



# **Kentucky Child and Family Services Plan**

2020-2024

Department for Community Based Services,  
Division of Protection and Permanency

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## I. Introduction

The Cabinet for Health and Family Services (CHFS/cabinet), Department for Community Based Services (DCBS/department) presents the 2020-2024 Child, and Family Services Plan (CFSP). This plan was developed per the program instructions, ACYF-CB-PI-19-02. The cabinet and department are the entities responsible for administering the state's statutes and regulations relating to child welfare. The proposed CFSP for 2020-2024 focuses on further enhancements to Kentucky's programs and services to support positive outcomes for children and families and compliance with federal expectations contained in the Child and Family Services Review (CFSR). The 2020-2024 CFSP and related materials can be found online at <https://chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/cfsp.aspx>.

## II. Collaboration and Vision

### Agency Administration and Organization

The cabinet is the state government agency that administers programs to promote public safety and public health. The cabinet's organizational chart can be found in Attachment 2. It is the largest of Kentucky's nine cabinets. The department remains the largest department within the cabinet. The department's organizational chart can be found in Attachment 3. 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, 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.

### Collaboration

The department has collaborated with many entities during the development of the 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 conversations that are more meaningful were needed with these valuable partners in order to fully inform the CFSP and other department initiatives. In early 2018, the group met to discuss a realignment of the group 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. Since that discussion, the group has held quarterly meetings facilitated by the Eastern Kentucky University (EKU) Facilitation Center. Meetings have included meaningful stakeholder input to inform the development of the CFSP. The current 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 of Medicaid Services (DMS); Court Appointed

Special Advocates (CASA); Division of Family Support (DFS); Prevent Child Abuse Kentucky (PCKA); 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 Services Centers (FRSYC); parent representatives; Children's Justice Act (CJA); 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; and the Department for Public Health (DPH).

An area of concern over the years has been in the inclusion of parents, youth, foster parents, and frontline staff to the group. The department continues to invite and develop relationships with these entities in order to collaborate and receive their input. The department currently has supervisors and frontline workers who are invited to participate in the meetings. However, there are times when they are unable to attend due to competing priorities. The department is currently working to increase the number of supervisors and workers who are invited with the goal of having more of them in attendance on a regular basis. Several foster parents are currently invited to the meetings and the department has reached out to the regions to ask for more foster parents who might be interested in participating. In addition, several biological parents are invited to the meetings and the department has reached out to the service regions and service providers to ask for assistance in recruiting more parents. Several youth are invited to participate in the meetings, however at times many of them have competing priorities as well. The department is currently recruiting more youth to participate through the John H. Chafee Foster Care Program for Successful Transition to Adulthood. The department will continue these efforts until it is able to ensure that all of these groups are able to have consistent representation.

In the beginning phases of the development of the 2020-2024 CFSP, the stakeholders were presented with information surrounding the draft goals and objectives. Information was provided to them regarding the major initiatives that the department has been working on including items from the department's CFSR Program Improvement Plan (PIP) and the Family First Prevention Service Act (FFPSA). Participants were asked to provide feedback and suggestions and this information was incorporated into the CFSP.

The stakeholder meetings are currently designed so that all of the participants have an opportunity to participate and provide feedback. Information and updates are provided related to the goals and objectives as well as the initiatives or programs laid out in the CFSP. Each participant has an opportunity to ask questions and provide feedback to the agency during and following the meeting. At the end of each meeting, the participants are given another opportunity to make suggestions and to request more information as necessary. This feedback is private and is given to the facilitator of the meeting. The facilitator combines the feedback and forwards it to the meeting coordinator. The agency's management team then meets and decides how to move forward with the changes. All meeting participants are provided with meeting minutes following each meeting occurrence.

Although there are no federally nor state recognized Native American tribes within the state, the department is attempting to engage the two tribes that are within the state, Southern Cherokee and Ridgetop Shawnee. The department has invited tribal representatives to upcoming and ongoing CFSP Stakeholder CQI meetings. Additionally, the department has reached out to the faith-based community and invited their participation to this group.

The CFSP stakeholder CQI group participated in the development of the CFSP 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. The department will utilize the CFSP stakeholder CQI group over the next five years to evaluate the implementation of the goals and objectives within the CFSP and make modifications to the plan as necessary. The stakeholder group will continue to meet on quarterly basis. Information and updates will be provided related to the goals and objectives as well as the initiatives or programs contained within the CFSP. The group will be presented with updates on the status of each major initiative and will have the opportunity to ask questions and provide feedback regarding how these initiatives may be carried out or are influencing work within their agencies. Each meeting will allow participants to discuss how the changes are affecting them and make suggestions for changes. Participants within the stakeholder group will continue to be involved in the APSR process and the stakeholder meeting. This group will be utilized to obtain updates and feedback for the APSR.

Addressing barriers and developing mutually beneficial solutions occurs organically throughout conversation during the stakeholder meetings. For example, during the July 2019 meeting, the DCBS clinical consultant for behavioral health and screening provided an update to the group regarding progress and data for screening and assessment of DCBS children placed in OOHC. During the presentation, the consultant explained to the group that the fifth most frequently recommended treatment type for children who received a Child and Adolescent Needs and Strengths (CANS) assessment was “none.” Because this was concerning to the group, discussion occurred regarding whether this finding could potentially be a data entry/default option issue or whether no treatment was truly recommended following assessment. A request was made for further data that could target the age range and providers in which “none” was selected. Treatment provider representatives who were at the meeting took these concerns back to their respective agencies and the clinical consultant agreed to follow up with additional data, specifically for a meeting participant who frequently works with private providers regarding treatment and FFPSA.

As previously mentioned, an identified obstacle to collaboration is lack of regular attendance from frontline DCBS staff, foster and biological parents, youth, and Native American groups within the state. To overcome these obstacles, the CFSP meeting coordinator is continually assessing participant attendance and recruits additional participants in efforts to ensure all stakeholder groups are represented. Meetings are scheduled and calendar invitations are sent several months in advance to give participants ample notice. Because distance and transportation to these meetings have been cited as an issue by DCBS staff, youth, and the Native American groups, an electronic survey was sent via email to all meeting invitees in efforts to seek input from those participants who could and could not be present during the meeting. However, a dismal response rate was received. When sending surveys in the future, the group will make changes, such as shortening the length and timelier sending, in efforts to improve the response rate. The meeting coordinator is also attempting to recruit participants who live in nearby counties to make travel time and cost less of a barrier to participation.

As stated above, at the conclusion of each meeting, participants are asked for written feedback regarding what went well during the meeting, what did not go well during the meeting, and any suggestions for improvement to make the meeting more valuable and relevant in the future. During the July 2019 meeting, many participants noted that the meeting could be improved by incorporating non-DCBS presenters as speakers during the meetings. The meeting coordinator plans to solicit external agency representatives as presenters during future meeting occurrences.

Along with the CFSP stakeholder CQI group, the department has engaged and collaborated with many other groups in the development of the initiatives that will inform the development of this CFSP. Additional collaborative efforts between the department and stakeholders are outlined throughout the CFSP.

### Vision Statement

The mission of the department is to build an effective and efficient system of care with Kentucky's citizens and communities to:

- Reduce poverty, adult and child maltreatment, and their effects;
- Advance person and family self-sufficiency, recovery, and resiliency;
- Assure all children have safe and nurturing homes and communities; and
- Recruit and retain a workforce and partners that operate with integrity and transparency.

It is the department's vision to be a human services system of care that operates with integrity and loyalty to a code of ethics requires courage to take responsibility for providing the highest quality of service to the vulnerable. The department is an innovative, solutions-focused learning organization built on a foundation of transparency in action and with accountability for results. Both within the organization and among partners, DCBS thrives on a culture of respect for diversity of opinion that is nurtured through open communication. Highly performing and committed, DCBS is unified in the goal of excellence in achieving outcomes for those DCBS serves with the level of quality DCBS employees would demand for their own families.

The mission of the Division of Protection and Permanency (DPP/division) is to protect children and vulnerable adults and to promote self-sufficiency and permanency by providing the best regulatory framework and state plan structure possible. DPP's mission is also to ensure maximum flexibility for interpretation and implementation of policy and procedures, which best meet the needs of the community.

DPP recognizes the importance of a safe, secure, and nurturing environment for each Kentucky child, adult, and family. Within such an environment, DPP believes that families and their individual members become the most critical component of a strong society. DPP's vision is a division that is:

- Focused on families, children, and vulnerable adults;
- Committed to families as partners in decision-making;
- Proactive, responsive, and accessible to all members of the community;
- Sensitive to cultural and community differences;
- Committed to innovation, continuous improvement, shared accountability, and measurable outcomes;
- Community focused and partnership-oriented; and
- Recognized as the best human service delivery organization in the nation.

Although the department and DPP have their own respective missions and visions, the department in conjunction with the CFSP Stakeholder CQI group, has developed the following vision to support the implementation of the CFSP: *Kentucky will support families in their communities to prevent entry and re-entry into foster care, improve the quality of services and experiences for all families engaged with the child welfare system, and improve timeliness to appropriate permanency.*



### III. Assessment of Current Performance in Improving Outcomes

#### Child and Family Outcomes

In July 2016, Kentucky participated in round three of the Child and Family Services Review (CFSR). Kentucky had a traditional review, which consisted of the review of 65 cases in three sites utilizing reviewer pairs of state and federal reviewers. In addition to case reviews, the department, in conjunction with the Children’s Bureau, conducted statewide stakeholder interviews in an effort to gain a broader view of the department and stakeholders’ perspective regarding how the state was meeting the needs of the families and children served.

Results from the case reviews and stakeholder interviews identified key areas within the state that were in need of improvement in order to improve outcomes for families and children. The themes identified that are addressed within the department’s PIP also correspond with the department’s vision and include workforce, family engagement, safety assessments, service array, CQI, and permanency.

As a part of the 2016 CFSR, the department conducted a statewide assessment of current performance. The following is an update to that assessment, in an effort to analyze the current functioning of the state’s child welfare system. In addition to the below assessment, up to date data have been used to inform activities that will be implemented within the child welfare transformation (CWT) activities, as well as the PIP.

The following assessment was completed utilizing CCWIS data, CFSR results, PIP baseline data (September 2018-February 2019) collected from third-level case reviews (180 cases reviewed), Kentucky’s data profile, National Child Abuse and Neglect Data System (NCANDS) data, and second-level case review data. Additionally, the department developed a survey for the stakeholders who participate in the CFSP Stakeholder CQI group. The department received responses from twelve participants in regards to the state’s current functioning in regards to the CFSR outcomes and systemic factors. The survey was a Likert scale with the ratings of “Very Good,” “Good,” “Fair,” “Poor,” and “NA-My experience with the child welfare system is not related to this outcome.” Participants were provided with current data to assist in their assessment of the outcomes and systemic factors.

#### Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

Overall, according to 2016 CFSR results (75% strength) and third-level case review data (69.77% strength), Safety Outcome 1 is not in substantial conformity.

#### *Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment*

Kentucky continues to struggle with initiating reports of maltreatment in a timely manner. 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. Third-level case review data<sup>1</sup> indicates a continued decrease in timeliness to initiation, with only 69.77% of the 94 applicable cases initiated timely. Data from the FFY 2018 NCANDS submission (Table 1) shows a large increase in the number of hours to initiation from the previous submission (FFY 2018: 95.9; FFY 2017: 77.5), which is likely the result of changes in the

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<sup>1</sup> The baseline period for Item 1 is different from the baseline period for other measurement items to account for statewide policy changes to the initiation timeframe for CPS reports that went into effect on 1/16/2018. The modified baseline period using a rolling monthly six-month sample period and 12-month period under review (PUR) for Item 1 will consist of case reviews conducted February 2019 – July 2019. Please see Kentucky’s PIP Measurement Plan for additional information.

department’s standards of practice (SOP) regarding initiation timeframes. Around January 2018, the department implemented new response times based upon the safety and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may currently 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. This may have contributed to the increase of average response time in the FFY 2018 NCANDS submission. In addition, the responsibility of determining response times during normal business hours was transferred from field staff supervisors to centralized intake supervisors. Overall, 66.7% of stakeholder respondents believe that the state is performing “Good” in regards to Item 1.

**Table 1**

	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>VIII. Median Time to Investigation in Hours</b>	<24*	<24*				
<b>IX. Mean Time to Investigation in Hours</b>	53.9*	86.0*	84.8**			
<b>Average Time to Investigation in Hours</b>	53.6*	82.9*		74.7**	77.5**	95.9**
<i>Source:</i>						
<i>*Data Profile</i>						
<i>**NCANDS Child File Validation Workbook</i>						

Turnover of frontline staff 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 and various internal calculations). The department continues to meet internally to determine the most appropriate calculation for staff.

A planned activity that may improve performance and strengthen outcomes regarding response time is the implementation of a true alternative response system. Due to high caseloads, frontline staff are unable to spend the same amount of time, effort, and attention on low-risk cases as those high-risk cases that are more lethal or urgent, therefore, triaging often occurs when initiating reports to ensure that the most severe cases are serviced first. The implementation of an alternative response will allow designated staff to focus solely on low-risk cases by providing services to prevent maltreatment and entry into OOHC. Other staff will be designated to assess moderate to high-risk cases. By delineating low-risk cases from moderate to high-risk cases at intake and having staff specific to each track, the state is hopeful that staff may be able to better focus and manage their time on those cases that truly need a swift response.

As of August 2019, the state is in early discussions and planning regarding the implementation of an alternative response system. The state is receiving technical assistance from the Capacity Building Center for States and Chapin Hall regarding implementation of an alternative response system. State leadership will attend a national conference to obtain further information regarding alternative response. The state intends on implementing alternative response statewide. The state will analyze data in regards to repeat maltreatment, subsequent entry into OOHC, and family satisfaction in order to evaluate the effect of alternative response.

Many initiatives are underway through CWT and PIP efforts to address staff turnover and decrease caseloads in an effort to stabilize the workforce. Additionally, Kentucky has developed a goal and objectives within the CFSP to address staff turnover. Please refer to Kentucky’s PIP and CFSP Goal 4 below for more information on initiatives.

*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), Safety Outcome 2 is not in substantial conformity.

*Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care*

Item 2 is an item needing improvement for Kentucky. 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. Data in Table 2 shows Kentucky’s observed performance regarding the recurrence of maltreatment and re-entry into foster care based on AFCARS data as displayed in the data profiles from 2015-2019. Results from the stakeholder survey indicate that 66.7% of respondents believe that the state is only performing “Fair” in regards to Item 2.

**Table 2**

	<b>November 2015 Data Profile</b>	<b>September 2016 Data Profile</b>	<b>May 2017 Data Profile</b>	<b>January 2019 Data Profile</b>
<b>Recurrence of Maltreatment National Standard: 9.1%</b>	FY13, FY14: 6.1%	FY14, FY15: 6.7%		
<b>Recurrence of Maltreatment National Standard: 9.5%</b>			FY12-13: 10.6% FY13-14: 10.2% FY14-15: 12.0%	FY14-15: 12.0% FY15-16: 12.2% FY16-17: 12.6%
<b>Re-Entry to Foster Care National Standard: 8.3%</b>	12B-13A: 9.2%	13B-14A: 9.7%		
<b>Re-Entry to Foster Care National Standard: 8.4%</b>			11B-12A: 9.8% 12B-13A: 9.2% 13B-14A: 9.4%	
<b>Re-Entry to Foster Care National Standard: 8.1%</b>				13B-14A: 9.4% 14B-15A: 8.2% 15B-16A: 9.7%

Services to prevent removal, specifically services related to substance abuse and violence in the home, continue to be gaps within Kentucky's service array. The title IV-E waiver demonstration project has assisted with increasing the availability of substance abuse services within the state with the expansion of Sobriety Treatment And Recovery Teams (START) and the implementation of Kentucky Strengthening Ties and Empowering Parents (KSTEP). Both initiatives have shown promising results. For detailed information around the interim findings of the demonstration project, please find the report at [Title IV-E Child Welfare Waiver Demonstration Kentucky Interim Evaluation Report](#).

Kentucky has elected to be an early implementation state for FFPSA. In an effort to prepare for implementation, the cabinet conducted an analysis of the state's current service array to determine what prevention services are currently available, where they are available, and where increased service provision is needed. Additionally, as a result of FFPSA, the department distributed a readiness assessment to service providers to determine provider readiness to begin providing services under FFPSA, readiness regarding de-coupling, and to identify gaps. Over 70 responses were received and the results of the assessment were analyzed by the state's technical assistance and consulting partners. Results from the provider readiness survey were shared at all nine of the FFPSA regional forums throughout the state during the summer of 2019. All agencies were also provided an individualized report based on their survey responses as well as information on how they compared to other agencies throughout the state.

A planned activity targeted at improving immediate safety services is the implementation of a safety model. During the first quarter of 2019, the state reviewed various safety models and focused the selection down to two models: The Structured Decision Making (SDM) model for child protection and Action for Child Protection. Preliminary conversations, face-to-face meetings with representatives from both models, follow-up conversations, and peer-to-peer calls with states who have implemented the models occurred during the spring of 2019. After methodical scoring and discussion regarding which model best meets the state's needs, DCBS leadership made a preliminary decision to pursue a contract with the SDM model with an initial emphasis on model components specific the intake and assessment portion of a case. The assessment portion of a case may utilize two separate tools: a safety assessment tool and a risk assessment tool. The safety assessment tool will be utilized at the beginning of an assessment or investigation to determine whether immediate action should be taken to address safety concerns. By utilizing an evidenced-based actuarial tool that is calibrated utilizing Kentucky-specific data, the state anticipates an increase in consistent and appropriate safety decision making at the beginning of an investigation. At the conclusion of the investigation, a risk assessment tool will be used to assist in determining case disposition.

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

Item 3 is an area needing improvement as only 60% of applicable cases reviewed during the CFSR were rated as a strength. Furthermore, risk and safety assessments for in-home cases are of particular concern for the state, as 36% of applicable in-home cases had a strength rating, which is approximately half of the 75% strength rating for out-of-home care (OOHC) cases. Data from the PIP baseline confirms that risk and safety assessment and management continues to be an area needing improvement, as 49.44% of the cases reviewed had a strength rating.

Current activities targeted at improving the state’s performance regarding risk and safety assessments include the statewide implementation of an established safety practice model as part of Kentucky’s PIP. Findings from focus groups with staff revealed that frontline staff are often unable to distinguish and articulate safety factors from risk factors and how those factors affect decision-making. Further, the current assessment tool utilized by staff, titled the Assessment and Documentation Tool (ADT), is commonly used after an investigation has taken place in order to document what occurred during the investigation. While the ADT is comprehensive, it is more targeted at assessing risk than safety. By implementing the SDM model, the state will have tools that staff can use at intake, at the beginning of an investigation, at the end of an investigation, and during ongoing cases that helps to drive decision making rather than document it. The state anticipates that these tools will assist workers in making consistent case-related decisions and in justifying decisions as guided by these tools.

The implementation of an established safety practice model that is supported by effective and enhanced supervision and consultation will serve to: 1) ensure children are only coming into OOHC when there is a true safety issue 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. The department has highlighted Kentucky’s safety practice as an area in need of improvement and is committed to promoting a strong and supportive structure. Additional information can be found in Goal 1.

