnaire-3 and Ages and Stages Questionnaire, Social and Emotional screening to all children under the age of five and a half years. Having these tools helps to identify children in

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need of services for further prognoses. Increased use of data to identify needs or gaps in service has been encouraged to assist the regional networks with planning. CCC is included in the new in-home services data collection system. Access to better data collection and analysis has contributed to progressive improvements in service planning, delivery, and outcomes.

IHBS and PEMs are coordinated separately from the regional networks. However, reporting on the status of services, client needs, trends, and counties served occurs at regional network meetings. Regional networks use available funds to further meet the needs of clients in the region by providing opportunities such as local mini grants to supplement parenting education, access to training and other resources, as well as local community initiatives targeting prevention of child abuse and neglect. Regional network collaborations continue to be critical, as with funding limitations, creative solutions and decreasing duplication of services are needed.

**Special Reporting Requirement:  Agency's planned use of the supplemental CBCAP funds provided through the American Rescue Plan**
The department is utilizing supplemental funding to provide additional services and supports to families across the state. Supplemental CBCAP funding has been used to expand services under CCC, which is available in all parts of the state but especially critical in rural areas where other services may be sparse. This additional investment in those services increased service provision and eliminate waiting lists across the state.

Funding has been used to increase client assistance funds under that program, which provides one-time concrete supports for families who may have a barrier to stability that cannot be met through other programming.

Funding has been used to expand PEMs, which have demonstrated success in diverting children struggling with school attendance from coming to the attention of the child welfare agency. These additional investments are responsive to the specific needs of families that have been exacerbated by the COVID-19 pandemic.

The goal is to decrease CCC in-home services waitlists, provide concrete supports for families, expand PEMs, and enhance primary prevention efforts through the local regional networks. In addition, Kentucky is one of the jurisdictions selected for the Thriving Families, Safer Children initiative. These supplemental CBCAP funds will support this initiative. CBCAP aligns with Thriving Families, Safer Children for primary and secondary prevention. The goal in Kentucky will be to increase the availability of supports, services, and resources within local communities to assist families in becoming successful in raising safe and healthy children, while enhancing the well-being of families. The funds must be obligated by September 30, 2025 and liquidated by December 30, 2025.

**Adoption Savings (section 473 (a)(8) of the Act)**
Kentucky expects to provide the following services to children and families utilizing the adoption savings funds: post-adoption services, services for children at risk of foster care, and other title IV-B and IV-E allowable services. The department has reported adoption savings. In FFY 2022, the department spent $9,158,060, and a total of $36,684,308 since FFY 2015. The department is averaging approximately $4,585,538 per FFY in adoption savings expenditures. The department utilizes the Children's Bureau methodology for the adoption savings calculation. After several years of collaboration and negotiation with the Children's Bureau, Kentucky is in full compliance with the Part-IV Adoption Savings Requirements.

**Adoption Promotion and Support Services**
ASK specializes in the utilization of peer-led support groups to offer pre- and post-adoptive support and services to foster and adoptive parents throughout the Commonwealth. Support and information are also provided by phone, email, or through one-on-one meetings with local adoptive parent liaisons. ASK provides the opportunity to share resources, suggestions, frustrations, and successes with those who share the experience of adoption. Adoption is a unique experience

and ASK exists to provide a continuum of proactive advocacy, ongoing support, and specialized training to prevent pre-adoption disruption and post-adoption dissolution. ASK services are available to families formed through state, private, relative, or international adoption. They are also available to foster and adoptive parents, relative caregivers, and those considering foster care and adoption. ASK is available statewide and is funded by title IV-B monies.

ASK works in partnership with DCBS, foster and adoptive parents, the UTC, and EKU. Meetings are held quarterly with personnel from the division to share program activity and receive feedback. Ongoing communication and collaboration with DCBS R&C personnel occurs regularly in-person, over the phone, and through email. This communication is vital to the program's ongoing success as it provides an opportunity to share information and updates regarding ASK services. It also provides an opportunity to receive input from R&C staff on training topics the program can offer to meet regional needs. Feedback regarding the performance of the adoptive parent liaison(s) is also requested. R&C supervisors receive program updates during their statewide meetings. Further, team members of each Foster/Adoptive Support and Training (FAST) program (ASK, Medically Complex Training Program, Foster Parent Mentor Program, and the Foster Parent Training Program) administered by the UK College of Social Work's TRC reviews program services, needs, and linkages.

Technology developments have also resulted in changes to data reporting. The ASK program coordinator worked closely with the College of Social Work's new communications manager to create a more streamlined contact database and more effective, user-friendly emails and other branded materials to continue promotional efforts for ASK and other TRC programs. In addition, between 2020-2021 a new learning management system was utilized for ASK programming, which changed some of the ASK program's data collection and reporting metrics.