#### [Permanency Outcome 1: Children have permanency and stability in their living situations](#)

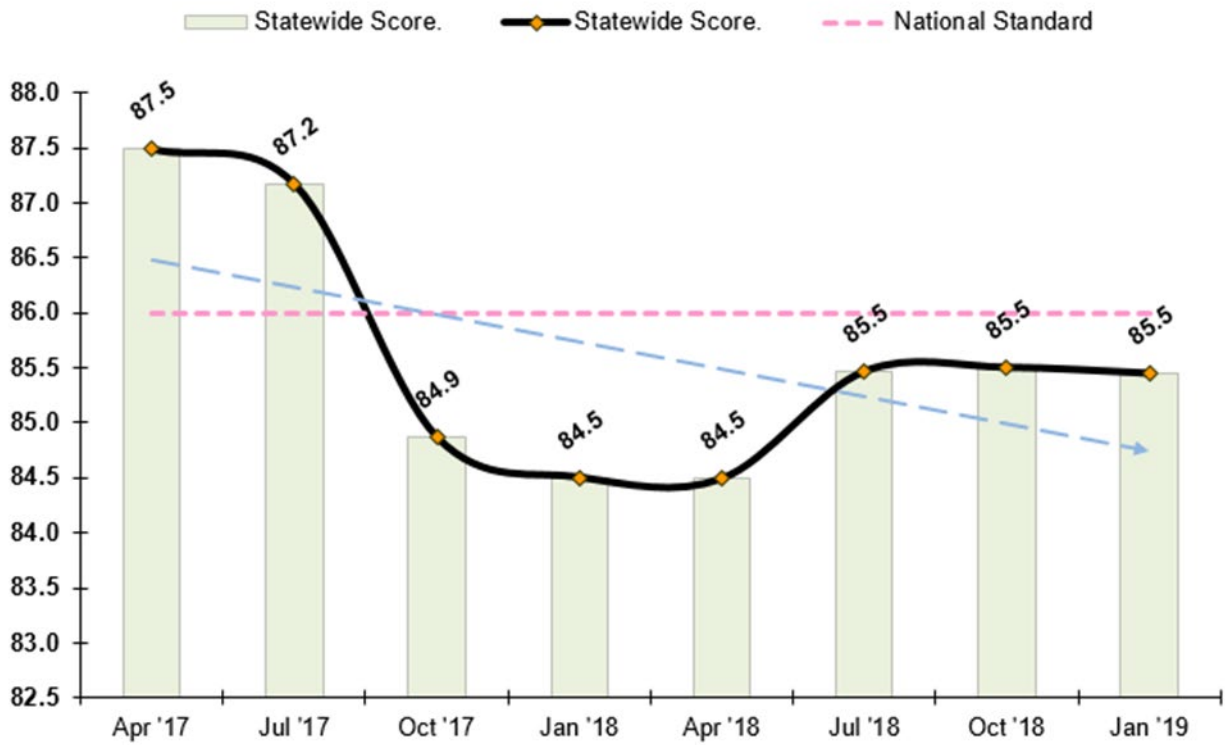
The findings of the CFSR concluded that Kentucky was not in substantial conformity with Permanency Outcome 1, as the outcome was substantially achieved in only 23% of applicable cases. The state has demonstrated improvement in this outcome area, as data from the third-level case reviews shows this outcome was substantially achieved in 30.56% of cases reviewed. Majority of respondents from the stakeholder survey (58.3%) reported the state was performing “Fair” at ensuring that children have permanency and stability in their living situations.

#### [Item 4: Stability of Foster Care Placement](#)

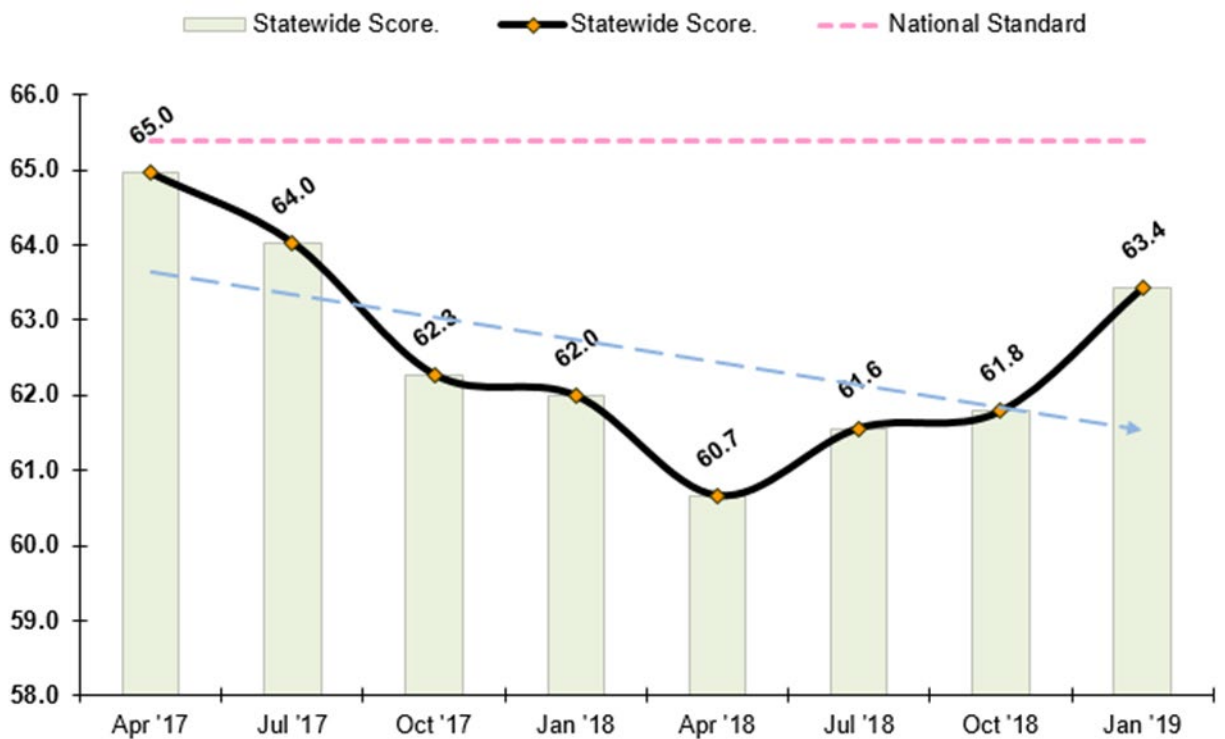
Stability of foster care placements is an area needing improvement for the state, as 68% of applicable cases reviewed during the CFSR were rated as a strength. Data from PIP baseline shows an improvement in this item with 77.78% of cases reviewed being rated as a strength. Data from the state’s CCWIS shows that rates of placement stability decrease as a child’s length of time in care increases, as evidenced by Figure 1.

Figure 1

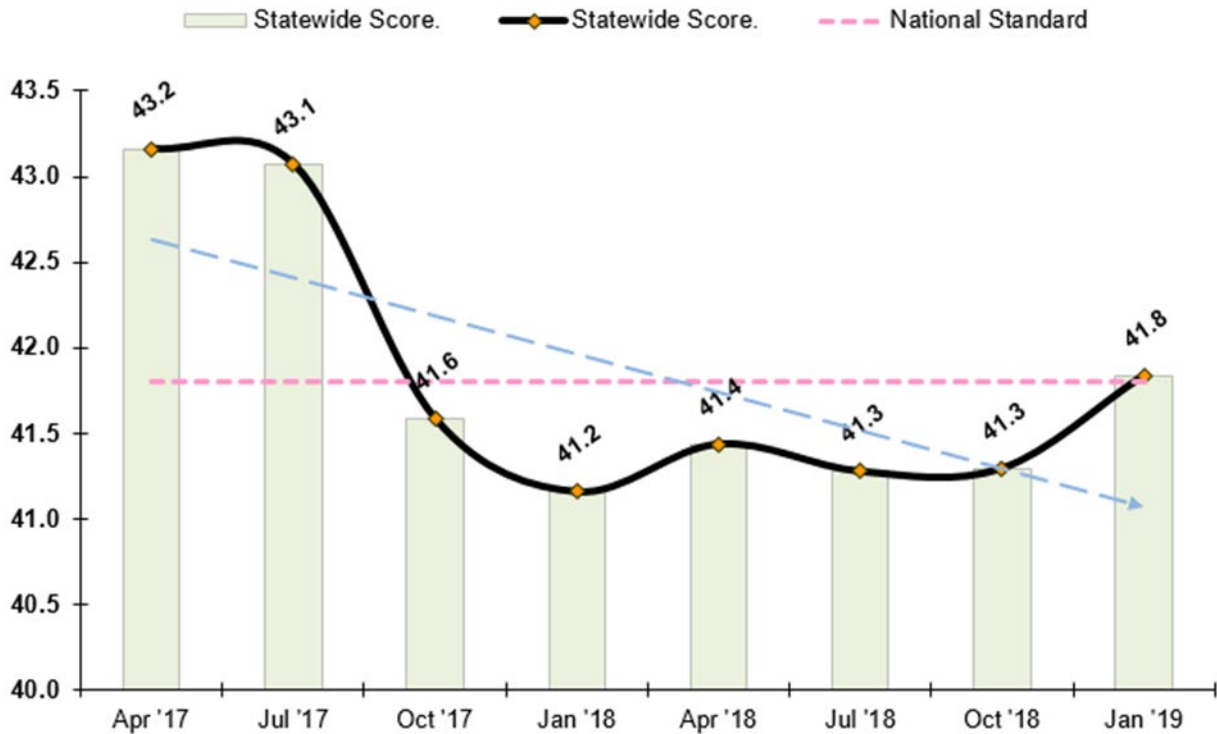
Percent of Children in Care for Less Than 12 Months with Two or Fewer Placement Settings



Percent of Children in Care for 12 to 24 Months with Two or Fewer Placement Settings



## Percent of Children in Care for At Least 24 Months with Two or Fewer Placement Settings



Full implementation of Project SAFESPACE (Screening and Assessment For Enhanced Service Provision to All Children Everyday) took place during the final year of the state’s prior CFSP and has contributed to an increase in placement stability for the child welfare population. Project SAFESPACE was a 5-year, \$2.5 million grant entitled *Promoting Wellbeing and Adoption after Trauma*. The project was designed to enhance behavioral health services for children in OOH through implementation of a continuum of evidence-based universal screening, functional assessment, outcome-driven case planning, treatment, and de-scaling of ineffective services. Child welfare outcome differences have been noted between the SAFESPACE and non-SAFESPACE populations starting with the project’s inception (i.e. 2016) and running through the end of 2018. Children affected by screening and assessment were found to have fewer placements and shorter lengths of time in care. Differences were not only statistically significant, but also remained consistent when controlling for the length of time a case was open.

Project SAFESPACE has ended as full-scale implementation has been completed across the state. The screening and assessment process is now embedded into everyday practice and is referred to as “standardized screening and assessment.” In order to maintain and continue to make improvements in screening and assessment, efforts are being focused on full integration into casework and treatment planning. Barriers to full integration continue to exist related to the length of time needed for full engagement and education of the workforce. In addition, project time is challenged by the ongoing attention that is needed to ensure fidelity to protocols and quality assurance. The department maintains a contract with the University of Louisville to assist with aspects of screening and assessment



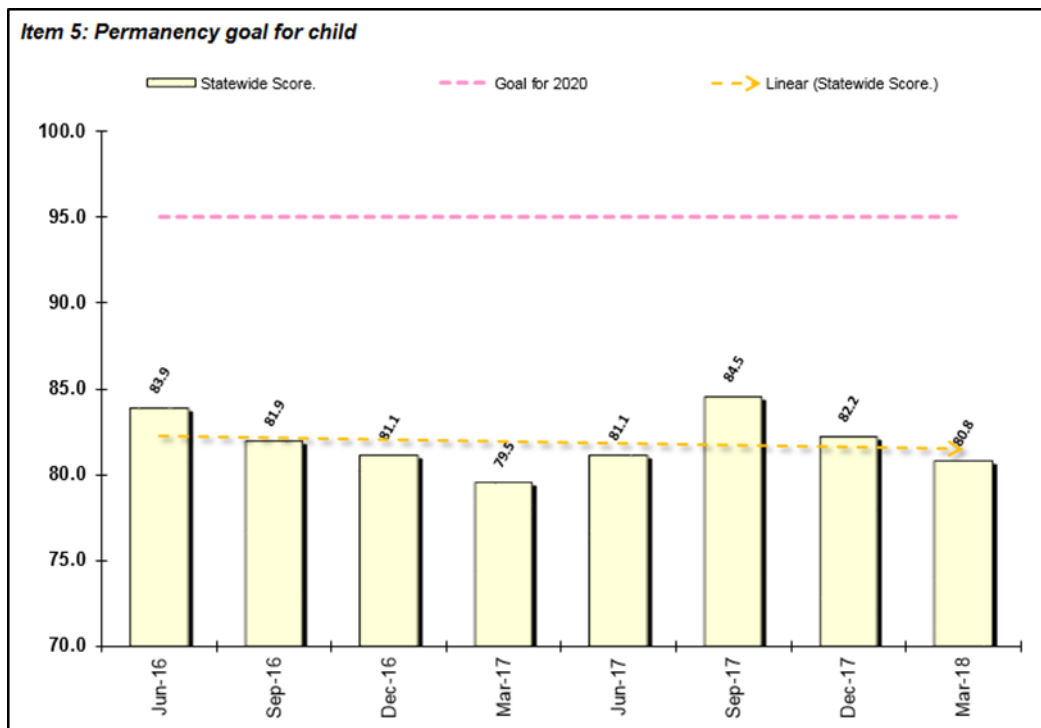
such as training of providers in administering the CANS to assist clinicians in appropriately administering the assessment. The department intends to continue working with the private provider community to increase the array of clinicians available to administer the CANS. Please see CFSP Objective 3.1 for further information regarding activities planned regarding screening and assessment.

Other department initiatives targeted at improving stability of foster care placements include the CWT’s development of regional placement disruption committees and implementation of a review process to monitor placement stability as part of the PIP. Failure to assess and provide needed services to caregivers ultimately leads to instability in placements. Lack of stability in placement, in turn, can lead to barriers in permanency and well-being for children in care. By implementing a placement stability process that involves community partners in problem solving, it is the intent of the department to identify, assess, and provide interventions at the first indication of placement instability in order prevent placement disruptions and instability for children in OOHC. For more information regarding the PIP strategy regarding placement stability, please refer to Strategy 2 within the permanency section of the PIP.

*Item 5: Permanency Goal for Child*

Results from the CFSR show that establishing permanency goals in a timely matter is another area needing improvement for the state, as 33% of cases reviewed had a strength rating. Data from third-level case reviews shows improvement with 54.29% of cases rated as a strength in this area. Data from second-level case reviews indicates scores regarding Item 5 have plateaued below the desirable threshold as shown in Figure 2. An activity that may improve performance on this item is the implementation of the permanency review process as part of the PIP. Some service regions have developed strategies that are focused on data entry, which may affect timeliness of permanency goals.

**Figure 2: Case Review Item 5, Data in a Glance (DIG), Item Over Time**





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

Concerted efforts to achieve permanency is another area for improvement for the state. The CFSR found 35% of applicable cases reviewed to be rated as a strength on this item. Baseline data from third-level case reviews shows little improvement, as 38.89% of cases reviewed had a strength rating. CCWIS data shows that as of January 2019, the state performed above the national standard regarding percent of reunifications that occur in less than 12 months (81.2%). More emphasis may need to focus on achieving adoption within desirable timeframes, as the state is performing below the national standard regarding percent of adoptions occurring in less than 24 months (January 2019: 14.2%).

Progress to date to achieve substantial conformity with Item 6 has been influenced by several initiatives and projects that have been implemented within the department. Child-specific recruitment efforts through the expansion of the Wendy's Wonderful Kids (WWK) recruitment model have targeted those children with a permanency goal of adoption. Diligent recruitment efforts, including the development of the Kentucky Foster Adoptive Caregiver Exchange System and [WeAreKy.org](http://WeAreKy.org), have helped increase the number of foster homes in Kentucky to provide stable homes for children with varying permanency goals. The scope, funding, and timeframe restrictions regarding family preservation services have been modified in accordance with FFPSA in efforts to serve those families at risk of removal or those children being reunified. Policy was modified regarding expectations of relative searches for children placed in OOHC and developed a putative father registry. 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.

Achievement of timely permanency is a goal area within this CFSP document. Please refer to CFSP Goal 3 for descriptions of current and planned activities targeted at improving performance for Permanency Outcome 1, as well efforts within the 2020-2024 Diligent Recruitment Plan.

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

Results of the CFSR show Kentucky is not in substantial conformity with Permanency Outcome 2, as the outcome was substantially achieved in only 56% of cases reviewed. Data from third-level case reviews show a similar yet decreased performance, with 54.17% of cases reaching substantial conformity for this outcome. The majority of stakeholders who participated in the self-assessment survey (75%) reported the child welfare system is doing a "Fair" job at ensuring the continuity of family relationships and connections are preserved for children.

*Item 7: Placement with Siblings*

The CFSR indicated placement with siblings is an area of strength for the state as 96% of applicable cases reviewed had a strength rating for this item. Data from the PIP baseline show a slight decrease, with 94.29% of cases having strength ratings. There are no planned activities specific to improving performance in this item, however the state will continue to monitor performance in this area throughout the next 5 years.

*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 on 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%). Results from third-level cases reviews show a decrease in performance with 46.15% of cases receiving strength ratings regarding visiting with parents and siblings in foster care.

Visitation and relationships with biological families were targeted in the development of PIP service array strategy 2. 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.

#### *Item 9: Preserving Connections*

Preserving connections received a 68% strength rating for cases reviewed during the CFSR and a 62.86% strength rating in third-level case reviews, therefore, ensuring children remain connected to their home communities is an area needing improvement for the state.

Preserving connections may be affected by relative financial support as a result of *D.O. v. Glisson* (see 2019 APSR Submission for more details) and a new child-specific placement type. In 2018, the department began work to establish new regulations for development of a child-specific foster home for relatives and fictive kin caregivers raising kin children. Relative and fictive kin caregivers have the option to pursue approval as any type of foster home, the same as any other provider. However, the development of the child-specific foster home type allows flexibility to choose an option with fewer requirements if that best meets the family's needs. The new relative service array ensures relatives and fictive kin caregivers are fully informed of all supports available so that they may choose the option that best meets the needs of the child and their family. By providing financial support and services to relatives and fictive kin, children who otherwise may have been placed in foster homes outside of their home community may now be able to stay in their community or origin.

#### *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 CFSR, 54% of applicable cases reviewed had strengths in this area. More recent data from third-level case reviews indicates 68.66% of cases reviewed had a strength rating, which may be credited to recent changes promoting and enhancing supports for relative placements.

Relative placements may be affected by relative financial support as a result of *D.O. v. Glisson* (see 2019 APSR Submission for more details) and a new child-specific placement type. In 2018, the department began work to establish new regulations for development of a child-specific foster home for relatives and fictive kin caregivers raising kin children. Relative and fictive kin caregivers have the option to pursue approval as any type of foster home, the same as any other provider. However, the development of the child-specific foster home type allows flexibility to choose an option with fewer requirements if that best meets the family's needs. The new relative service array ensures relatives and fictive kin caregivers are fully informed of all supports available so that they may choose the option that best meets the needs of the child and their family. The department expects that with additional support through the child-specific placement type and clarity regarding the relative service array that performance and outcomes will improve regarding relative placement.

### *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). Data from third-level case reviews show a decrease in performance, with 43.75% of cases reviewed receiving a strength rating for this item.

Current and planned activities targeted at improving performance of item 11 includes the implementation of PIP service array strategy 2 in collaboration with a representative from First Lady Glenna Bevin's We Are Kentucky initiative who specifically targets the faith-based community. Through the development and implementation of visitation services, the state expects to make an impact on the permanency of children as it will develop a consistent, statewide framework for how community partners, to include faith-based communities, can play an essential role in building visitation programs to benefit these families within the community involved in the child welfare system. By utilizing community partners to assist with visitation, the state hopes to strengthen relationships between not only children and parents, but also between the department and community partners. While this strategy is initially focused on visitation services, the department is hopeful that eventually community partners may be able to assist in activities outside of normal visitation. Additional activities that may affect this item includes expansion of the relative and fictive kin service array, which may have direct impacts on children's connections to their families and home communities while placed in OOHC. For further information regarding the expansion of the state's service array, refer to Goal 2 of this CFSP and the service description within the narrative.

### *Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.*

The majority of cases reviewed during the CFSR were not in substantial conformity with Well-Being Outcome 1, as the outcome was substantially achieved in 31% of applicable cases. In-home cases had performance below that of OOHC cases, with scores of 24% and 35% respectively. The third-level case reviews mirrored these results with 32.22% of cases substantially achieving this outcome. Nearly three-fifths (58.3%) of respondents in the stakeholder survey reported the child welfare system is performing "Fair" in this outcome area. 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 the area of enhancing families' capacity to provide for their children.

### *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 in this area. As demonstrated in prior outcome areas, the state performed better in OOHC cases (38% strength) when compared to in-home cases (28%). Third-level case review data shows some improvement, with an overall score of 40.78% strength for Item 12. The needs and services provided to children, parents, and foster parents are individually addressed in the below three sub-items. A planned activity targeted at improving performance on item 12 is the statewide implementation of established risk and safety model to improve assessments and identification of needed services both initially and on an ongoing basis.

#### *Item 12A: Needs Assessment and Services to Children*

During the CFSR, this item received an overall strength rating in 68% of cases reviewed. Third-level reviews showed similar performance with a 64.25% strength rating. Needs assessment and service provision was better during the CFSR in OOHC cases (85% strength) than it was in in-home cases (40% strength). A current and planned activity targeted at improving performance on item 12A is the continued and expanded use of behavioral screening and assessment for children.

#### *Item 12B: Needs Assessment and Services to Parents*

Needs assessment and services for parents performed lower than that of children, but followed a similar pattern of better performance in OOHC cases versus in-home cases. Item 12B was an area needing improvement as identified in the CFSR as 39% of applicable cases received a strength rating on this item. Third-level case review data shows no change with a 38.75% strength rating on this sub-item. During the CFSR, parents involved in OOHC cases more frequently had their needs assessed and services provided to them (41% strength) than those parents with in-home cases (36% strength). Needs and services provided to mothers and fathers saw similar scores, with 39% strength for mothers and 37% strength for fathers.