Table 57 outlines ASK trainings provided from January 1, 2022, through December 31, 2022. The number of participants included on this report only reflects active DCBS foster and adoptive parents. Adoptive families who do not need training credit are not captured in this report. The ASK program experienced a decline in attendance during the latter half of 2022, likely in response to a change in foster parent training requirements during the summer of 2022. Previously, foster parents had to obtain part of their yearly training credit hours in a live, face-to-face setting. ASK-VIP trainings successfully fulfilled that requirement. The change allowed foster parents to obtain all training credit via online learning modules. Although this has influenced attendance numbers, ASK adoptive parent liaisons continue to provide around the same hours of support to foster families each month. This trend encouraged the program to focus on specialized support rather than training.

**Table 57**

| ASK Statistics (January 1, 2022 – December 31, 2022) |
|---|
| 62 training topics currently available in the ASK Training Library<br>One training is presented by an adoptive parent liaison (APL) at each ASK in-person and virtual meeting. Foster parent participants receive one and a half hours of ongoing elective foster parent training credit at each in-person meeting and one and a half hours of ongoing elective foster parent training credit at each virtual meeting. Training is also provided by APLs in a one-on-one setting with foster/adoptive parents as requested by their R&C Supervisor. |
| 585 ASK trainings and support groups were held across all nine DCBS service regions |
| 5,586 parents were served through ASK trainings and support groups<br>*This number may reflect adults who attended a group more than once in 2022 |
| 1,503 unique attendees participated in ASK groups |
| 1,657 phone calls were made to 922 foster/adoptive parents |
| 992 emails were sent to 933 foster/adoptive parents |
| 2,772 support texts were sent to 1,158 foster/adoptive parents |
| 699 support activities, (i.e., FP posts, private messages) were made through social media to 1,755 foster/adoptive parents |

| 315 foster/adoptive parents received support through 572 face-to-face interactions |
|---|
| 46,056 ASK contacts to promote the program were made by APLs<br>*Includes contacts made through mass email distribution, but does not include email distribution by the College of Social Work TRC (see below) |
| APLs attended 49 pre-service meetings across the state |
| 1,660 total hours of support were reported by APLs serving families throughout the Commonwealth |
| 52 ASK promotional emails were sent by the TRC to a database of over 10,600 recipients |

### ASK-VIP Specialized Support Groups

ASK-VIP offered several specialized parent support groups, encouraging foster/adoptive parents who have a similar family dynamic to attend a group to meet and support others. The specialized support groups offered in 2022 were LGBTQ+, transracial, medically complex, and parents of deaf or hard of hearing. ASK launched an exciting and innovative new program in 2022 using virtual reality technology. A specialized support group for foster/adoptive fathers occurred weekly for 12 weeks in the metaverse. Each participant and the facilitator attended the virtual meeting using an Oculus headset and had the ability to create their own avatar to represent themselves in the meeting space. The feedback from participants was very positive. In 2022, there were 255 specialized support group attendees.

### Adoption Awareness

ASK collaborated with regional staff/DCBS Central Office to gather nominations for Adoptive Parents of the Year. Award recipients were chosen from each of the nine regions and received plaques from the ASK program to recognize their ongoing efforts in the adoption community.

### Adoptive Parent Liaison Professional Development and Technical Assistance

Adoptive parent liaisons attended implicit bias and diversity training to help them continue to look at themselves and how they facilitate their groups and what growth, or changes, might be needed. The ASK team provided ongoing technical assistance to liaisons as well as foster/adoptive parents navigating the learning management system and troubleshooting issues with registration, Zoom, or receiving foster parent training in the online system**.**

### Related Research Publications

Miller, J.J., Cooley, M., Niu, C., Segress, M., Fletcher, J., Bowman, K., & Pachner, T.M. (2021). Assessing the impact of a virtual support group on adoptive parent stress and competence: Results from an urban/rural pilot study. Child & Family Social Work. 2021;1–8. https://doi.org/10.1111/cfs.12826

Miller, J., Cooley, M., Segress, M., Niu, C., Bowman, K., Fletcher, J., & Littrell, L. (2019). Support, information seeking, and homophily in a virtual support group for adoptive parents: Impact on perceived empathy. *Child and Youth Services Review*, 101, 151 – 156. https://doi.org/10.1016/j.childyouth.2019.03.047

Miller, J., Cooley, M., Segress, M., Niu, C., Fletcher, J. Bowman, K., & Littrell, L. (2019). Virtual support groups among adoptive parents: Ideal for information seeking? *Journal of Technology in Human Services*. https://doi.org/10.1080/15228835.2019.1637320

## C. Monthly Caseworker Visits Funds and Implementation Plan

Monthly caseworker visit funds are used to improve the quality of caseworker visits with an emphasis on improving caseworker decision making on safety, permanency, and well-being of foster children and recruitment, retention, and training. Each region continues to monitor and strategize for compliance with caseworker visit standards using TWIST management reports.