A current and planned activity targeted at improving performance on item 12B is the implementation of PIP service array strategy 1, which is focused on improving the quality and accessibility of treatment services for families served by DCBS. Kentucky anticipates that this strategy will have an impact on families involved in child welfare by targeting and improving the services needed by families struggling with substance misuse to increase the family's capacity to provide a safe and stable home environment. This strategy aligns with various other department initiatives, such as START, KSTEP, and POSC that focus on providing families with timely access to services. It is the intent that this strategy will reduce the wait time for entry into treatment, allowing treatment and case plans to be completed more quickly and allowing families to safely move out of the child welfare system. Another activity that may improve performance on this item includes the expansion of START and KSTEP, as these programs focus on needs and services for families in in-home cases.

#### *Item 12C: Needs Assessment and Services to Foster Parents*

Needs assessment and service provision to foster parents was better than that of needs assessment and services to both children and parents as evidenced by both the CFSR data and third-level case review data. CFSR data produced a strength rating of 81% and third-level case review data produced a strength rating of 83.05% on this item. A possible explanation for the variance between needs and services provided to foster parents in contrast with children and parents is that foster parents have additional case management support through recruitment and certification (R&C) workers (if the foster home is a public foster home) or case managers through the private child placing agencies. A planned activity targeted at improving performance on item 12C in the implementation of a formal risk assessment during the ongoing portion of a case that may help identify supports needed by foster parents to help reduce risk and placement disruption.

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

Involving children and their family in the case planning process is an area needing improvement for the state as 40% of applicable cases reviewed during the CFSR received a strength rating and 37.93% of cases reviewed during third-level cases reviews received a strength rating. OOHC cases saw greater involvement from children and families in case planning (47%) than in-home cases (28%). Efforts to

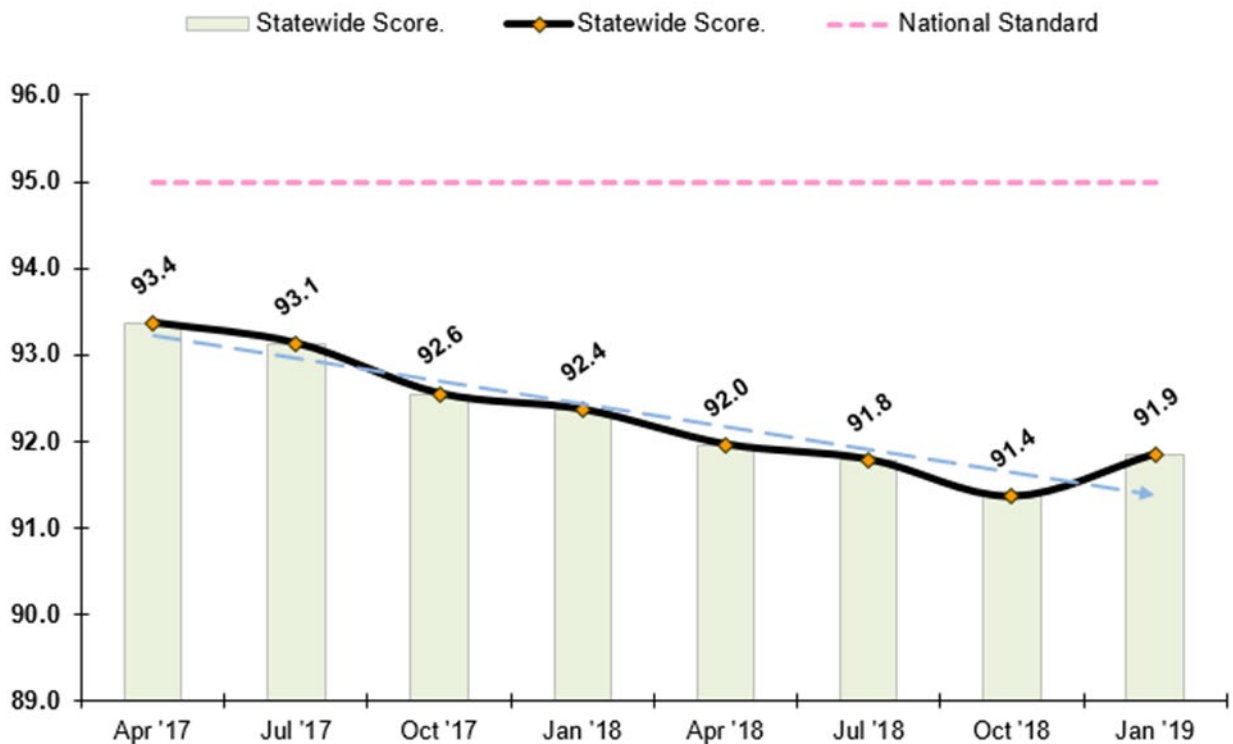
involve children, mothers, and fathers in case planning were relatively similar despite the roles of the family member (children: 51%; mothers: 52%; fathers: 49%). A planned activity targeted at improving performance on item 13 is the implementation of PIP engagement strategy 1 that focuses on improving relationships between workers and families through effective engagement during contacts, including case planning meetings.

*Item 14: Caseworker Visits with Child*

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 from third-level case reviews. 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%). Although frequent and quality visits with children who are placed in OOHC are happening more often than those visits with kids in in-home cases, data in Figure 3 demonstrates performance is overall on a downward trend despite an uptick in caseworker visit frequency during the last quarter of 2018. Additionally, monthly caseworker visit data for the past several years has shown that Kentucky is below the 95% requirement for monthly visits with children in OOHC. A planned activity targeted at improving performance on item 14 is the implementation of PIP engagement strategy 1 that focuses on improving relationships between workers and families through effective engagement during contacts, including during visits with children.

**Figure 3: Caseworker Visits to Children in Care: Trend Analysis by Quarter**

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



#### *Item 15: Caseworker Visits with Parents*

Caseworker visits with parents had lower strength ratings than caseworker visits with children in both the CFSR and third-level case reviews. Cases reviewed during the CFSR received a 41% strength rating while third-level case reviews produced a 36.94% 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 in regards to visits with mothers and a 44% strength rating for fathers.

A planned activity targeted at improving performance on item 15 is the implementation of PIP engagement strategy 1 that focuses on improving relationships between workers and families through effective engagement during contacts, including during visits with parents. An additional activity that may improve performance on this item is the implementation of field training specialists program. The purpose of the field training specialists program is to assist in the transfer of learning between new employee training and fieldwork. Skills used during caseworker visits with parents will likely be a large area of focus during this program, as meaningful visits with parents are crucial to positive outcomes for children and families. For further information regarding the field training specialists program, see objective 4.1 within this CFSP.

#### *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 the outcome was substantially achieved in 77% of cases reviewed in the CFSR and 79.22% of cases that had a third-level case review. Survey results gave lower performance scores, as half (50%) of stakeholder respondents reported the child welfare system was functioning only “Fair” in this outcome area and 33.3% of respondents reporting the system was functioning “Good.”

#### *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 in third-level reviews received a strength rating. The frequency of assessing and addressing educational needs of children in OOHC cases at a strength rating is nearly double (84%) of the performance in in-home cases (43%).

Prior and current activities that have contributed to the state’s progress to date to achieve substantial conformity in this outcome area include the continued use of parent engagement meetings (PEMs), formerly known as “Educational Neglect Family Team Meetings.” PEMs target school-aged children (ages 5-11) who are at risk of educational neglect. Until recently, PEMs were only offered in the Jefferson Service Region; however, there was a recent expansion to another service region. PEMs bring families, agencies, and community partners together to resolve issues that exist within the family. Facilitators ensure an objective discussion of issues and explore resources. More information regarding PEMs can be found in Goal 2 of this CFSP.

#### *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 that received a third-level case review. Children received adequate services to meet their physical



and mental health needs at a substantially higher strength rating in OOHC cases (73%) compared to in-home cases (32%). Survey results show that 33.3% of respondents report the child welfare system is functioning “Good” in this outcome area while 58.3% of respondents report “Fair” performance.

#### *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 third-level cases reviews show a similar score, with 78.3% of cases receiving a strength rating. Children in OOHC more frequently had their physical health needs addressed (83% strength rating) compared to children in in-home cases (44% strength rating).

An activity targeted at improving performance on this item involves upcoming changes regarding managed care organizations (MCOs) assigned to children placed in OOHC. The state is currently in the process of streamlining healthcare services for children in OOHC. Children in care are assigned an MCO. There are multiple MCOs that provide healthcare services to children and the variance among providers causes barriers for staff and families. Beginning in fiscal year 2021, all children in OOHC will be covered by one MCO. This will significantly streamline the services received by youth in care. In addition, staff will be able to more easily access the services with having only one MCO to contact.

The department has quarterly MCO meetings with every MCO to discuss current barriers. These meetings have allowed staff to have easier access to services for families, including those families with in-home cases. New SOP have been developed that guides staff include MCO providers during service provision, including during case planning and youth transitions.

The department collaborates with The Department of Public Health and the Commission for Children with Special Health Care Needs. The Commission assists in the health planning and care coordination for the department’s medically complex population. In addition, the department’s medical director has begun conducting regular conference calls with the service region clinical associates to provide consultation and enhance their clinical skillset in efforts to further support the physical and mental health needs of children.

#### *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 third-level case reviews 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%).

Screening and assessment has contributed to the progress to date for this outcome area. Furthermore, the reorganization of the division and development of the Clinical Services Branch has allowed for centralized administration and coordination of physical and mental/behavioral health consultation activities. For more information regarding how the services provided within the Clinical Services Branch have contributed to the progress in this outcome area, refer to the 2019 update and the 2020-2024 Health Care Oversight and Coordination Plan.

Planned activities targeted at improving performance in this outcome area includes Kentucky’s alignment with FFPSA by increasing the number of well-supported evidenced-based practices that are

used with the child welfare population in mental health treatment, substance misuse prevention and treatment, in-home parent skill-based programs, and kinship navigator programs. In addition, as discussed under Item 17, the department's medical director has begun conducting regular conference calls with the service region clinical associates to provide consultation and enhance their clinical skillset in efforts to further support the physical and mental health needs of children.

### Systemic Factors

In addition to child and family outcome areas, systemic factors are also a focus of the department's prior and current self-assessments. To evaluate performance on these systemic factors, data is examined from multiple sources including the CFSR, CCWIS, and the CFSP CQI Stakeholder CQI Group survey.

#### Information System

The CFSR found the state to be in substantial conformity with the systemic factor of statewide information system. However, the majority of stakeholders surveyed (41.7%) reported the state's information system is functioning "Fair."

#### *Item 19: Statewide Information System*

Kentucky received a strength rating on Item 19 during the CFSR. Kentucky's CCWIS is The Worker Information SysTem, or TWIST. TWIST is a client server application and collects many data for the child welfare population, including the following: referrals and assessments of maltreatment to include data on victims, perpetrators, issues of safety, and determination on the referral; demographic characteristics of children and adults including gender, age, race, and address; entry and exit data for children placed in OOHC; plans for services and permanency; court activities; Title IV-E determinations; contacts with case participants; and ongoing case management activities including adoption activities such as 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 the Children's Review Program (CRP), the Court of Justice, the Department of Education, and the Kentucky Justice and Public Safety Cabinet in cooperative efforts to enhance investigations and ongoing casework. TWIST provides aggregated data to partner 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.

A prior area of concern regarding TWIST was issues in identifying the address of child's current placement when placed with a private provider agency. For example, if a child were placed with private provider such as Benchmark Family Therapeutic Services Foster Care, TWIST would show the address of child as the office address of Benchmark rather than the address of the particular family home that was a licensed provider with Benchmark. This issue has been resolved, as TWIST now has the functionality to identify the actual address of the placement once entered by the case manager employed by the private agency. The state does not have data that demonstrates the current functioning of TWIST that readily identifies status, demographic characteristics, location, goals, and placements of children placed in foster care. However, demonstrations of the availability of this information in TWIST may be completed at any time. Furthermore, management reports can be filtered to blank or null entries, which can help identify data entry issues regarding these various fields.

To maintain substantial conformity with this systemic factor, there are several structures in place to ensure that TWIST is designed and functioning as intended. Regular meetings are held between TWIST



management and department management through the structure of the TWIST Steering Committee to discuss issues from local and regional staff; federal, 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. In addition, biweekly management reports meetings are held between central office staff and TWIST staff to ensure that data captured from TWIST and reflected in management reports is accurate and meeting the needs of its users. Furthermore, feedback from field and central office staff focused on the improvement and/or modification of TWIST is encouraged through a customer service request (CSR) process, which identifies issues and recommendations to TWIST that are often discussed in the TWIST Steering Committee meetings. To continue to improve the performance of TWIST, the state plans to maintain the above mentioned structures to continually evolve TWIST with initiatives as they occur, such as through the enhancement of TWIST to align with the state's new safety and risk model as discussed in Goal 1 of this CFSP.

### Case Review System

Assessment of Kentucky's case review system through the CFSR involved examining practices related to Items 20-24. The CFSR found Kentucky to not be in substantial conformity with this systemic factor, as only one item (permanency hearings) was rated a strength of the five items assessed. Majority of respondents to the stakeholder survey (41.7%) reported the case review system to be functioning "Fair."

#### *Item 20: Written Case Plan*

Ensuring that each child has a written case plan that is developed in partnership with the child's parents is an area needing improvement for the state. Information gathered during the assessment and stakeholder interviews of the CFSR identified concerns that parents are not routinely engaged in the case planning process. It was often identified that staff develop case plans without input from parents and prior to case planning conferences. While the state's CCWIS tracks role and attendance of participants in case planning meetings, there is no data to demonstrate the current functioning in regards to ensuring parents are actually engaged and involved in case planning despite attendance. 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 improvement of risk and safety assessments 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. A planned activity targeted on assessing and potentially improving performance of item 20 is the incorporation of phone calls to families in the second-level case review process as part of the PIP engagement strategy. Questions that will be incorporated into this process are directly related to family involvement and engagement in casework and include, "Did you have input in a prevention plan or case planning process? If so, how? Did you receive a copy of it?" and "On a scale from 1 to 5, how did your worker do at helping you feel involved in your case?" By asking these questions to families during case reviews, reviewers will be able to assess trends of parental engagement in case planning by asking for the parent's perspective rather than simply looking at attendance and compliance as documented in CCWIS.

#### *Item 21: Periodic Reviews*

Item 21 is another area for improvement for the state as identified during the CFSR. Per the final report and stakeholder interviews, there was no 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. [KRS 620.180](#), as amended by House Bill 1 of the 2018

legislative session, mandates more intensive case reviews of children in care (at six months following entry into OOHC and every cumulative three months thereafter) and a petition for termination of parental rights if the child has been in care for a total of fifteen cumulative months out of 48 months. Annual permanency reviews are required yearly in the anniversary month of the child’s entrance into care.

As noted in Table 3, the data obtained from TWIST shows an overall increasing percentage in timely completion of case plans over the period reported. May 2018 data shows that despite an increase in total number of cases, the percentage of case plans completed timely remained consistent compared to the prior year at the same time. May 2019 data shows a decrease in the number of cases, which may have contributed to the increase in percentage of plans completed timely. It should be noted that the data in Table 3 reflects all case plans, regardless the case type (in-home or OOHC case). While there are no current or planned activities targeted at improving performance on item 21, activities within the PIP that involve court partnership may improve performance on this item. For example, through the permanency CQI process in PIP permanency strategy 1, a barrier to permanency that may be identified and addressed during meetings with court personnel could be delayed reviews that are consistently passed to further dates on the docket.

**Table 3**

	6/6/2015	6/6/2016	5/6/2017	5/6/2018	5/6/2019
<b># of Cases (N)*</b>	9,988	11,384	11,349	12,128	11,439
<b>% of Cases With Case Plan Completed Timely</b>	83.82%	81.58%	82.69%	82.99%	85.44%
<b># of Cases With Case Plan Completed Timely</b>	8,372	9,287	9,385	10,065	9,773
<i>*Source: M004S. # of Cases (N) criteria includes request cases that are in the ongoing function (in-home and OOHC) and have been opened 75 days or longer. These data are only captured on the case level, not on the child level.</i>					

*Item 22: Permanency Hearings*

Permanency hearings was rated a strength in the 2016 CFSR. The results indicated that stakeholders had no concerns in regards to timeliness of hearings, however, noted concerns regarding the quality of the hearings. Completion of annual permanency reviews is not entirely under the control of the department. Successful completion of this item requires a timely judicial review and timely documentation. Table 4 illustrates timely completion of annual permanency reviews, which have continued to increase each year since 2016. Despite a marked increase in the number of children in January 2019, the child welfare system continued to increase the percentage of timely reviews and the percentage continues to be on an upward trend.

**Table 4**

	1/12/2015	1/10/2016	1/8/2017	1/7/2018	1/6/2019
<b># of Children</b>	7,928	8,068	8,173	8,629	9,708
<b>% Timely</b>	89.23%	84.88%	85.94%	88.76%	91.04%
<b># Timely</b>	7,074	6,848	7,024	7,659	8,838

*Item 23: Termination of Parental Rights*

Termination of parental rights proceedings is an area of improvement for the state as identified during the CFSR. Concerns were noted regarding lack of consistency statewide regarding timeliness of filing petitions and lack of staffing in OLS. Kentucky has shown, as demonstrated in Table 5, a continued decrease in the past few years in the percentage of termination of parent rights petitions filed timely.

**Table 5**

<b>For a child in care for more than 15 months indicate: The termination of parental rights was filed timely</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
	38.9%	28.8%	21.1%	15.1%

In efforts to improve performance, the state has begun implementation of a permanency case review process that addresses systemic-level barriers to permanency, such as lack of staffing as mentioned above, in efforts to improve timeliness to permanency. For more information regarding planned efforts in this area, refer to CFSP Goal 3.

*Item 24: Notice of Hearings and Reviews to Caregivers*

Notice of hearings and reviews to caregivers was identified as an area in need of improvement through the CFSR final report. Although the state does not have quantitative data or information that demonstrates the current functioning 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. Planned activities that may address these concerns include the implementation of the PIP strategy related to engagement and quality visits with families, as well as implementation of a field training specialists program to promote best practice of informing and including caregivers and informal supports in case planning conferences. Currently, there are no planned activities that will directly effect this item. The state is hopeful that with continued collaboration with AOC that this issue may be addressed in the future.

## Quality Assurance System

Findings from the CFSR indicated Kentucky was not in substantial conformity with the systemic factor of quality assurance system. The majority of stakeholders surveyed (41.7%) reported the state's quality assurance system is functioning "Fair."

### *Item 25: Quality Assurance System*

Kentucky's quality assurance (QA) system is an area needing improvement, as the CFSR identified the case review process is not effectively identifying strengths and needs of the system. Many changes have been made to the state's QA/CQI system within the past several years including the restructuring of the department to better coordinate and standardize CQI activities, the implementation of a third-level case review process, and the intertwining of CQI into daily practice through processes such as the permanency case review process as part of the PIP.

The department's formal CQI process consists of teams/meetings at the local, regional, and central office levels, complemented by foster parent and community teams at both the regional and state levels. This multi-level process allows for information flow and solutions to be generated and implemented by all levels of staff within the organization. Problems that require input from multiple levels of the agency 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. Meetings include the use of data to examine trends or opportunities to improve, generate solutions, or determine strategies for action.

Generally, CQI meetings occur at least quarterly at all levels. Minutes are taken by the scribe and recorded in the CQI Minutes and Issues Tracking System (CQI-MITS). Agenda items are discussed and both resolved and unresolved issues are recorded with action steps and ideas for resolution. Issues identified at each level can travel through several routes. They can remain pending at the local, regional, or departmental level until a solution is identified. Issues can be advanced to the next level for resolution or returned to the previous level for additional information or solution. Some issues may be deemed "irresolvable" for a variety of reasons and are held as unresolved or pending for any period of time. The managers of the CQI process (specialists and central office leads) will review these pending issues periodically and resolve them as possible. Other issues require long-term system change and years of work to implement; frontline staff appreciate updates on solutions in progress. Examples of information obtained through the feedback loops include suggested edits to the CCWIS to improve workflow and suggested edits to the department's SOP. These suggestions often lead to practice improvement; however, at times the suggestions are not feasible. Final determinations and justifications are then shared with the originating CQI teams.

CQI was designed to empower staff in leading the department toward improved outcomes through quarterly meetings at the local, regional, and state level; data driven improvement to practice; management reports that are drilled down to the team and worker level; and regular reviews of case work quality. Regional CQI specialists compile, distribute, and assist in interpreting management reports; lead and participate in CQI quarterly meetings; facilitate in-depth analysis of progress and problem solving; identify barriers and solutions to achieving outcomes; develop action plans; and evaluate the effectiveness of programs and actions. Within each region, the department employs at least one CQI specialist to assist regional leadership in the receipt and management of statewide and region-specific data.

The department continues to utilize the QA leads in each region. QA leads are regional staff, typically a service region clinical associate (SRCA), who manages many duties within the regions that are separate from the QA lead duties. QA leads are responsible for disseminating and monitoring quality assurance activities within their respective regions. QA lead duties are permanent responsibilities for regional staff, and include interfacing with their regional leadership and collaborating directly with central office quality assurance staff to facilitate practice improvement across the state. Additionally, many of the quality assurance leads serve as PIP workgroup leads. During the final year of the last CFSP, the quality assurance leads continued to participate in monthly calls with central office. The focus of these calls was on the implementation of the CFSR PIP, progress of third-level case reviews, and development of the 2020-2024 CFSP.

In 2018, the state finalized its third-level case review process that served as the process to establish a baseline and continued case monitoring during the PIP. The state developed the third-level case review process and PIP monitoring plan, both of which were approved by the Children’s Bureau and the measuring and sampling committee. The case review team currently consists of 10 dedicated case reviewers and 4 staff who conduct QA. Two of the staff conducting QA are section supervisors for the two case review sections within the team. The section supervisors provide direct supervision to case review staff. The third dedicated QA position is a social service specialist within the Quality Assurance Branch and is supervised by the branch manager. Additionally, when staffing levels allow, one of the case review staff will serve as a fourth QA and another will serve as a “floater” position that will assist with QA, eliminations, interviews, and any other support needed for the successful completion of case reviews.

Case reviewers review a minimum of 180 (30 cases per month) cases in a 6-month period. This is approximately 4-5 cases reviewed per area each month. Individual reviewers will review at least three cases per month. Reviews will occur in 6-month increments. A statewide case record review is completed twice per year.

During regular monthly reviews, reviewers use a detailed feedback tool to disseminate information obtained during the reviews. As third-level case reviewers complete a review, the feedback tool is completed and disseminated to the assigned worker, supervisor, regional administrator associate and/or clinical associate, service region administrator, and CQI specialist. The tool includes all item justification summaries from the Onsite Review Instrument (OSRI) in order for the worker and regional management to understand assigned ratings for specific items. Review data will be incorporated into existing CQI activities to ensure identified findings and trends are reviewed at the local, regional, and state level and used to inform plans of action.

The review team has completed training on the OSRI via the E-Training Platform provided by the Children’s Bureau website and completed reviews on practice cases, or cases that were previously reviewed during Round 3 of the CFSR. The review team meets monthly to discuss similarities and differences in responses on cases, therefore, improving inter-rater reliability. The Quality Assurance branch will provide feedback to the Training Branch in order to address the training needs identified from the reviews. This will ensure that all staff are receiving consistent information and will provide the Training Branch the opportunity to create strategies in the curriculum to move caseworkers forward and to provide best practice for the caseworkers.

The third-level case review team constantly assesses strengths and needs of individual case reviewers in efforts to improve the third-level case review process and to assist in staff development. This has involved additional, targeted face-to-face training between staff members of the case review teams. In order to involve regional staff in the enhancement of case review process, the third-level case reviews have become a standing agenda item on regional QA lead conference calls. Furthermore, the section supervisors recently engaged the service region administrators during their monthly leadership meetings to address particular issues as they are identified. For example, during a regional QA lead call, regional staff explained that the language used in the feedback tool was harsh and demoralizing from a worker's perspective. This feedback was given to the section supervisors of the case review teams who then met with the service region administrators to discuss requirements while brainstorming solutions. Solutions included revising the feedback form and enhancing the third-level interview process to ensure workers who are interviewed are approached with compassion and explanation that these reviews are intended to uncover systemic issues, not individual worker strengths and weaknesses. The department plans to continue to assess and make enhancements to the third-level case review process as they are identified through the regional QA lead conference calls.

Reviewers, along with the IQI unit, meet twice per year to analyze the Online Monitoring System (OMS) reports, identify trends, and compile into a draft trend report. The draft trend report is shared with the branch manager prior to developing a final report. The final trend report is provided to the Commissioner, DPP leadership, DSR leadership, branch managers, and regional CQI specialists. Review data is 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.

Goal 5 within this CFSP is dedicated to improving the state's CQI system. For more information regarding planned enhancements to this system, refer to Goal 5 within this CFSP.

### Staff Training

The results of the CFSR indicated staff training was not in substantial conformity, as only one of three items (foster and adoptive parent staff training) was found as a strength. The majority of respondents who completed the stakeholder survey reported the staff training system was functioning "Good" or "Fair," with 41.7% of respondents picking each of those two ratings.

#### *Item 26: Initial Staff Training*

Data from the CFSR indicated initial staff training is 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 workers.

Staff who attend initial training complete pre-tests and post-tests to determine whether improvements were made in staff knowledge as a result of the training. From May to September 2018, six cohorts of trainees attended the Child Protective Services Academy. There were 207 participants who completed the pre-test and 181 participants completed the post-test. The pre-test average was 67% and the post-test average was 79%, which demonstrates a significant gain in knowledge by 12%. Data from state fiscal year 2019 shows that the 11 cohorts of trainees that completed the Child Sexual Abuse Training also had a significant gain in knowledge from pre-test to post-test by 11%. The 2 cohorts and 38 trainees who completed the Supervisory Series Training from February to September 2018 had an 8% increase in knowledge from pre-test to post-test.

Specific information about personnel training rates is included below for 2014 through 2018. The department’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 2018 are available at the following link: [APSR Training Documents](#).

**Table 6**

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

2014	2015	2016	2017	2018
37	26	21	4	14

**Table 7**

**Academy Completion Rates for Case Workers by Calendar Year**

Course Name	2014	2015	2016	2017	2018
PP Academy (Intro to KY Child Welfare Sys) <ul style="list-style-type: none"> <li>• Foundations: Acceptance Criteria and Medical Indicators of Child Maltreatment</li> <li>• Foundations: Assessing Safety and Risk</li> <li>• Foundations: Core Principles</li> </ul>	347	396	352	376	283
PP Academy (Partnership) <ul style="list-style-type: none"> <li>• Partnership: Assessment, Documentation and Court</li> <li>• Partnership: Collaborative Practice</li> </ul>	358	380	382	375	325
PP Academy (ESP) <ul style="list-style-type: none"> <li>• Case Management: Out-of-Home-Care Case Planning and Services</li> <li>• Case Management: Permanency Options</li> <li>• Case Management: Case Planning</li> </ul>	276	373	389	355	366
PP Academy (CSA) <ul style="list-style-type: none"> <li>• Assessment and Case Management of Child Sexual Abuse: Part I</li> </ul>	162	330	361	333	367

<ul style="list-style-type: none"> <li>• Assessment and Case Management of Child Sexual Abuse: Part II</li> <li>• Assessment and Case Management of Child Sexual Abuse: Part III</li> </ul>					
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Data from tables 6 and 7 reflects the number of staff (separated by supervisor and worker) who have completed the academy training for calendar years 2014 through 2018. 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 might not be currently employed with the state. Due to high turnover, many individuals complete training; however, do not remain employed in the years following.

There are many current activities targeted at improving performance on item 26. The academy has moved to a hybrid model, which allows DCBS employees to be in their offices working on academy work while receiving real-time experiences and assistance in order to be prepared to come to the face-to-face trainings. This allows new hires to be in their offices working with the supervisor and co-workers while completing the online work. The Training Branch has also updated the academy based on the Opiate Use Disorder/Substance Use Disorder (OUD/SUD) Project with the Department of Behavioral Health, Development and Intellectual Disabilities. This includes material and training modules from the Hazelton-Betty Ford Agency around substance abuse. The Training Branch assisted in the regional kick-offs for the OUD/SUD Project and have worked with staff on including the modules in academy trainings. The Training Branch also partnered with University of Kentucky Trauma Center to review DCBS material and provide feedback on trauma components and substance abuse components. Modifications were made to the department’s training based upon this feedback.

The Training Branch is working with the department to include FFPSA language and specifics in the training academy. These changes and updates will include additional training on the evidence-based practice models approved for Kentucky. The Training Branch is also working with leadership on the Managed Care Organization (MCO) Training. This will include a new process of accessing the MCO and options around using the MCO for DCBS-committed youth. The Training Branch developed and trained all DCBS Protection and Permanency staff on Kinship Navigator Training, which was infused into the academy course work for new staff to receive the training material.

For planned activities targeted at improving performance on item 26, please refer to the section titled, “Upcoming Activities” in Attachment 16: 2020-2024 CFSP Training Plan.

*Item 27: Ongoing Staff Training*

The state received a rating of area needing improvement for ongoing staff training 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.

The Training Branch works with the Division of Service Regions on requests for ongoing training based on trends of field staff. Some examples include web-based training for Narcan Spray administration



(how to assist in overdose situations), tablet training for frontline staff, how to work with committed youth who are acting out, how to stay safe during home visits, and preventing dog attacks. These ongoing trainings are developed, tested, and implemented through DCBS Training TRIS System and added to each Protection and Permanency Staff Development Plan. All new staff will receive these new trainings as well as tenured employees. With any policy updates or modifications, the academy training system reviews all updates and makes modifications as needed.

The department, through its partnership with the University Training Consortium (UTC), measures new and experienced staff skill development through multiple methods. Evaluation activities focused on assessing frontline staff knowledge and skill development are incorporated into the new employee training academy as well as continuing education programs, such as the Advanced Supervisory Series. Frontline training programs are evaluated using the Kirkpatrick model (Levels 1-4). Level one evaluation involves assessing participant reactions to the training and is based on the assumption that satisfaction with content, delivery, and environment of training enhances effectiveness of the learning process. The level one evaluation instrument is “learner centered” and administered both online and via paper copy depending on the training delivery method. Level two evaluation involves measuring knowledge and skills acquired during the training (measured with pre and post-tests) with results of the evaluation serving as a basis to evaluate the translation of knowledge and skills gained in training to actual job performance. Level three evaluation measures the impact of training on job performance. It measures the extent of learning that occurred because of training that was transferred to the job. This is achieved through a follow-up survey of employees conducted once they have been on the job for six months and longer and have had an opportunity to apply the training to their work. Level four evaluation focuses on organizational change because of the training (agency impact, client outcomes, community impact). Currently, retention of academy, Master of Social Work stipend, and Public Child Welfare Certification Program graduates are tracked as a measure of level four evaluation. Training evaluation results and reports are regularly shared with department leadership through quarterly UTC evaluation workgroup meetings.

Planned activities targeted at improving this item includes the implementation and of a field training specialists program that will complement initial worker training and provide ongoing training to experienced workers as needs are identified. In addition, Kentucky’s PIP includes development of new and ongoing refresher trainings that address initiatives, processes, and job responsibilities such as those included in Family Engagement Strategy 1, Safety Assessment Strategy 1, Service Array Strategy 2, and CQI Strategy 2. For more information regarding the state’s initial and ongoing training requirements and opportunities, refer to Attachment 16: 2020-2024 CFSP Training Plan.

#### *Item 28: Foster and Adoptive Parent Training*

Kentucky received a strength rating during the CFSR regarding the training received by foster and adoptive parents. Currently the department does not have the capability to pull data regarding the effectiveness of foster and adoptive parent training. However, a planned activity targeted at improving performance on this item is the re-establishment of a Foster Adoptive Parenting Training Steering Committee. Committee members include the following: department staff, Training Branch staff, University of Kentucky training partners, and Murray State training partners. A goal for this group is to develop a logic model to utilize in the assessment of training effectiveness. The group plans to identify measures to evaluate the outputs and outcomes of the department’s training. A workgroup for this

project will begin in October 2019. The goal is to have a way to evaluate training and identify strengths and barriers.

### Service Array

During the CFSR, Kentucky was found to not be in substantial conformity with the systemic factor of Service Array and Resource Development, as neither of the items in this area were rated as a strength. However, majority of respondents who completed the stakeholder survey (41.7%) reported the state was performing “Good” in this area.

#### *Item 29: Array of Services*

Item 29 is an area needing improvement for the state based upon information gathered during the CFSR. Findings concluded that services are not adequate and accessible to all families and that waitlists and cost are areas of concern.

In preparation for the implementation of FFPSA, the department, in conjunction with Public Consulting Group (PCG) and Chapin Hall, has conducted a service array analysis that can serve to demonstrate the current functioning of item 29. As a part of this analysis, a provider readiness survey was conducted to determine the current capacity of providers throughout the state. As summarized in the June 2019 edition of *The Vision*, the department’s monthly newsletter, “The results show that Kentucky’s provider network has strong EBP capacity for mental health and substance abuse services. Additionally, responses from Kentucky’s residential providers for children in Out Of Home Care (OOHC) demonstrated many strengths related to meeting the requirements of QRTP as well as some areas of need.”

There are combinations of efforts currently planned within the state that will target improvement in service array and resource development. Many of the strategies within Kentucky’s PIP were developed in efforts to enhance and expand several service areas, including substance misuse treatment, visitation resources, and relative and fictive kin resources. Furthermore, Kentucky is utilizing kinship navigator funding to target relative and fictive kin caregivers. Research completed in 2018 by Justin Miller, PhD from the University of Kentucky’s College of Social Work found the main unmet need of kinship caregivers was the establishment of a strong peer and paraprofessional network. Through partnerships with two universities in Kentucky, the state plans to target this and other gaps by developing a communications strategy, a support network, and capacity for the Kinship Support Hotline to improve service array and resource development for Kentucky families.

#### *Item 30: Individualizing Services*

The individualization of services is also an area for improvement for the state. Concerns noted during the CFSR include the use of standardized plans that do not consider the unique needs of families, the inability of relative caregivers’ access to the same services that are available to foster parents and birth parents, waitlists, lack of services, and the utilization of available services rather than needed services. Other than the service array assessments previously explained under item 29, the state does not have any additional data that demonstrates the current functioning of item 30.

Progress to date to improve performance on this item includes the implementation and expansion of projects including START, KSTEP, and Project SAFESPACE. Partnerships with other departments, such as DPH and the DBHDID have allowed programs such as Kentucky Strengthening Families, HANDS, and First Steps to continue to service all families within the state regardless of child welfare involvement. The disbursement of financial support to relatives who have children placed in their custody has helped in

leveling resources that are available to relative caregivers compared to foster parents. Regarding planned activities, as recommended by participants in the CFSP stakeholder group, the Office of Administrative and Technology Services (OATS) is working to create a robust referral and resource system. Furthermore, [FindHelpNowKY.org](https://www.findhelpnowky.org) was developed and implemented within the last CFSP, which is an online resource to help all citizens in Kentucky find addiction treatment openings.

### Agency Responsiveness to the Community

The CFSR found that Kentucky was in substantial conformity with the systemic factor of Agency Responsiveness to the Community. One of the two items within this systemic factor was rating as a strength. The majority of stakeholders who participated in the survey (41.7%) concluded the state was performing “Good” in this area.

#### *Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR*

Item 31 is an area needing improvement for the state as identified during the CFSR. The CFSR final report noted lack of active engagement and ongoing consultation with key stakeholders in development the CFSP and annual updates included in the APSR.

In efforts to improve performance on item 31, the department continues to utilize, enhance, and respond to the participants of the CFSP Stakeholder CQI Group. The department’s Quality Assurance Branch facilitates this group. This group consists of many agencies, including but not limited to: AOC, PCAK, DJJ, DBHDID, the Children’s Alliance, Kentucky School Board Association, Kentucky Coalition Against Domestic Violence (KCADV), Head Start, and DPH. This group was originally slated to meet at least twice a year, including during joint planning for the CFSP/APSR. The group now meets quarterly. The meeting was held in April 2019 during joint planning with the Children’s Bureau.

Recruiting parent representatives to participate in the quarterly meeting continues to be an area for growth for the branch. While the state has had one parent representative consistently attend throughout the past several years, the state has struggled to expand parent representation despite recruitment efforts. In addition, attendance by youth continues to be an area in which the state can improve. The group did have one youth who participated in meetings during 2019; however, barriers continue to affect regular meeting attendance. Barriers hindering youth from attending these meetings include transportation issues, traveling distance for the youth, and inability to attend due to conflicts in school and work schedules. In addition, many youth have commitments to other stakeholder meetings, such as the youth members of the Voices of the Commonwealth (VOC), who participate in the multiple CWT workgroups.

In 2018, frontline staff including a worker, supervisor, and service region administrator were identified by the director of the Division of Service Regions (DSR) and were invited to the October 2018 meeting. These staff members have consistently participated in ongoing quarterly meetings and provide valuable frontline insight during discussions within the group. In 2019, the branch recruited additional frontline staff to participate in the meeting, and those staff members plan to participate in the summer 2019 occurrence and ongoing meetings. In addition, there are two Native American groups in the state: The Southern Cherokee Nation of Kentucky and the Ridgetop Shawnee. Neither of the tribes is federally or state recognized. In 2019, the department made multiple attempts to include both tribal groups in the state’s quarterly meeting. The Southern Cherokee Nation’s tribal leaders were contacted via telephone and they declined participation in the stakeholder meeting. The department was unable to make

contact with the Ridgetop Shawnee despite attempts to email them using the contact information posted online. The department will continue in its attempts to engage tribal representatives.

The department is assisting this group in increasing their knowledge of the child welfare system, data, and the PIP in an effort to engage the group to participate in those activities. During the January 2019 meeting, the group viewed presentations regarding CWT and FFPSA. In addition, facilitated discussion occurred regarding the recommended CFSP priorities. During the April 2019 meeting, discussion occurred around the 2020-2024 CFSP outline to include the vision statement, goals, and objectives. The group also received a presentation by the Collaborative Safety Group on the Culture of Safety that is currently being trained throughout the child welfare system. The July 2019 meeting included updates and discussions regarding each of the five goals and activities included within this CFSP. The next meeting will occur in October 2019.

#### *Item 32: Coordination of CFSP Services with Other Federal Programs*

Coordination of CFSP services with other federal programs was rated a strength during the CFSR, as information gathered showed how the department actively coordinates with other agencies including mental health providers, schools, housing services, and courts. The state does not currently have data that demonstrates the current functioning of item 32. Meetings between DCBS staff at the local, regional, and central office levels take place frequently with community partners to coordinate services or benefits with other federal or federally assisted programs serving the same population.

To improve performance on item 32, the department plans to continue meeting with many other stakeholder groups throughout the year (including but not limited to AOC, DPH, DBHDID, etc.) to discuss progress and areas needing improvement for each program or profession. Feedback will be used to shape further meetings, as demonstrated during the CFSP Stakeholder CQI Meeting, in which participants requested training regarding initiatives such as Culture of Safety and then received a presentation on Culture of Safety in the following meeting. The department will continue communication strategies through media and events, such as the Child Welfare Summit that occurred in January 2019 and included over 800 participants from many professions involved in child welfare. Additionally, the department will continue to be heavily involved with the state interagency council, regional interagency councils, and local interagency councils. The department intends to rely on assistance from these groups in implementation and evaluation of the PIP, as well as for the implementation of the 2020-2024 CFSP.

#### *Foster and Adoptive Parent Licensing, Recruitment, and Retention*

The systemic factor of foster and adoptive parent licensing, recruitment, and retention is a strength area for the state, as the CFSR found Kentucky to be in substantial conformity. Three of the four items in this area were rated as strengths and the majority of stakeholders who participated in the most recent self-assessment survey (41.75%) reported the state has “Good” performance in this area.

#### *Item 33: Standards Applied Equally*

The equal application of standards for both public and private foster homes and facilities is an area of strength for the state as identified during the CFSR. In 2015 and 2019, the agency amended both public and private agency regulations in order to align the foster and adoptive home standards. In addition, in 2019 the regulations were aligned to also reflect the Model Foster Home Standards released in 2019. In order to ensure that standards are applied equally, the agency has a variety of processes in place. The

department has 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.

Statewide private agency meetings are held quarterly. These meetings provide opportunities for the department to share policy updates with private agency staff. In addition, private agencies may bring issues or questions to discuss with the department and their counterparts. This has been an effective way to ensure that agencies receive support from the department on a regular basis. Many of the service regions have duplicated the statewide meetings into regional collaboratives; regions have developed the “PCC Collaborative” in order to meet quarterly with their local private partners. This allows for discussion regarding regional issues regarding approval standards and recruitment.

#### *Item 34: Requirements for Criminal Background Checks*

Item 34 is an additional strength area within this systemic factor, as during the CFSR the state demonstrated compliance with federal requirements regarding background checks. Both public and private agencies have regulations that ensure that the 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. The state’s CCWIS tracks the compliance of background checks and provides reminders to staff. In order to address any safety issues identified in background checks, regulation requires both public and private agencies to complete Foster Home Reviews. These Foster Home Reviews identify any safety issues that may be found in the foster home and requires a plan of action to be developed. Foster home reviews are a requirement in the Kentucky Administrative Regulation.