For FFY 2022, the state missed the 95 percent performance standard for caseworker visits by five percent. Because Kentucky scored five percent below the federal threshold, the FFP rate for the title IV-B, subpart 1, Child Welfare Services program funding for FFY 2023 was reduced by one percent from 75% to 74%. Through the department's efforts toward building a 21st century DCBS, there are many activities that are anticipated within the next several years targeted at reducing the number of children entering OOHC, reducing caseloads, and improving employee retention—all of which may affect monthly caseworker visits with children. There have been no identified issues with capturing caseworker visit data. These activities include but are not limited to the continued implementation of a culture of safety, the FTS program, and an established safety model. Additional information on these activities is located throughout this narrative, as well as the 2020-2024 CFSP. Revisions to [SOP 4.24 SSW's Ongoing Contact with the Child and Family, Including Medically Complex Child](#) were made on 03/01/2021. This change aligns with guidance received from the Children's Bureau regarding caseworker visits to children in OOHC who are placed in PCP foster homes. This change includes DCBS staff conducting monthly face-to-face visits with youth in PCP foster homes, rather than quarterly.

## D. Budget Request

Kentucky seeks the full amount of its available allocation for title IV-B (subparts I and II), the Basic State Grant under CAPTA, the Chafee Program, and the ETV Program. The department will be responsible for administering these programs on behalf of Kentucky.

As illustrated under Item 7 in the CFS-101, Part I, PSSF, or title IV-B, subpart II funds are divided equally among three of the primary service categories. Therefore, 20.5% of these funds are allocated to FPS, community-based family support services, and FRS. Another 24.5% is allocated for adoption promotion and support services. Four percent is retained for planning and service coordination and 10% is utilized for administration.

CFS-101, Part II, requires data and information from a broad array of funding sources. These tasks are accomplished with the assistance of the Kentucky's budget system, which utilizes "sub functions."  The units allow the department to code expenditures by service and funding source. Contractors, as well as internal agents of the department, must utilize these codes. (Please see CFS-101, Parts I-III, in Attachment 10.)

## E. Proposals for Re-Allocation of Funds

**Title IV-B, Subpart II**
Kentucky requests any reallocation of federal title IV-B, subpart II funds to assist with in-home services, community development, and case support.

**John H. Chafee Foster Care Program for Successful Transition to Adulthood**
Kentucky requests any reallocation of federal funds for the Chafee Program. These funds would assist the state with room, board, and mentoring/youth participation services through additional regional mentoring contracts. Additionally, the state anticipates utilizing Chafee funds to develop and implement a matched savings program for youth, provide a stipend to the PCCs to pay for chaperoning youth attending the annual teen conference, provide funding for all independent living staff and the youth advisory board to attend the Daniel Memorial Conference as a professional development opportunity, and provide funding for the payroll of the Fostering Success program.

## F. Maintenance of Effort and Limitations

Federal funds provided to Kentucky under title IV-B were not used to supplant federal or non-federal funds for existing services and activities. Further, the cabinet assures that the state would spend no more than 10% of title IV-B, subpart I, subpart II, or the caseworker visit grant funds for administrative costs.

Kentucky's title IV-B, subpart I funds to be used for childcare, foster care maintenance payments, and adoption assistance payments will not exceed those expended for the same purposes in fiscal year 2005.

| Title IV-B Subpart I Purpose: | Fiscal Year 2005 Actual Expenditures |
|---|---|
| Child Care | $0.00 |
| Foster Care Maintenance Payments | $1,052,124.00 |
| Adoption Assistance Payments | $0.00 |

Kentucky spent $305,708 in title IV-B, subpart I non-federal funds as match for title IV-B foster care maintenance payments during fiscal year 2005.

Kentucky spent $5,196,249 on Title IV-B subpart 2 funds. Two and 0.7 percent (2.7%) was allocated for Family Preservation, 20.8% for Family Support, 41.7% for Family Reunification, 7.1% for Adoption Promotion and Support Services, 10% administrative costs, and 17.6% for planning and other services.

The state and local share spending for title IV-B, subpart II programs for 2021, in comparison to the 1992 base year amount are as follows:

FY 2021 State/Local Expenditures      $ 5,196,249
1992 Base Year Amount      $ 8,153,548