#### *Item 35: Diligent Recruitment of Foster and Adoptive Homes*

Diligent recruitment of foster and adoptive families that reflect the racial and ethnic diversity of Kentucky’s OOHC population is another strength area as identified during the CFSR. The department reports demographic data on the characteristics of children placed in OOHC and data on the characteristics of public and private foster homes within the state on the state’s diligent recruitment report. The report reflects the number of children in care, their age, their race, whether they are part of a sibling group, and if there are compatible foster placements available to meet their needs.

The diligent recruitment report is produced monthly and distributed to department staff in all 120 counties. In addition, quarterly meetings are held with regional R&C staff. The agenda includes a discussion of use of diligent recruitment data and best practices related to diligent and targeted recruitment activities. The data contained on the diligent recruitment report (see figure 4 below) reflects recruitment strengths and challenges in Kentucky. The regional, county, and statewide breakdown of the diligent recruitment report provides a snapshot of the number of children placed in a particular county and the number of homes available. Department staff use county-specific data to help ensure children are placed in close proximity to their homes and the same county whenever possible.

The diligent recruitment report assists in planning for general and targeted recruitment activities where homes are needed. Department staff work to recruit homes within Kentucky to meet the needs of children entering care. To ensure that all parts of the community are targeted, recruitment and certification (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. Regions have

developed recruitment advertisements for grocery store bags, billboards, yard signs, newspapers, etc. In addition, the department has a recruitment booth setup at the state fair held in August of each year.

**Figure 4: Statewide Diligent Recruitment Report**

**Diligent Recruitment Report: Statewide - 01/06/2019**

Child Characteristics	# of children	Foster Home Characteristics	# of DCBS homes	# of PCC homes	% of Need Met**
Number of Children in OOHC	9704	Number of foster homes	2,189	2,952	105.96
Children 0 to 5	3,187	Foster homes accepting children ages 0-5	1,777	706*	155.82
Children 6 to 11	2,385	Foster homes accepting children ages 6-11	953	1,038*	166.96
Children 12 to 21	4133	Foster homes accepting children ages 12-21	296	1,570*	<u>90.3</u>
Children 19 +	272	Foster homes accepting children ages 19+	14	44*	<u>42.65</u>
Children in a sibling group	5009	Foster homes accepting siblings	181	891*	<u>42.8</u>
Siblings placed together	3216	Foster homes with sibling groups	491	417	
African American children	1700	Foster homes with African American parent(s)	170	481	<u>76.59</u>
Asian children	36	Foster homes with Asian parent(s)	10	14	133.33
Caucasian children	8161	Foster homes with Caucasian parents	1,982	2,422	107.93
Native American children	33	Foster homes with Native American parent(s)		13	<u>78.79</u>
Hispanic children	479	Foster homes with Hispanic parent(s)	30	45	<u>31.32</u>
Native Hawaiian/ Pacific Island children	23	Foster homes with Native Hawaiian/ Pacific Islander parent(s)	3	5	<u>69.57</u>
Number of medically complex children	193	Number of medically complex homes	69	50	123.32
Number of children in agency cases	1683				

There are 123 active DCBS homes that have never had a placement and have been approved 90 days or longer.  
 There are 151 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 where % of need met is below 100%.

Kentucky experienced an increase in foster homes from 2018 to 2019. There was an increase of 405 public foster homes, while the number of private foster homes increased by 346. Overall, the percent of need met increased from the state’s 2018 APSR submission and this submission of the 2020-2024 CFSP in 2019 regarding foster home characteristics. The state continues to do well in the categories of homes accepting children ages 0 to 5 (155.82% of need met) and homes accepting children ages 6 to 11 (166.96% of need met). However, regarding foster homes accepting children ages 12-21, the percentage of need met stayed consistent (90.5% in 2018 and 90.3% in 2019). Accomplishments within the past year are reflected in the percentage of need met for foster homes accepting children ages 19 and above (from 33.62% in 2018 to 42.65% in 2018), foster homes with Native Hawaiian/Pacific Islander parents (from 55.56% in 2018 to 69.57% in 2019), and number of medically complex homes (from



52.41% in 2018 to 123.32% in 2019). The recruitment challenges and areas of need continue to be within familiar areas of concern, including categories of foster homes accepting siblings (42.8%), foster homes accepting children ages 19 and above (42.65%), foster homes with African American parents (76.59%), foster homes with Native American parents (78.79%), foster homes with Hispanic parents (31.32%), and foster homes with Native Hawaiian/Pacific Islander parents (69.57%). Similarly, the recruitment challenges in the 2018 APSR submission were in the categories of foster homes accepting children ages 19 and above (33.62%), foster homes with African American parents (72.75%), foster homes with Hispanic parents (25.52%), foster homes with Native Hawaiian/Pacific Islander parents (55.56%), and foster homes that accept children who are medically complex (52.41%).

A Diligent Recruitment Steering Committee was developed in 2018 in order to address diligent recruitment on a statewide level. This committee was instrumental in developing the new template for the regional diligent recruitment plans. As work within the committee expanded, separate workgroups were identified. These groups include retention, targeted recruitment, generalized recruitment, training, respite, and data. Each of these workgroups focused on different areas and reported to the steering committee. Specific strategies for recruitment were identified and the expectation was set forth to staff to duplicate statewide. Strategies identified for implementation on a statewide level include:

- Utilize the Voices of the Commonwealth (VOC-foster youth advisory group) in both recruitment and training;
- Regional invite to invest events (utilizing current foster and adoptive parents to identify potential families) and streamlined informational meeting held at this event;
- Utilize current and former foster parents in recruitment activities;
- Provide information about the medically complex program to all active foster and adoptive parents;
- Educate both recruitment and certification (R&C) and frontline staff surrounding care plus foster parent approvals, including policy updates and a tip sheet; and
- The steering committee has identified a need for a statewide brand. This is an ongoing activity utilizing feedback from the regions.

The targeted recruitment workgroup identified the need for targeted recruitment for sibling groups, older youth, children of color, medically complex children, and care plus homes. For further information regarding strategies to address these specific recruitment challenges and activities targeted at improving performance on item 35, please refer to Attachment 13: 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan.

Foster care and adoption have been priorities of the current administration, which has led to new initiatives, including The Kentucky Foster Adoptive Caregiver Exchange System (KY FACES). The KY FACES website launched on August 25, 2018. KY FACES is a valuable means for Kentucky foster and adoptive parents to find resources and information to assist them in navigating their journey in fostering and adopting. The KY FACES initiative is a project that originated from the vision of First Lady Glenna Bevin, and it is anticipated that by increasing resources and information available to foster and adoptive parents, the state will continue to see an increased interest and licensing of foster and adoptive parents.

*Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements*

Item 36 is the only item within this systemic factor that was identified as an area needing improvement during the 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.

**Table 8**

	Federal Fiscal Year 2014	Federal Fiscal Year 2015	Federal Fiscal Year 2016	Federal Fiscal Year 2017	Federal Fiscal Year 2018
<b>Total Number of Studies Completed</b>	384	399	480	496	468
<b>Studies Completed Within 30 Days</b>	282 (73%)	99 (25%)	102 (21%)	108 (22%)	113 (24%)
<b>Studies Completed Within 60 Days</b>	170 (44%)	200 (50%)	209 (44%)	216 (44%)	202 (43%)
<b>Total Number Completed Within 75 Days</b>	201 (52%)	232 (58%)	262 (54%)	278 (56%)	252 (54%)
<b>Studies Completed After 75 Days</b>	91 (24%)	89 (22%)	141 (29%)	113 (23%)	130 (28%)
<b>Studies Still Outstanding</b>	67	54	51	127	116

As noted in Table 8 the data collected from the past five years indicates that nearly half (43% for federal fiscal year 2018) 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 completed over the past five years. The majority of “late” 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 and inability to make contact with the home study subject are prominent reasons for home study delays. 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.

A concern identified in the above systemic factor was noted regarding the timeliness of home studies requested by other states completed within the state, and how inability to contact home study subjects and lack of staff may be contributors to this issue. Continuing to focus on workforce recruitment and



retention, as described in Goal 4, may help with these issues. A planned activity targeted at improving performance on item 36 is the development of new internal management report that can help monitor and evaluate home study completion. Currently, ICPC staff manually track ICPC requests. By creating an automated report, staff will have access to more reliable data and more time can be focused on managing requests rather than manually tracking them. Furthermore, the National Electronic Interstate Compact Enterprise (NEICE) was deployed in Kentucky on June 14, 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. NEICE will streamline the process for interstate placement of children as interstate requests are now submitted electronically.

## IV. Plan for Enacting Kentucky's Vision

### Goals and Objectives

Kentucky is in a unique position for developing the 2020-2024 CFSP. For over the past year, the department has been spearheading CWT in Kentucky. The CWT initiative aims to fundamentally change the way the department thinks, responds, and the way it leads. The initiative is sponsored by First Lady Glenna Bevin, Cabinet Secretary Adam Meier, and Department Commissioner Eric Clark. CWT activities are managed within the following workgroups: transition aged youth, prevention supports, workforce supports, foster care and adoption, relative placement supports, fiscal modernization, and department's service region/field implementation. Each of these workgroups has developed a scope of work, as well as action items for the completion of goals.

Throughout CWT, appropriate stakeholders have been engaged as they relate to each of the focus areas. Stakeholders for each workgroup were initially engaged in September 2018 to allow for a review of the workgroups' scopes of work, identified strategies, and to receive feedback and recommendations. The workgroups reconvened in October 2018 to review stakeholder recommendations, inputs, and refine the work groups' scopes of work accordingly. The first CWT Stakeholder Advisory Group and Steering Committee convened on November 5, 2018. In addition to the First Lady and Lieutenant Governor, CWT workgroups presented more than 25 initial transformational strategies to the Stakeholder Advisory Group, the Steering Committee, multiple community partners, and executive cabinet leadership. The VOC, a foster youth alumni advisory council, has membership on the transition aged youth, permanency, and foster care and adoption work groups. In early 2019, a START mentor was invited to the prevention supports workgroup as an active member to provide birth parent representation.

Following the receipt of Kentucky's CFSR final report for 2016, the department, in collaboration with many of the stakeholders outlined above met to determine crosscutting themes for Kentucky's PIP, which was identified as those critical areas needing improvement during the CFSR. Those include workforce, family engagement, safety assessment, service array, CQI, and permanency. Workgroups for each focus area were developed and department staff, as well as pertinent stakeholder participants, were identified as members of the workgroups. Each workgroup appointed a lead and co-lead from department staff to be the point of contact and driving force for each respective workgroup. Technical assistance in the form of a state liaison, practice improvement coordinators, and subject-matter experts were provided by the Capacity Building Center for State (The Center) during the workgroup meetings. Each workgroup analyzed data and root causes, developed strategies, and constructed a theory of change to explain why the strategies chosen are expected to improve outcomes in each of the goal

areas. Workgroup meetings occurred regularly throughout the PIP development process both in person and via conference call and continue to occur during PIP implementation and evaluation.

The goals for the 2020-2024 CFSP were developed by utilizing the work completed within CWT workgroups, additional requirements from the program instructions, targeted CFSR PIP activities that will be implemented statewide within the next five years, as well as other activities and initiatives that have been 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.

Narrative information regarding the department's goals and objectives for the next five years is below. Please refer to the attachment titled "CFSP Matrix" for implementation tasks, projected timeframes, and data indicators to measure progress related to each goal.

**Goal 1:** 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. As identified during the CFSR (Safety Outcome 1 (75%), Item 1, 75%; Safety Outcome 2 (60%), Item 2, 67%; and Item 3, 60%) and continues to be demonstrated through the PIP baseline (Safety Outcome 1 (69.77%), Item 1, 69.77%; Safety Outcome 2 (47.22%), Item 2, 54.9% and Item 3, 49.44%) and ongoing PIP monitoring, the department struggles with conducting quality safety assessments, initial and ongoing, that address the safety of children served. Anecdotally, it is thought that a 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, are contributing factors. Staff and court system bias play a large role in safety decision making, as often times decisions lead to the removal of a child from the home rather than attempting to remove the harm. 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.

Another barrier within the department revolves around the number of reports that are accepted for investigation, and then subsequently found as unsubstantiated. The CPS Intake Fact Sheet for 6/1/2018-5/31/2019 shows that 53,569 calls were accepted for investigation during that time. Of those, only 15,558 received a finding of either substantiated (13,485) or family in need of services (2,073). This leads to larger caseloads for an already overburdened workforce and takes time and attention away from families who truly need services. Skill development is needed in an effort to slow down the intake process to gather the information needed in order to make better decisions around the acceptance of referrals. This will assist in decreasing the number of referrals that are accepted for investigation, consequently reducing staff burden.

This goal directly relates to the CFSR PIPs implementation of a safety model to address safety assessments across the life of a case. The department will utilize the CFSP to fully implement, assess, and make needed modifications to the safety model. This will ensure that the department has an ample amount of time to implement the model with fidelity so that families will receive the full benefit of the model.

Please refer to the attachment titled “CFSP Matrix” for implementation tasks, projected timeframes, and data indicators to measure progress related to each goal.

*Objective 1.1:* 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 serve to: 1) ensure children are only coming into OOHC when there is a true safety issue 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 current version of the state’s PIP notes that Kentucky will develop a risk and safety model and that the model will be implemented in two service regions. The state has since decided to purchase a pre-existing risk and safety model and to implement statewide. These changes to the PIP will be reflected in the first semi-annual PIP update report.

During the first quarter of 2019, the state reviewed various safety models and focused the selection down to two models: The Structured Decision Making (SDM) model for child protection and Action for Child Protection. Preliminary conversations, face-to-face meetings with representatives from both models, follow-up conversations, and peer-to-peer calls with states who have implemented the models occurred during the spring of 2019. After methodical scoring and discussion regarding which model best meets the state’s needs, DCBS leadership made a preliminary decision to pursue a contract with the SDM model with an initial emphasis on model components specific the intake and assessment portion of a case. The assessment portion of a case may utilize two separate tools: a safety assessment tool and a risk assessment tool. The safety assessment tool will be utilized at the beginning of an assessment or investigation to determine whether immediate action should be taken to address safety concerns. By utilizing an evidenced-based actuarial tool that is calibrated utilizing Kentucky-specific data, the state anticipates an increase in consistent and appropriate safety decision making at the beginning of an investigation. At the conclusion of the investigation, a risk assessment tool will be used to assist in determining case disposition. The implementation of a risk and safety model will follow the sequence of a case, that is, the state will begin by first implementing risk and safety assessments used during the intake and investigative portion of a case. Then, the state will implement risk and safety assessments that will be used during the ongoing portion of a case. Please refer to the CFSP Matrix for implementation steps and timeframes regarding the implementation of a statewide risk and safety model.

The department will continue to work in conjunction with the Center in the planning and implementation of the selected safety model. The department will modify the existing work plan with the Center to include all aspects of the implementation of the safety model.

To determine whether the implementation of a safety model has been successful in improving outcomes for families and children, the department will monitor the rates of repeat maltreatment within the state, as well as entry into OOHC. Data from the most recent CFSR 3 data profile indicates

that Kentucky's recurrence of maltreatment is at a 14.9%, with the national standard being at 9.5%. Within five years, the department would like to see recurrence of maltreatment decrease below the national standard. Additionally, third-level case review data should show an increase in strength ratings for Item 3. PIP goals indicate that the state must be at a 54.2% for successful completion. In five years, Kentucky would like to see that percentage move beyond the PIP goal to 60%.

As discussed in the 2020-2024 Training Plan, the Training Branch will collaborate with the division and the selected vendor to ensure that staff are appropriately trained in the model to ensure fidelity. Central office will provide support to the service regions and frontline staff to assist with implementation of the model. The department will collaborate with selected vendor in developing a plan to inform stakeholders of the change and provide information on the aspects of the model and obtain support to further enhance safety for families within the state.

Technical assistance and capacity building needs will continue to be provided by the National Council on Crime and Delinquency (NCCD, the vendor of SDM) and the Center during planning, implementation, and evaluation. The Center continues to provide a project manager, subject matter expert, and evaluation coach specific to this objective. Implementation supports in the form of training, coaching, data systems, and policy development will be sought both internally via the Training Branch and TWIST team, as well as externally through NCCD and the Center.

**Goal 2:** Ensure that appropriate services are available that expand the prevention continuum and are provided to meet the needs of families and children in Kentucky.

Kentucky, as well as other states around the country, is currently burdened with the detrimental opioid crisis. Service provision around the state is lacking regarding ensuring families suffering from addiction have affordable and quick access to needed treatment for substance misuse. Additionally, there is a lack of prevention services to assist families in the home and prevent unnecessary removal. 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. 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. Item 12 (needs and services of children, parents, and foster parents) only had 34% of cases rated as a strength. PIP baseline data shows that this trend continues, with only scoring a strength in 40.78% of the cases applicable for review in Item 12.

As of June 2, 2019, there are 9,875 children in OOHC. In order to safely decrease this number, the state needs a service array that expands the prevention continuum. Prevention services to address substance abuse in the home, in addition to other high-risk behaviors, are necessary in order to ensure children can remain safely in the home. 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 within the title IV-E waiver demonstration project have shown great success within select areas of the state. More information regarding START and KSTEP can be found below in section IV: Services, Additional Service Information, and Child Welfare Waiver Demonstration Activities.

In preparation for implementation of FFPSA, the department has conducted a service array analysis to determine what services are needed and where the need is within the state. Data from this analysis shows that although in some areas of the state many families and children are receiving contracted in-

home services, there are still many gaps in service provision. For instance, data from the analysis showed that the Eastern Mountain Service Region has 2,011 families being served by a contracted services provider in 2018 while only 706 families in The Lakes Service Region are receiving services from a contracted service provider. Additionally, the data also shows that the variety of contracted services available within each region vary. One example is service provision from START and KSTEP are only available in select areas within the state, but have shown high rates of success in those areas.

This goal enhances the strategies already outlined within the CFSP PIP around service array, which addresses collaboration with mental health providers to improve the quality of services as related to substance misuse/mental health, increasing community supports to improve the quality and frequency of parent-child visitation, and ensure services for relatives and fictive kin. As part of PIP service array strategy 1, the referral form used to refer children to behavioral health services has been expanded to be applicable for adults also seeking mental health services.

The Annie E. Casey Foundation assessed Kentucky's relative placement procedures in July 2018 as outlined in PIP service array strategy 3. The assessment involved interviews and focus groups with SRAs, SRAAs, judges, community providers, foster youth, relative caregivers, frontline workers, R&C workers, and supervisors. The assessment also included a policy and document review, and utilization of a kinship estimation tool. Overall, the assessment found that placement with relative caregivers in Kentucky is highly valued over foster care placements. Statistics showed that for every 6 children entering department custody, another 10 children were being placed with relatives. Kentucky exceeds the national average for children living in informal kinship care placements. In general, concern was expressed that there was not good policy guidance regarding relative placements. There was no standard for visitation and support services for relatives were not available. Furthermore, the department does not adequately track informal relative placements so the true number of placements is unknown.

In response to the assessment, in April 2019, the department issued SOP Chapter 5 that provides for relatives and fictive kin caregivers to be informed of the service array available to them as they can choose to be approved as a child-specific foster home or basic foster home. In late 2019, the department is planning a new release to CCWIS for tracking informal relative and fictive kin placements that will be entered into CCWIS by the worker. The department is planning a rollout of a guardianship assistance program that will provide assistance to relatives after permanency has been achieved. This program is used by many other states and is partially funded by the federal government.

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.

Please refer to the attachment titled "CFSP Matrix" for implementation tasks, projected timeframes, and data indicators to measure progress related to each goal.

*Objective 2.1:* Expand prevention services statewide 12% by 2024.

In order to effectively improve safety, permanency, and well-being outcomes for families and children, a comprehensive and accessible array of prevention services is crucial. In preparation for the implementation of FFPSA and to inform further CWT activities, the department has solicited feedback

from the provider community through a provider readiness assessment. The readiness assessment was developed to gauge the level of readiness of agencies within the provider community to operate with a trauma informed approach, implement evidence-based practices (EBPs), meet QRTP qualifications, use data to monitor and improve child and family outcomes, and meet de-coupling requirements. The department, in collaboration with Public Consulting Group (PCG) and Chapin Hall, are continuing to analyze the results of the survey to determine what EBPs are currently available within the state and where the service gaps are. Preliminary results indicate that many providers (N=70) offer a variety of EBPs including but not limited to Trauma Focused-Cognitive Behavioral Therapy (TF-CBT-85.3%), Parent-Child Interaction Therapy (PCIT-45.9%), Functional Family Therapy (FFT-16.4%), and Motivational Interviewing (MI-65.6%). Although providers report providing these specific EBPs, not all of the providers offer them statewide. The survey showed that only 11.5% of providers offer TF-CBT, 3.6% offer PCIT, 10% offer FFT, and 7.5% offer MI statewide. The department will utilize the data from the survey to assist with determining which EBPs the state will use to expand services in order to increase access to preventative services. The department will collaborate with providers to expand services in order to provide services to more families statewide. The department anticipates that an increase in the availability of prevention services will lead to a decrease in entry to OOHC, as well as an increase in strength ratings for Item 2 and Item 12.

The department, through contracts, monitors the number of families served statewide through contracted services. In 2018, approximately 10,923 children/families were served through these services. By 2022, the department expects to see an increase of 6% percent, with a 12% increase by the end of the CFSP.

The department is currently hosting regional forums for all nine service regions to inform frontline staff of the implementation of FFPSA, as well as the results of the provider readiness assessment. The department will provide ongoing support to frontline staff as prevention services are expanded throughout the state. Please refer to the 2020-2024 Training Plan for more information. The department will continue to receive technical assistance, capacity building, and implementation supports from PCG and Chapin Hall in its efforts to expand services statewide, as well as for implementation of FFPSA. The department does not anticipate any additional technical assistance, capacity building needs, or implementation supports from any additional agencies at this time but will request assistance from the appropriate agencies should needs arise.

*Objective 2.2:* Implement an alternative response process statewide by 2024.

Kentucky does not have a true alternative response when responding to low risk intakes. Previously, the department had two responses, or tracks, when receiving determining that a report met acceptance criteria. Staff could conduct an investigation or a family in need of services assessment (FINSAs). In early 2014, the department modified this practice so that this determination is made at the end of an investigation and serves as a finding rather than a workflow process. The CPS Intake Fact Sheet indicates that from 6/1/2018-5/31/2019 the department investigated 53,596 allegations of maltreatment. Of those, 2,073 received a finding of services needed. These reports received full investigations, even though these were low-risk allegations. The implementation of a true alternative response would not only decrease the workload for staff, it would improve the delivery of services to families. During the first week of 2018, the department had 5,546 investigations past due, meaning that the report was over 30 business days old. In the last week of 2018, the department had 7,947 past due



investigations, a 35% increase. Many of those families go months without contact with staff, as they are low risk cases. Frontline staff are unable to spend the same amount of time, effort, and attention on low risk cases as those that are more lethal or urgent, therefore, triaging often occurs to ensure that the most severe cases are serviced. With a functioning alternative response, the department anticipates this number to decrease at the conclusion of this CFSP.

The department will conduct further analysis to determine the most appropriate way to implement alternative response for Kentucky. As there are many ways that this could be accomplished, such as contracting with private providers to assess low risk reports or arranging the department's staffing complement in a way that would allow specialized teams within regions/counties to conduct either investigations or assessments and not both simultaneously, further research and discussions will be needed.

As this is a new endeavor for Kentucky, the technical assistance needs are not fully known at this time. The department will continue to receive assistance from the Center through the work plan developed within the safety workgroup for the PIP. Additionally, the division will work with the Training Branch to develop and implement training for staff to ensure that all department staff know and fully understand alternative response and how to best utilize the process to better serve families. The department does not anticipate any additional technical assistance, capacity building needs, or implementation supports at this time. Should further needs arise, the department will contact the Center for support.

*Objective 2.3:* Expand Parent Engagement Meetings (PEM) to one additional county, evaluate program outcomes, and identify additional funding opportunities for further expansion by 2024.

Parent Engagement Meetings (PEM) are a service provided by CBCAP funding in an effort to divert families from child welfare intervention. The PEM approach utilizes a strengths based approach, as the family is given an opportunity to share their story and discuss barriers resulting in a child's absences or tardiness. The school system refers a family for PEM when a child is at risk of educational neglect (defined as six or more unexcused absences) in an effort to prevent child protective intervention. During collaborative meetings, barriers to school attendance are identified so that solutions can be developed in conjunction with the family. The PEM model was recently published in an article for the Child and Adolescent Social Work Journal as the data from the model has shown that PEMs are very successful. For the 2013-2014 school year, 108 meetings were held that served 130 children. Of those children, 89% were diverted from being referred for child welfare intervention. For the 2016-2017 school year, 248 meetings were held that served 371 children. Of those children, 75.4% were diverted from being referred for child welfare intervention. Currently, PEMs are only offered in Jefferson County. Although there has been great success with PEMs, expansion has not occurred due to lack of resources.

The department, however, is planning to expand PEM to one additional county, Daviess, utilizing CBCAP funding. The department began implementation in Daviess County in March 2019; however, very little data was collected prior to the end of the school year. Full implementation and monitoring will begin in Daviess County with the next school year that begins in August 2019. The department will collect and analyze the data yearly to determine success rates and make modifications as needed. The department will report on success rates in all APSR submissions for this CFSP.

In order to expand into additional areas and serve more families, the department will need to seek additional funding sources. The department will look particularly for funding that targets primary

prevention activities. Technical assistance will be sought as related to specific grant opportunities as needed. Program staff within the department will provide technical assistance for the PEMs as needed.

**Goal 3:** Increase the timeliness to appropriate permanency for all children in OOHC.

As stated above, the number of children in OOHC as of June 2, 2019 is 9,875. Kentucky has seen a large increase in the number of children in OOHC over the past several years. In October of 2014, there were 7,684 children in OOHC, which is 25% increase in roughly four and half 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 in November at 9,916 children. However, the number of youth in OOHC decreased for three consecutive months after the peak. Although the number of youth in OOHC increased between January 2019 (9,705) and February of 2019 (9,810), the number of youth in care is still less than it was in November 2018, which shows progress in moving children towards permanency. With large increase in OOHC numbers, it is vital that those children reach appropriate permanency in a timely manner.

For round three of the CFSR, the Children's Bureau evaluates 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. While Kentucky continues to be above the national standard for the first and third indicators (NS: 42.7%, OP: 47.0%; and NS: 31.8%, OP: 36.5%, respectively), Kentucky's observed performance on permanency within twelve months for youth that have been in care 12-23 months was, and continues to be (31.7% for FY18), below the national standard (45.9%). Statewide, there was a downward trend for permanency in twelve months for children in care 12-23 months for April 2017 through January 2018 from 31.5% to 28.8%.

Data from the Federal Data in a Glance (DIG) shows that the percent of reunifications occurring in less than 12 months has increased over the past several quarters. In April of 2017, 78 percent of reunification occurred within less than 12 months, and increases to 81.2% in January 2019. While this is a positive trend, work needs to continue to ensure that timeliness to permanency is occurring for all children with any type of permanency goal. Kentucky scores below the national standard (36.6%) in the percent of adoptions occurring in less than 24 months at 14.2% in January 2019.

In addition to the permanency focus in the PIP, one of the three primary goals for the department's CWT is to improve timeliness to appropriate permanency. The goals and corresponding objectives within the CFSP will further enhance the work occurring within the PIP around the permanency review process in collaboration with AOC and OLS, placement stability process, and case reviews as mandated by HB 1. Focusing on screening and assessment, and permanency for children under the age of five and older youth will make significant improvements in the overall timeliness to appropriate permanency statewide.

Please refer to the attachment titled "CFSP Matrix" for implementation tasks, projected timeframes, and data indicators to measure progress related to each goal.

**Objective 3.1:** 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.



Kentucky has seen great success with Project SAFESPACE (Screening and Assessment For Enhanced Service Provision to All Children Everyday). Project SAFESPACE was a 5-year, \$2.5 million grant entitled Promoting Wellbeing and Adoption after Trauma. The project was designed to enhance behavioral health services for children in OOHC through implementation of a continuum of evidence-based universal screening, functional assessment, outcome-driven case planning, treatment, and descaling of ineffective services. More information, current data, and outcomes as related to Project SAFESPACE can be found in Attachment 11: Service Array Index.

As full-scale implementation has been achieved, efforts are being focused on full integration into casework and treatment planning. Barriers to full integration continue to exist related to the length of time needed for full engagement and education of the workforce. In addition, project time is challenged by the ongoing attention that is needed to ensure fidelity to protocols and quality assurance. Efforts such as decoupling and continued education of staff in regards to screening and assessment will assist with ensuring that children eligible for assessment are receiving assessments. The department plans to utilize the service region clinical associates (SRCAs) within each region to assist frontline staff in using results from the CANS more effectively in case management, as well as for follow up with providers. Additionally, the department maintains a contract with UofL to assist with aspects of screening and assessment such as training of providers in administering the CANS to assist clinicians in appropriately administering the assessment. The department intends to continue working with the private provider community to increase the array of clinicians available to administer the CANS.

Full integration of the screening and assessment process is anticipated to improve the placement stability, and decrease the length of time children remain in OOHC. Based on the January 2019 CFSP 3 data profile, Kentucky's rate of placement stability (4.67) is not statistically different from the national standard (4.44). Department data from the Federal DIG shows that in January 2019 41.8% of children in care for at least 24 months had two or fewer placements. 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.

Current data reflects that 90% of children entering OOHC are screened for assessment. Of the 52% that screen in for an assessment, 47.61% are receiving an assessment. By 2022, the department anticipates that 50% of children eligible for assessments will receive assessments. By the final year of the CFSP, it is the department's goal that 75% of children eligible will receive assessments. The department will continue to monitor completion data in order to determine the compliance rate.

Regarding technical assistance, capacity building needs, and implementation supports, the division continues to collaborate with the Training Branch to ensure that screening and assessment is embedded within the department's training curriculum. In addition, the department is developing training videos to assist with educating on the steps for the process as well as engagement during the process. Dedicated staff within the Clinical Services Branch will continue to provide technical assistance to frontline staff in regards to screening and assessment. The department receives technical assistance from AMS who supports KidNet, the system providers utilize to collect data from the CANS, that interfaces with CCWIS to provide CANS data to the department. The department also receives support from UofL in the form of training and data evaluation and from the creators of the CANS assessment,

the Praed Foundation and John Lyons. The department does not anticipate any additional technical assistance, capacity building needs, or implementation supports at this time.

*Objective 3.2:* 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.

For many years, the department has reported in the APSR data regarding the services provided to children ages five and under. As this is a crucial time in development for a child, ensuring timely permanency is essential. Most children ages 0 to 5 entering in any given year eventually exit within that year. Among placement types, the majority of children age 0 to 5 entered a public foster home or a private child placing (PCP) foster home. Point in time data for 2018 shows that children under the age of five represented 28.1% (2,607 children) of the OOHC population (9,784). A year later, 979 of those children (37.6%) remained in OOHC. Within a year, the department would expect that fewer children should remain in OOHC, however, a large percent remain, even with a goal of reunification (31.6%) or permanent relative placement (90.9%). After the CFSR, the department conducted a data analysis on the CFSR data indicator around permanency in 12 months for children in care 12-23 months. The analysis determined that of the children in this 12-23 month cohort that did not achieve permanency, 47.6% were five and under. It is anticipated that by focusing on permanency for children in care for 12-23 months, the state will see an increase in timeliness to appropriate permanency for children age five and under.

The department will continue to utilize strategies to decrease the time that children under the age of five remain in OOHC without achieving permanency, such as the permanency calls strategy outlined in the PIP and the continued integration of screening and assessment into casework. In addition, the department will continue to utilize the permanency roundtables, which focuses on children who have been in care for 15 of the last 22 months, regardless of permanency goal. Permanency roundtables assist frontline staff by utilizing a treatment team approach to develop a plan of action to enhance progress toward permanency. Each plan of action is developed using a structured collaborative approach resulting in identified tasks, team members assigned to complete each task, and deadlines for task completion. Permanency roundtables provide intensive permanency planning and consultation regarding children for whom permanency has proven challenging, including the five and under population. Furthermore, the implementation of the culture of permanency will also assist in ensuring that department staff have an increased focus on permanency throughout the life of a case, while properly engaging with families. The department anticipates that through these initiatives, the number of children in care will decrease significantly, which will lead to an overall decrease in permanency for children under the age of five. The department would like to see a decrease of 3% by 2022, with an overall 6% decrease by 2024.

The department will continue to receive technical assistance from Walker in regards to the implementation of the Culture of Permanency. Technical assistance will be provided to frontline staff from central office through the permanency roundtable process, as well as the permanency tracking calls, both of which are facilitated by central office staff. Staff also receive assistance from central office and UofL in regards to screening and assessment.

*Objective 3.3:* By 2024, decrease the number of youth exiting care at age 18 or older without having achieved permanency.

Children attaining stability and permanency in their lives is crucial for overall well-being. Over the past few years, Kentucky has seen a decrease in the number of youth exiting care without achieving permanency. In 2010, 14.3% of exits, 743 children, were youth exiting care at age 18. That number has shown a steady decrease since, with 612, 9.5%, exiting in 2018. Kentucky has utilized many efforts to meet the recruitment needs of this population, to include the permanency tracking calls and the child-specific recruitment model through the Dave Thomas Foundation/WWK model, both outlined within the 2020-2024 Diligent Recruitment Plan. Permanency tracking calls allow program staff to consult with frontline and regional staff to problem solve around barriers to permanency for all children, while ensuring that the focus remains on timely permanency. Child-specific recruiters allow specialized focus toward permanency for youth who may otherwise exit care without permanency. Adopting the WWK model in Kentucky and the mindset that “every child is adoptable” has had a great impact on Kentucky’s foster care system. Data shows that a child who is assigned a child-specific recruiter is three times more likely to be adopted.

The department will continue to utilize efforts, including the child focused recruitment model, permanency tracking calls, as well as additional activities outlined in the 2020-2024 Diligent Recruitment Plan to meet the permanency needs of this population.

Over the next five years, the department would expect that the number of youth exiting care without permanency would continue to decrease. By the conclusion of this CFSP, Kentucky would like to see a 1% decrease yearly, with approximately 576 youth exiting care without permanency. By the midpoint in 2022, the department anticipates approximately 588 youth exiting care without permanency.

The department does not anticipate any additional technical assistance needs for this objective. The department will continue to collaborate with the Training Branch to ensure that recruitment staff have the knowledge and skills necessary to meet the recruitment needs for this population. Additionally, the department will continue to collaborate with the Dave Thomas Foundation for any technical assistance needs that may arise regarding child-specific recruitment.

**Goal 4:** Implement supports to stabilize the workforce to decrease caseloads.

Kentucky’s child welfare system 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, influences safety, permanency, and well-being outcomes for families. The department conducts exit surveys when staff separate from the agency. Of the 126 frontline staff (workers and supervisors) that left between January 2017 and April 2019, three report leaving due to insufficient benefits, four report leaving due to conflicts with coworkers, sixteen report leaving due to conflicts with supervisors, seven report leaving due to inadequate training, 21 report leaving due to a lack of promotional opportunities, sixteen report leaving due to a lack of recognition, 29 report leaving due to insufficient pay, 22 report leaving due to unsatisfactory practices/policy, five report leaving due to unsatisfactory work assignments, forty report leaving due to a heavy workload, three report leaving due to an underutilization of skills, and various other reasons for leaving (responses are not mutually exclusive). Trends from open comments indicate

that staff left during the timeframe due to high caseloads, a lack of support, and unsupportive supervisors.

Implementing supports 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 in every service region and alternative work schedules in order to assist staff with a manageable work/life balance. An alternative work schedule team already exists in Jefferson County, and as specified in the PIP, the department will create a team in Kenton County and two additional counties. The department does not currently plan to expand alternative work schedules statewide but will assess outcomes and capacity to expand throughout the PIP implementation period. The objectives around workforce stabilization within the CFSP will complement those strategies within the PIP by increasing the staff retention rate and ensuring that staff are not leaving the agency at a higher rate than they are entering.

Please refer to the attachment titled “CFSP Matrix” for implementation tasks, projected timeframes, and data indicators to measure progress related to each goal.

*Objective 4.1:* Decrease the percentage of frontline staff exiting and increase the number of staff entering the workforce by 2024.

Concerns with workforce stability is an issue that affects not only Kentucky, but also many other states across the nation. Anecdotally, high caseloads and low pay, along with a lack of support and recognition and the secondary trauma associated with working with vulnerable families and children are some of the many factors reported that lead to turnover. Data shows that staff are entering the workforce, with the social service worker I classification showing an increase in staff of 44.97% in 2018. Overall, the department saw 27.65% of staff turnover in 2018, along with 10.51% of frontline supervisors. However, individual turnover percentages based on worker classifications indicate that the highest rate of turnover is with the less experienced staff, social services worker I, at 43.14%. Retention improves with staff who are more experienced, as data shows that social service worker II, social service clinician I, and social service clinician II classifications have lower rates of turnover at 31.49%, 19.56%, and 16.51%, respectively. With entry and turnover in the entry-level position for frontline staff being relatively equal, an increase in new staff is essential in decreasing caseloads.

Through the PIP and CWT activities, the department is working toward stabilizing the workforce. The department, in partnership with Collaborative Safety, is implementing a culture of safety model statewide, to begin with revamping the child fatality and near fatality review process within the state. Adopting a culture that looks at the child welfare system as a whole, rather than scapegoating and reacting punitively toward individual staff will assist with removing the stigma associated with working for the department. Additionally, it will provide a level of support to staff that has not been available in the past. Other states that have implemented the Culture of Safety have seen an increase in staff retention, ultimately leading to a decrease in caseloads.

In addition to the Culture of Safety, the department is reinstating the Field Training Specialist (FTS) program. The FTS program utilizes highly skilled veteran staff to serve as on the job trainers/mentors for newer staff. This assists with the transfer of learning from initial (academy) training to the frontline. The FTS program not only offers an additional level of skill building for new staff, it assists experienced staff with the opportunity to build their coaching and mentoring skills that will inevitably assist with

promotional opportunities in the future. The program utilizes behavioral anchors to determine where staff need assistance with skill building. The program did show success, however, was not utilized in every area of the state. More information on the FTS program can be found in the 2020-2024 Training Plan.

With the implementation of these two initiatives, the department anticipates an increase in overall retention. As with any new initiative, thoughtful implementation is the key to success. Therefore, the department does not anticipate an increase in retention due to these activities over the first few years. However, by the conclusion of this CFSP, the department would like to see the percentage of frontline staff entering the workforce increase by 4% and frontline staff exiting the workforce decrease by 2% in order to have a higher rate of staff entering, than those exiting.

The department will receive technical assistance regarding the Culture of Safety from Collaborative Safety in the form of training and other implementation and monitoring supports. The department will receive technical assistance for the FTS program from ECU and UofL. Frontline staff will receive support from program staff throughout the implementation and monitoring of both initiatives.

#### Goal 5: Improve the department's CQI system.

The department has maintained utilization of the CQI process as a performance, quality assurance, 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.

CQI is an ongoing process, not an event, by which all staff at all levels of the organization, clients, and stakeholders are involved in evaluating the effectiveness of the department in providing services. The CQI process continues to examine internal systems, procedures and outcomes, and relationships between the department and community stakeholders.

The CQI process operationalizes the department's vision and mission to apply principles of a learning organization, make data-informed decisions, and actively engage staff and community in continuous performance and quality improvement. CQI is at the core of department efforts focused on strategic achievement of national and state outcomes for the division's service programs.

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.

Further analysis 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.

Within the PIP, the department will be working toward ensuring all staff have access to relevant data, clarifying roles and expectations in the use of data in CQI activities, and implementing a consistent structure for CQI meetings and communication statewide. This goal will further those efforts by ensuring the inclusion of all stakeholders into the CQI process statewide, as well as formalizing CQI training statewide and ensuring consistency within all quality assurance activities. Furthermore, the PIP permanency section includes development of multiple permanency-related CQI processes, one of which being a placement stability review process that includes community providers. The department is currently planning to implement this process in two service regions only. The department will assess the strategy's utility, outcomes, and workforce capacity to expand statewide throughout the PIP implementation period.

Please refer to the attachment titled "CFSP Matrix" for implementation tasks, projected timeframes, and data indicators to measure progress related to each goal.

*Objective 5.1:* Increase the number and quality of CQI stakeholder meetings statewide by 5% by 2024.

The department strives to include all stakeholders in various CQI meetings at all levels. The inclusion of community partners, parents, youth, and foster parents into the CQI process ensures that true, meaningful change that benefits families and children can occur. However, the department has not always been successful in its engagement of these stakeholders.

Efforts have been made to increase stakeholder participants in various groups, such as the CFSP Stakeholder CQI group and local/regions meetings. The department currently has supervisors and frontline workers who are invited to participate in the CFSP Stakeholder CQI Meeting. However, there are times when they are unable to attend due to competing priorities. The department is currently working to increase the number of supervisors and workers who are invited with the goal of having more of them in attendance on a regular basis. Several foster parents are currently invited to the meetings and the department has reached out to the regions to ask for more foster parents who might be interested in participating. In addition, several biological parents are invited to the meetings and the department has reached out to the service regions and service providers to ask for assistance in recruiting more parents. Several youth are invited to participate in the meetings, however at times many of them have competing priorities as well. The department is currently recruiting more youth to participate through the John H. Chafee Foster Care Program for Successful Transition to Adulthood. The

department will continue these efforts until it is able to ensure that all of these groups are able to have consistent representation. Having dedicated staff in central office to identify and engage with stakeholders has greatly assisted with obtaining participation in the CFSP Stakeholder CQI group. Over the past two years, participation has grown from 20-30 invitees to over 60 participants. Implementing points locally and regionally to assist with these engagement of stakeholders could be very beneficial.

Due to the lack of appropriate documentation, data collection is limited and true monitoring of these efforts cannot be tracked. The department does have data collection systems that have been designed to track CQI meeting minutes, however, modifications are needed to increase the quality of the data and the capacity to track specific individuals/stakeholder types. The department will need to further assess the capacity of the current system to determine what modifications would be the most beneficial.

As true quality data collection is lacking, the department does not have a baseline measurement to determine the current participation level of stakeholders. The department anticipates that by the 2022 submission of the APSR, a baseline can be established. By the conclusion of this CFSP, the department would like to have increased stakeholder participation in CQI meetings statewide by 5%.

The department does not anticipate the need for technical assistance at this time. However, if after further evaluation it is determined assistance is needed, the department will seek out appropriate entities, including the Center. Frontline and regional staff will receive support and technical assistance from DSR and DPP to address any issues with tracking minutes or barriers to engaging stakeholders.

*Objective 5.2:* Implement a formalized CQI training process statewide by 2024.

The department has dedicated staff to serve as CQI specialists to each of the regions. CQI specialists are tasked with supporting local and regional staff with understanding their data and incorporating data into the CQI process to improve outcomes for families and children. Prior to the department reorganization in 2018, the CQI specialists were part of the region in which they served. After the reorganization, the specialists now report to a branch manager in DSR, which allows for a better alignment of duties, as well ensuring uniform training and coaching for each specialist. One of the greatest needs for CQI specialists is formalized initial and ongoing training to train specialists on CQI processes, clearly outlining expectations, skills, training, and supports for key CQI activities.

In addition to formalized training for CQI specialists, the department needs to work toward ensuring that staff who conduct second-level case reviews are utilizing the same threshold for review that is being applied by third-level case reviewers. Second-level case reviews were designed to identify trends within each region, ultimately providing a statewide perspective, as well as identify areas in which the regions can work to improve services provided families. The review instrument was developed to align with the outcomes and items within the OSRI. If utilized properly, the results of the second-level case review should predict results from a CFSR or third-level case review. However, this has not occurred. As an example, data from the Caseworker Quality DIG for June 2016 indicates that the department was performing well on questions related to Safety Outcome 2 at 92.2% and Permanency Outcome 1 at 84.9%. However, CFSR results indicated that the state was only performing at 60% and 22.5%, respectively. Although only 65 cases were reviewed during the CFSR, it would still be expected that these numbers would more closely align.



In 2017, staff who conducted second level case reviews had the opportunity to observe a training for third-level case review staff. After the training, it was the department's plan to develop a training for new staff who would be conducting second-level case reviews that would provide information around utilizing the appropriate threshold for review. However, due to competing priorities, the training was not developed. For the CFSP, this training effort will be revived in order to assist with improving the quality of regional case review data. The training will be developed utilizing federal CFSR resources, as well as support from third-level case review staff.

The department, in conjunction with the Training Branch, expects to fully develop and implement a formalized initial and ongoing training for CQI specialists by 2022. The development of this training should assist globally with the increased use of data in CQI meetings locally and regionally, as well as with CQI specialists having a better understanding of their duties.

Additionally, the department plans to develop and implement a training for second-level case reviewers by the end of the CFSP. With the implementation of the second-level case review training, the department expects to see a better alignment of second and third-level case review scores. The department would like to see scores of second-level case reviews be within 10 percentage points of third-level cases review scores for each respective outcome.

Regarding technical assistance, capacity building needs, and implementation supports, the department will collaborate with the Training Branch to develop and implement both trainings. The department will provide technical assistance to CQI specialists and second-level case reviewers through DSR and DPP. The department does not anticipate any additional technical assistance, capacity building needs, or implementation supports at this time. The department will seek technical assistance, capacity building needs, and implementation supports as needed.

## V. Services

### Child and Family Services Continuum

This section outlines a brief description of Kentucky's service array continuum. Additional information on the below services, as well as other programs and initiative within Kentucky's service array can be found in Attachment 11: Service Array Index.

In preparation for the implementation of FFPSA, the department, in conjunction with Public Consulting Group (PCG) and Chapin Hall has conducted a service array analysis. Reported areas for service gaps include substance abuse treatment, mental health services, services to address intellectual and developmental disabilities, services to support relative caregivers, in-home prevention services, housing, visitation services, and transportation. The department is addressing needs within the service array through CWT efforts, Kentucky's PIP, and through FFPSA implementation. Although there are many gaps in services, strengths do exist within Kentucky's service array. The department has seen great success with initiatives such as START and KSTEP, and has expanded family preservation services throughout the state. Information on the strengths and gaps in services and efforts to address these gaps can be found in Kentucky's CFSR Final Report, PIP, and below.

### Prevention

The department coordinates funding under Community Based Child Abuse Prevention (CBCAP) and Social Services Block Grant (SSBG) funds to perform or support numerous prevention activities. The



majority of state-funded prevention activities are statewide. PCAK conducts a myriad of public awareness and prevention activities including a parent's hotline, a "Child Abuse Prevention" month, and the circulation of a variety of public information tools (handouts, brochures, etc.).

The Health Access Nurturing Development Services (HANDS) program is a voluntary home visitation program for new and expectant parents, as well as a recent expansion to parents who are parenting other children. Services can begin during pregnancy or any time before a child is 3 months old. Families begin by meeting with a HANDS parent visitor who will discuss any questions or concerns about pregnancy or a baby's first years. Based on the discussion, all families will receive information and learn about resources available in the community for new parents. Some families will receive further support through home visitation. HANDS is supported by federal Medicaid and state Tobacco Funds, and operates statewide as a free service program. The program is housed in the local health departments in all 120 counties in Kentucky.

Head Start is a federal program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role of parents as their child's first and most important teacher. These programs help build relationships with families that support family well-being and many other important areas. Many Head Start programs also provide Early Head Start, which serves infants, toddlers, and pregnant women and their families who have incomes below the Federal poverty level.

The Child Care Assistance Program (CCAP) provides support to help families pay for childcare. The Division of Child Care is responsible for all childcare provider support and The Division of Family Support helps clients apply for the program. The Division of Child Care coordinates subsidy payments to providers, CCAP provider fraud reduction and registered providers. The goal of CCAP is to provide access to quality childcare to enable parents to work, further their education and job training, and/or participate in the Kentucky Temporary Assistance Program. Childcare subsidies also are available for child protective services.

### Intervention

By statute, the department receives and screens reports of child abuse and neglect in the state. An allegation that does not meet criteria for investigation, as defined by statute and regulation, may be referred to other resources as appropriate. Families in need of additional food, housing, or other supportive service may be referred to the department's family support programs. Needs may also be served by community resources such as local food banks or similar programs.

During an assessment, frontline staff use a standard assessment, the ADT to assess the incident and the needs of the family. If warranted, department personnel may open a case for ongoing service to continue service provision as guided by investigative and ongoing worker assessments.

Title IV-B subpart 1 funds are used to make foster care maintenance payments for children who enter OOHC as the result of department intervention. The funds also finance frontline worker salaries.

Preventive childcare assistance is provided statewide on a case-by-case basis as referred by department personnel to the local childcare agency. That assistance is funded by state general funds, Child Care Development Block Grant funds, and TANF.

First Steps is a statewide early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families. First Steps is Kentucky's response to the federal Infant-Toddler Program. First Steps offers comprehensive services through a variety of community agencies and service disciplines and is administered by the Department for Public Health in the Cabinet for Health and Family Services.

The Kentucky START program is an intensive intervention model for substance using parents and families involved with the child welfare system that integrates substance use disorder and recovery services, family preservation, community partnerships, and best practices in child welfare and substance use disorder 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 Sobriety, Treatment, and Reducing Trauma program in Cleveland, Ohio. Kentucky began implementing START in 2007 and has modified and evolved the model to fit the needs of Kentucky families. START currently operates in Daviess, Kenton, Jefferson, Boyd, and Fayette counties. START sites are currently funded through the Title IV-E waiver demonstration project. In 2019, START will be expanding to two additional sites utilizing Kentucky Opioid Response Effort (KORE) funding: Campbell and Boone Counties.

In addition to START, the state has developed a new in-home services intervention. The department implemented KSTEP as a resource to prevent unnecessary removals of children and to reduce the number of children in OOHC. KSTEP launched in July 2017 in Carter, Greenup, Mason, and Rowan Counties. KSTEP leadership has approved expansion for four additional counties in the Northeastern Service Region: Bath, Montgomery, Lewis, and Fleming. Through the waiver, KSTEP seeks to 1) reduce the need for OOHC placements; 2) shorten the duration of any necessary OOHC placement; 3) reduce repeat maltreatment, and 4) increase well-being of families by enhancing caregivers' capacity to care for children and maintain them safely in their own homes. To achieve the above goals, the KSTEP program integrates substance abuse treatment services, child welfare practice, and family preservation services into an approach to deliver services that address the special needs of substance-affected families involved with DCBS.

The Targeted Assessment Program (TAP) is a nationally recognized Kentucky model for assisting parents involved in public assistance and child welfare systems overcome multiple barriers to self-sufficiency, stability, and safety within federally mandated timeframes. For the past 19 years, the department has collaborated with the University of Kentucky to provide TAP services. The TAP model co-locates professional targeted assessment specialists (assessors) at public assistance and child protective services offices in Kentucky counties designated by the department. TAP assessors conduct client assessments in four primary areas – substance use, mental health, intimate partner violence victimization, and learning problems – as well as other barriers for families including housing, transportation and other basic needs, physical health problems, legal difficulties, and deficits in education and employment. Transportation barriers are resolved with programs such as TAP, as TAP assessors are able to transport clients to treatment.

The department also coordinates the operation of regional child advocacy centers (CACs). CACs provide, directly or as part of a collaborative memorandum of understanding, the following services: forensic interviews, mental health services, specialized child abuse medical exams, advocacy, court preparation, professional training, and community education programming. The department contracts with 15 Area Development Districts so that children in every geographic area of Kentucky have access to a CAC. Central to the CAC model is the simple, yet powerful, concept of coordination between community agencies and professionals. This coordinated response to child abuse cases is known as a multidisciplinary team (MDT). CACs, along with the other partner agencies, promote timely and effective systemic responses to child abuse by reviewing investigations, coordinating service delivery, and reaching the appropriate disposition of cases in the criminal justice system. The goals of MDTs in Kentucky, as outlined by the Kentucky Commission on Child Sexual Abuse, include (1) the safety and protection for child victims of sexual abuse, and (2) accountability of the child sexual abuse service system. The state provides a critical base of funding that is roughly half of the total amount needed to operate the CAC network in Kentucky. As private, independent non-profit organizations, CACs receive additional funding from grants, individuals, and corporate funding opportunities. CACs are also eligible to receive Medicaid reimbursements for medical exams performed onsite. CACs also receive \$75 for the case management services associated with child abuse medical exams from the Child Victims Trust Fund.

#### Family Preservation Services, Treatment Services, and Reunification Services

Treatment services may be utilized at any stage of a case. Treatment services to reduce risk, prevent removal, or facilitate reunification are provided by a variety of community partners and funding streams. The department's services funded through Title IV-B, subpart 2 (Promoting Safe and Stable Families) are available statewide and include the Community Collaboration for Children (CCC), the Family Preservation Program (FPP), and Diversion.

The Community Collaboration for Children (CCC) is funded by Promoting Safe and Stable Families (PSSF) and the Community-Based Child Abuse Prevention (CBCAP) program. 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), fatherhood, and faith-based activities. Both CBCAP and PSSF funds 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 parent engagement meetings (PEMs). Both services are funded by a combination of CBCAP grant funds and PSSF funds.

Community resources are a huge part of the CCC in-home services program and regional network meetings. Regional network meetings consist of community partners joining to share resources and identify prevention efforts for child abuse and neglect within their local communities. Regional networks hold conferences, resource fairs, and trainings from local community resources as ways to build awareness. Parent involvement at the community regional networks is a requirement and assists with identifying community needs. Parents participating on their local regional networks are given the opportunity to participate on the state level as a way to build parent leadership.

In-home services involve connecting families to resources tailored specifically to their needs. In-home services staff participate in regional network meetings as an effort to bring awareness regarding community resources. If staff have any issues locating resources for a family, they reach out to their state Parent Leader or CCC Technical Assistants for guidance.

Community Collaboration for Children (CCC) is a program designed to prevent child abuse and neglect, support and strengthen families, and encourage communities to work together knowing local services are the family's best resource. CCC in-home based services are available in every county across the state of Kentucky. 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. In-home services are provided within the family's home as an effort to prevent any barriers related to childcare or transportation for the caregivers. Each community completes annual needs assessments as an effort to identify the specific needs related to their local communities.

The quality of CCC services is evaluated through a CQI process. The CQI process allows the program to address issues proactively rather than reactively. The CQI process utilizes both qualitative and quantitative data to evaluate and make programmatic changes as needed. In addition, each region across the state is reviewed by the child welfare agency through a monitoring tool regarding contractual compliance and service provision. This is completed annually and if the service provider fails in any area of the monitoring tool, a Corrective Action Plan (CAP) is given to the agency with timelines to meet compliance.

FPP describes an intensive, in-home crisis intervention resource using approved intensive family centered EBP models. The primary goal of the services is to support the department's efforts to ensure safety, permanency, and well-being of children by preventing unnecessary placement of children in OOHC, facilitate the safe and timely return home for a child or youth in placement, as well as enhance protective and parental capacities of caregivers. The Family Preservation service array includes IFPS for families with children at imminent and immediate risk of out-of-home placement; FRS to help children in OOHC return to their families; and FACTS for families with children at risk of out-of-home placement or returning from OOHC. Frontline staff refer eligible families and referrals are screened and approved by a designated department regional staff person. Families served are evaluated using the NCFAS and other clinical assessments to provide a comprehensive assessment of family functioning and determine service needs. The lower scores on the NCFAS form the basis for goal development using evidence-based intervention strategies and curricula that promote cognitive behavioral changes. FPP services are available statewide and are funded through state general funds, and Title IV-B subpart 2, PSSF, and TANF MOE funds.

The Diversion program services are provided to TANF-eligible families with children ages 5 through 17 who are at risk of removal from their biological families, relatives, or finalized adoptive families. Services are also provided to those children who are in OOHC and have a plan to be returned to their families. The primary goals of the Diversion program are to 1) safely divert from OOHC children committed to the department or who are at risk of commitment and placement in OOHC, and 2) return children who have recently been placed in OOHC but who, with in-home services, could be returned safely to their home. The program provides a timely (within ten days of referral) initial clinical assessment by a staff person with at least a master's degree in social work. The provider develops and implements an intervention plan that addresses the identified needs of the family. The family plan focuses on short-term needs and long-term sustainability of child safety. An array of services is provided based on a comprehensive family assessment. The services must be family-focused and designed to keep children in the home without facing additional abuse or neglect. These services primarily include preservation and reunification services, clinical assessments, therapeutic child support services, parent development program, and crisis intervention services. The provider works around the family's schedule and the Diversion specialist is available to the family 24 hours a day, seven days a week. A

family service plan is developed within the first 30 days of entering the program. Program staff network and collaborate with community supports and resources such as community mental health centers (CMHCs), schools, faith-based services, housing, transportation, and medical services that can be utilized for sustained self-sufficiency. A wrap-around service delivery approach, including intervention and treatment plans, is then implemented. The family intervention lasts 3-4 months, depending on the needs and progress of the family. Follow-ups are completed at 3 months, 6 months, and 1 year after the family intervention to assess the success of the intervention.

FPP and Diversion program service providers discuss and educate families about community resources that are available to them. With the family's permission, referrals are made to link families to community resources as appropriate to help mitigate risk factors that lead to the service intervention. Service providers also collaborate and participate in interagency meetings to identify gaps in family and child-specific needs in order to develop new resources as appropriate. In addition, workers consult with their supervisors and team on a weekly or monthly basis, depending on the program, to learn about other resources in the community that may be beneficial to their families and children.

Addressing accessibility and quality of services for FPP and Diversion services begins with the consultative process between workers and supervisors, as they assess progress or lack of progress made on service goals and treatment plans. The department currently monitors contracted service providers annually using the aforementioned structured monitoring process that reviews contractual compliance and service provision by reviewing individual case files, initiation timeframes, data input and output, monthly reporting, and financial records. The service provider is required to submit a CAP to address any identified deficiencies within a specified timeframe. Service providers will continue to communicate and conduct weekly and monthly meetings with staff to consult on and resolve issues in a timely fashion. Providers also communicate with their DCBS partners on a weekly or monthly basis, depending on the needs of the family, to address any issues relating to accessibility and quality of services. Service providers meet with their DCBS partners regionally to discuss referral issues, eligibility requirements, and staffing retention rates, which impact accessibility and quality of services. In fiscal year 2019, the cabinet allocated funding to expand service provision to 25% more families.

Also available statewide, DBHDID contracts with community mental health centers available in every region. Local mental health centers provide substance abuse assessments and counseling, mental health services, and medication management. Local community mental health centers serve adults and children in their own communities. Though available statewide, services are impacted by staffing levels of qualified mental health professionals and waiting lists in some areas.

Assistance for domestic violence victims is available statewide through the KCADV. KCADV provides a strong, statewide voice on behalf of survivors and their children. KCADV administers \$13 million in state and federal funds to its 15 member programs, runs a Certification Program for all domestic violence program staff including 30 hours of classroom instruction, and operates an Economic Empowerment Program serving survivors across the state. KCADV also advocates on domestic violence-related issues at the state and federal levels, coordinates an annual conference with the Kentucky Association of Sexual Assault programs, and provides resources, training, and technical assistance to its member programs. There are fifteen regional domestic violence programs in Kentucky. In addition to providing safe, secure shelter for victim/survivors and their children, these programs offer a variety of support services to both residents and nonresidents. The programs are also working to prevent future domestic violence through community education, increasing public awareness, and prevention programs.

Programs are working with schools, local professionals, and community groups to increase understanding of domestic violence issues.

### Foster Care

Kentucky's child welfare system has both public and privately ran foster home types. The department's public foster homes, or DCBS foster homes, are managed by DCBS staff. DCBS foster home types include basic foster homes, medically complex homes (for children with medical challenges), specialized medically complex homes (for children with medical and emotional challenges), degreed medically complex homes (for children with medical challenges in which the primary caretaker is a health care professional), and care plus foster homes (for children who have emotional or behavioral challenges). In 2019, the department created a new DCBS foster home type, child-specific foster homes, for caregivers who are interested in fostering a specific child rather than traditional foster homes that are open to fostering any child. Private foster homes, often referred to as private child placing (PCP) agencies, are contracted agencies and provide additional case management and therapeutic services internally. Additionally, children with higher levels of service needs may be placed into private child caring (PCC) agency, which is a group or residential setting rather than a home-based setting. There are 138 PCP and PCC providers in Kentucky, and many agencies have both PCP and PCC placement types.

### Adoption Promotion and Support Services

The Foster/Adoptive Support and Training (FAST) Center empowers foster and adoptive families to meet their ongoing developmental needs by providing a continuum of proactive advocacy, education, and support. FAST, administered by the University of Kentucky, collaborates with the department and other Kentucky universities as part of the University Training Consortium to deliver coordinated training and foster parent events statewide. FAST activities are funded by Title IV-B and IV-E funds. The following programs comprise the FAST Center: the Resource Parent Training Program, the Medically Fragile Program, and the Resource Parent Mentor Program (which incorporates Special Advocates for Education [SAFE] and Adoption Support for Kentucky [ASK]), a consortium of parent-led adoptive parent support groups throughout the state.

Formerly known as the Special Needs Adoption Program (SNAP), the Kentucky Adoption Profile Exchange (KAPE) was renamed in 2018 to better reflect the intent of the program and remove the stigma related to "special needs." KAPE was designed to specifically recruit for Kentucky children who are legally free for adoption but have no identified permanent home. KAPE is funded through Title IV-E, Title IV-B subpart 2, and state general funds. Each service region also conducts general recruitment activities according to an individualized regional plan designed to increase the overall number of available resource homes for both foster and adoptive placements.

### Family Support Services

Family support services are available statewide including Medicaid, food stamps, and TANF programs. Services are coordinated through the department's DFS. Specialized services include the Family Alternative Diversion (FAD) program for families who could be self-supporting, if short-term needs are met. FAD provides short-term temporary assistance to maintain self-sufficiency or stabilize families as an alternative to applying for on-going cash assistance. The Work Incentive Program (WIN) is a work expense reimbursement program. Eligible recipients receive a monthly payment to cover any work-related expense for a period up to 9 months. Safety Net is a short-term intervention program that provides services to former recipients of TANF cash assistance who are no longer eligible for assistance

due to failure to comply with participation requirements or reaching their 60-month lifetime limit of receipt. The goal of Safety Net is to prevent out-of-home placement of children in these families.

The Child Care and Development Fund (CCDF) is the principal source of federal funding for DCC initiatives that maintain health and safety standards and improve child quality in childcare settings. Direct Temporary Assistance for Needy Families (TANF) dollars are used to fund Child Care Assistance Program (CCAP) benefits on behalf of individuals who receive public assistance. In addition, state general funds and tobacco settlement dollars are combined with CCDF dollars to fund CCAP, childcare quality initiatives, fitness determinations (background checks), and early care and education professional development. Children are eligible for childcare subsidies if the child has a current protection or prevention case or is in the care of fictive kin. DCC has made recent regulatory changes to allow CCAP funds to support childcare expenses for children in foster care.

### Kinship Care

Kentucky utilizes funds from the Children’s Bureau for multiple kinship navigator programs. Funds are used for contractual services through two university-based partners, ECU’s University Training Consortium (UTC), the University of Kentucky (UK) Training Resource Center (TRC), and Conduent. Targeting relative and fictive kin caregivers, the university partners will implement a communications strategy and a support network comprised of paraprofessionals and “peer” kinship caregivers. Conduent’s call services will be utilized for the statewide Kinship Support Hotline.

The communication services to be provided through ECU’s UTC will increase awareness and promote utilization of available relative and fictive kin services in Kentucky, including the new Kinship Navigator Portal supported through federal fiscal year 2018 kinship navigator funding. Communication products will target stakeholder and provider groups, including Family Resource and Youth Service Centers (FRSYCs) in schools, county health departments, courts, and relative and fictive kin caregiver support groups, so that relative and fictive kin caregivers are referred and assisted with the best, most appropriate resources and services. The communication products will align and supplement training regarding the new relative and fictive kin service array for DCBS statewide in spring 2019.

The Kentucky Kinship Information, Navigation, and Supports (KY-KINS) has been designed by researchers, trainers, and staff at UK-TRC to connect kinship providers with paraprofessional peer supporters who will serve as a responsive support network for relative and fictive kin caregivers throughout the state, inclusive of statewide outreach to relative and fictive kin caregivers. The proposal from UK-TRC is based upon existing literature; established relationships among DCBS, UK-TRC, and community partners; and 2018 research conducted by Dr. Justin “Jay” Miller, PhD with UK’s College of Social Work, which concluded the main unmet need of kinship caregivers was the establishment of a strong peer and paraprofessional network.

DCBS secured call services through Conduent in effort to address the mass volume of calls into the state’s Kinship Support Hotline, an information and referral resource established by DCBS in 2015. The hotline received a significantly increased call volume resulting from the *D.O. v. Glisson* ruling previously discussed within the 2019 APSR submission.

## Independent Living

The Kentucky Chafee Program mandates that all foster children, ages 12 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 preventive health activities. The program provides personal and emotional support by connecting children with caring adults who include 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 with regard to finances, housing, counseling, employment, education, and job training.

## Other Permanent Living Situations

Kentucky Transitional Assistance Program (KTAP) is the monetary assistance program established using federal funds from the Temporary Assistance for Needy Families block grant. KTAP provides financial and medical assistance to needy dependent children in Kentucky and the parents or relatives with whom the children live. KTAP also helps families find jobs or get training that leads to a job.

Kentucky has not previously utilized the Guardianship Assistance Program (GAP), however, does intend to amend the state plan over the next year to include this incentive for relatives caregivers who pursue foster parent approval. The department plans to implement GAP in the fall of 2019 or spring of 2020.

Youth age 18 to 23 who left when turning 18 are eligible for a \$250 stipend for completion of the state independent living curriculum, a tuition waiver, and assistance with room and board. Youth who left foster care between ages 18-23 are eligible for extended services through a contract with Community Action Council utilizing Chafee funds. The extended contract allows assistance in crises and/or additional resources for youth ages 18-23.

Kentucky uses the entire 30 percent of Chafee program funds allowed to provide room and board housing vouchers to youth ages 18 to 23 who exited care. Beginning July 1, 2019, the state agency will contract with Community Action Council to provide case management and housing vouchers to eligible youth for up to 12 months. The participants include former foster care children, now ages 18 to 23, who aged out of foster care on their 18th birthday and are homeless. Homeless is 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 participants are also able to access funds for establishing a household, to cover purchases including furnishings, linens, cleaning supplies, food, bus passes, etc. Participants also have the opportunity to earn incentives for the completion of program goals such as obtaining employment or completing an educational program.

Kentucky has 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. Youth who exit the state's care after their 18th birthday will need to reapply. They can do so through a local family support office with the assistance of their regional independent living coordinator.



## Service Coordination

The department leads service provision for child protective services, adult protective services, and financial assistance programs. The inclusion of the three program areas under the same leadership team ensures better coordination for the shared service population. The department collaborates with many entities, as outlined in section II: Collaboration and Vision, including DBHDID, the private childcare community, the Department of Education, and the AOC. Administrative interactions between the agencies are both formal and informal, and include both general coordination efforts and project-based discussions. Examples of specific community partner involvement includes the following meetings: local multidisciplinary team meetings; local, regional, and statewide interagency councils; PIP meetings; quarterly plan of safe care meetings; child welfare transformation meetings; FFPSA meetings; quarterly PCC and PCP meetings; and CFSP stakeholder meetings. Additionally, efforts to coordinate services (including information around CBCAP, CJA, and CIP) can be found throughout this narrative, as well as within Attachment 11: Service Array Index, and Kentucky's PIP.

## Service Description

In preparation for the implementation of FFPSA, the department, in conjunction with Public Consulting Group (PCG) and Chapin Hall has conducted a service array analysis. As a part of this analysis, a provider readiness survey was conducted to determine the current capacity of providers throughout the state. The survey was distributed and completed via online link. Department leadership along with partners at Chapin Hall held three webinars prior to survey being released for completion. Providers were instructed on how to complete the assessment and an open forum was provided for questions. As discussed in the qualitative report authored by Chapin Hall, "Overall, there is variety in how prepared community providers are to partner with DCBS on the implementation of Family First and the larger transformation efforts underway in Kentucky." More information around this analysis can be found in Goal 3 above.

Results from the CFSR indicate that Kentucky is not in substantial conformity with Systemic Factor 5 Service Array and Resource Development. Both items within this systemic factor were found as areas needing improvement. Ratings were based on information from the statewide assessment and stakeholder interviews and determined that the array of services is not adequate or accessible to children and families across the state. Reported areas for service gaps include substance abuse treatment, mental health services, services to address intellectual and developmental disabilities, services to support relative caregivers, in-home prevention services, housing, visitation services, and transportation. The department is addressing needs within the service array through CWT efforts, Kentucky's PIP, and through FFPSA implementation. Although there are many gaps in services, strengths do exist within Kentucky's service array. The department has seen great success with initiatives such as START and KSTEP, and has expanded family preservation services throughout the state. Data collection to measure effectiveness of programs is completed within each respective program. Please refer to the section titled, "Child Welfare Demonstration Activities" for more detailed information regarding effectiveness of START and KSTEP. Information on the strengths and gaps in services and efforts to address these gaps can be found in Kentucky's CFSR Final Report, PIP, and under Goal 2 within this CFSP.

### Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

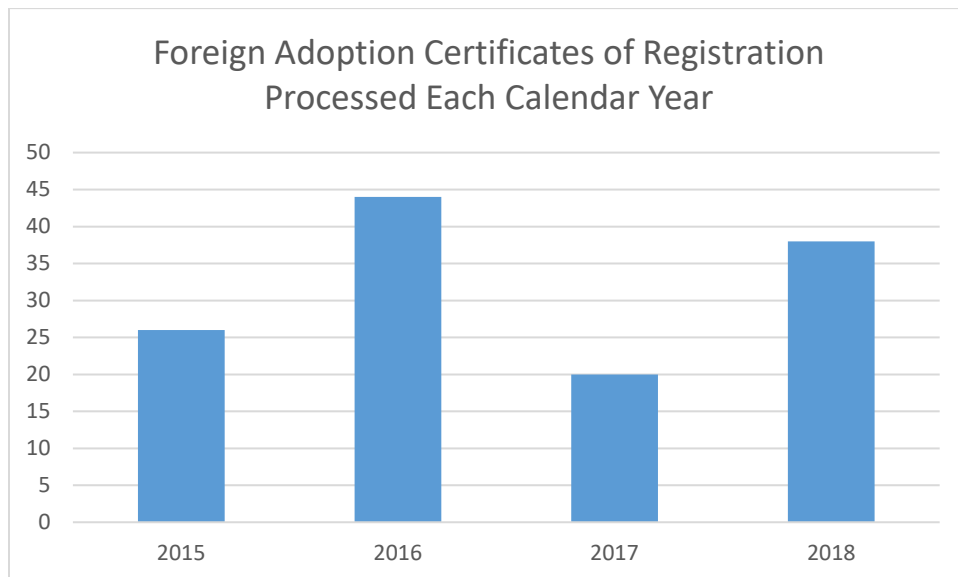
Title IV-B, subpart 1 funds are used to make foster care maintenance payments for children who enter OOH as the result of department intervention. The department does not anticipate changes to the way in which funds are utilized over the next five years.

#### Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)

In Kentucky, inter-country adoptions are initiated through licensed PCP agencies, 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 state 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 provided by ASK. 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. The cabinet's oversight in these matters is discretionary. The department 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 workers.

The number of processed foreign adoption certificates of registration fluctuates in Kentucky from year to year. In 2018, there were 38 foreign adoption certificates of registration processed. Figure 5 below shows data from 2015-2018.

Figure 5



In order to receive the certificate, the adopted child must return to the United States with an IR-3 visa status. At present, Kentucky's CCWIS 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 eventually plans to implement modifications within the CCWIS to capture this information.

#### [Services for Children under the Age of Five \(section 422\(b\)\(18\) of the Act\)](#)

In September 2018, the department implemented a permanency tracking protocol based on a data analysis following the CFSR and as a part of PIP efforts. Statewide, there was an overall decline in the achievement of permanency within 12 months for children in care 12-23 months. From April 2017 through January 2018, there was a decrease from 31.5% to 28.8%. The national standard is 43.6%. Regionally, percentages ranged from a minimum of 19.5% to a maximum of 48.5%. Based on the data, the department developed the permanency tracking protocol in an effort to improve permanency outcomes. Program staff from central office provide data to regional staff monthly, as well as to partners from OLS and AOC to assist with identifying regional strategies and overcome barriers to permanency.

The number of youth in OOHC increased by 31.0% from 7,569 in August of 2014 to 9,916 in November 2018. The largest increases were nearly 3% in April, May, and June of 2018. Since the peak in November 2018, the OOHC population has decreased by 106 youth (1.1%). Stakeholders are engaged on the local and regional level to address barriers to permanency, including the court and community mental health providers.

While the focus of the permanency tracking protocol is on all children in foster care, the department has a revitalized focus on permanency and this process will affect permanency for children under the age of five. Prior to the implementation of the permanency tracking protocol, SOP was reviewed to determine which policies could potentially have a negative impact on permanency for children.

Through the regional calls, several barriers to permanency have been identified statewide. There are often delays in the completion of the DSS-161 packets, which contain the documentation required to file a petition for termination of parental rights, due to the time it takes to compile and collect the required documentation. Another trend identified is with the untimely completion of presentation summary packets, which leads to a delay in finalizing adoptions. Children under the age of five typically have fewer placement moves than older children. As a result, the identified adoptive homes already know their history and have the documentation that would be in a standard presentation summary. The department modified SOP to streamline the process for children who are already in an identified adoptive home by decreasing the amount of documentation required in the packet in an effort to increase the timely completion of presentation summaries, which will lead to more timely achievement of permanency.

Children under the age of five are required to receive an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) from the local health department or, if eligible, a First Steps screening (federal zero to three program) as a substitute for a mental health screening. 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 offers comprehensive services through a variety of community agencies and service disciplines and is administered by DPH.

One current barrier to providing EPSDT services is that many services require parental consent to access services, even if the agency is custodian. Locating absent parents is often a barrier to services

beginning. The agency is working to automate consent forms to reduce barriers to consent. Staff will begin to have access to consent forms via tablets and can have families complete releases while in the field. EPSDT services are built in throughout the state and readily available. Standards of practice require referrals for EPSDT services at multiple points in the case. The department also collaborates with DPH in ensuring that children involved with the child welfare system have access to early intervention services. Referrals to these services have continued to increase over the past several years.

- FY19—total of 1615 referrals
- FY18—total of 1471 referrals
- FY17—total of 1357 referrals
- FY16—total of 1200 referrals

Over the next five years, the department will continue to emphasize the importance of EPSDT screening for children under the age of five. Additionally, every child entering OOHC will receive a behavioral health screener and if they meet criteria, will receive a Child and Adolescent Needs and Strengths (CANS) assessment within thirty days of the screener completion to ensure their behavioral health needs are met. The department continues to work toward increasing provider capacity in regards to screening and assessment. Additionally, the department developed an objective to ensure that the number of children receiving screening and assessment increases over the next five years, as the data shows that children who receive screeners have fewer placement moves (1.89 moves compared to 2.09 moves for those who do not receive a screener) and more timely achievement of permanency (4.78 months in care compared to 8.42 months in care for those who do not receive a screener).

#### Efforts to Track and Prevent Child Maltreatment Deaths

The state uses the CCWIS to capture information on child fatalities related to maltreatment. The department tracks all fatality and near fatality cases accepted for investigation. To meet criteria for an investigation, there must be suspicions of maltreatment surrounding the circumstances of the child's death or near death condition. 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. When the department identifies prior involvement with the child, parent(s), caretaker(s), or household members, the department evaluates the case history for patterns of risk factors including mental health, domestic violence, substance abuse, criminal history, serial relationships, parent/caretaker's history with the department as a minor and parent/caretaker's disability (recipient of SSI). Additionally, the department considers the age and special needs of the victim (child with disability) and the age(s) of the parent(s)/caretaker(s) and factors directly contributing to the child's death. 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 the CCWIS. These documents, as well as any additional documents such as those produced by law enforcement, are maintained in the case file.

Kentucky strives to implement efforts to prevent child maltreatment deaths. Department staff within the Fatality/Near Fatality Unit share information with frontline staff about areas of particular risk identified during a fatality/near fatality investigation for consideration when completing assessments with families in all cases. Currently, information is conveyed through the child fatality specialists and SRCAs in the regions through the internal review process. DPH established the State Child Fatality Review (CFR) team through legislation in 1996, in accordance with [KRS 211.684](#). The goal of the CFR

program is ultimately to decrease child deaths through prevention efforts. To accomplish this goal, a review of aggregate data from vital statistics is completed to identify trends and emerging issues related to fatalities in Kentucky. The information and data from the CFR becomes the basis for recommendations for prevention of future injuries and child deaths, one of which was the distribution of prevention materials and information created by DPH to frontline staff and families, to include materials and resources regarding safe sleep.

Additionally, Kentucky has an external child fatality and near fatality review panel (panel), as established through [KRS 620.055](#). The panel is composed of 20 members (five nonvoting and fifteen voting members). Panel members include the chairperson of the House Health and Welfare Committee of the Kentucky General Assembly; the chairperson of the Senate Health and Welfare Committee of the Kentucky General Assembly; the department's commissioner; the DPH commissioner; a family court judge selected by the Chief Justice of the Kentucky Supreme Court; a pediatrician from the University of Kentucky's Department of Pediatrics who is licensed and experienced in forensic medicine relating to child abuse and neglect; a pediatrician from the University of Louisville's Department of Pediatrics who is licensed and experienced in forensic medicine relating to child abuse and neglect; the state medical examiner or designee; a court-appointed special advocate (CASA) program director; a peace officer with experience investigating child abuse and neglect fatalities and near fatalities; a representative from PCAK; a practicing local prosecutor; the executive director of the Kentucky Domestic Violence Association or designee; the chairperson of the State Child Fatality Review Team; a practicing social work clinician; a practicing addiction counselor; a representative from the FRYSC; a representative of a community mental health center; a member of a citizen foster care review board; and an at-large representative who shall serve as chairperson.

The purpose of the panel is to meet at least quarterly to conduct comprehensive reviews of child fatalities and near fatalities, reported to the department, suspected to be a result of abuse or neglect. The panel publishes annual reports in December of every year that includes cases reviews, findings, and recommendations for system and process improvements to help prevent child fatalities and near fatalities that are due to abuse and neglect. The panel's annual report, along with other related documents, can be located on the [Justice and Public Safety Cabinet website](#). The department also writes an additional annual report each September, and it can be found on the department's [Child Protection Branch website](#). Other than referencing community partners to the report and sharing the report via website, the department does not currently have any additional methods of report dissemination.

## Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

### Family Preservation and Reunification Services

The Family Preservation Program (FPP) describes an intensive, in-home crisis intervention resource using approved family centered EBP models. The primary goal of the services is to support the department's efforts to ensure safety, permanency, and well-being of children by preventing unnecessary placement of children in OOHC, facilitate the safe and timely return home for a child or youth in placement, as well as enhance protective and parental capacities of caregivers. Department staff refer eligible families and referrals are then screened and approved by a designated department regional staff person. Families served are evaluated using the North Carolina Family Assessment Scale (NCFAS) and other clinical assessments to provide a comprehensive assessment of family functioning and determine service needs.

The lower scores on the NCFAS form the basis for goal development using evidence based intervention strategies and curricula that promote cognitive behavioral changes. The NCFAS comprises five domains for preservation and seven domains for reunification, which are measured on a 6-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 6, outcomes for families completing IFPS (represented by “n”) during 2018 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 6: NCFAS Scores at Intake and Closure: Calendar Year 2018**

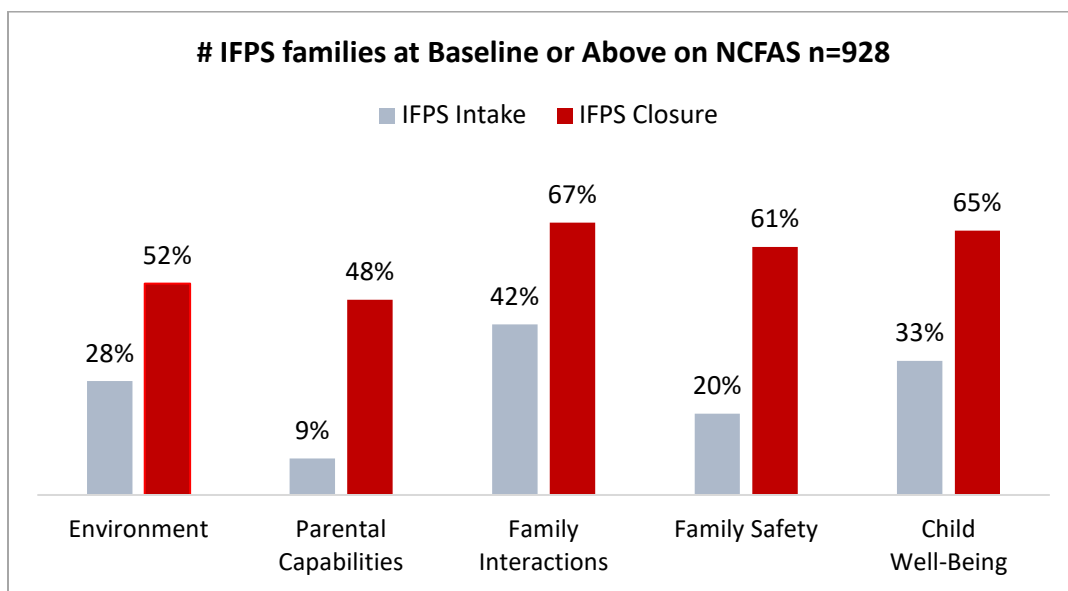


Figure 6 shows significant improvement that families made in the domains of Parental Capacity, Family Interactions, and Family Safety at the completion of IFPS services. Parental Capabilities domain is one of three domains, namely: Parental Capabilities, Family Safety, and Child Well-Being, where families referred to the Family Preservation Program usually experience low scores ranging from moderate to serious problem. Comparison of the intake and closure scores reveal that greater gains were made in Parental Capabilities (39% increase), Family Safety (41% increase), and in Child Well-Being (32% increase). An increase in scores in parental capabilities normally correlates to an improvement in scores in family safety and child well-being. This shift in NCFAS scores indicates that incremental and impactful improvements can be measured during the IFPS intervention.

The following FPP services are funded through Title IV-B subpart 2 funds:

- Family Reunification Services (FRS) help facilitate the reunification of children in OOHC return to their families of origin. These services can be extended beyond 6 months if the referring worker requests an extension and if an interim assessment determines the risk of out of home placement or reentry into OOHC still exists.

- Families and Children Together Safely (FACTS) offers less intensive preservation and reunification services. These services offer longer interventions to families with children at risk who may be in the home or are returning from OOH. Service intervention can be extended beyond 6 months if the referring worker determines they need services and if an interim assessment determines that risk of out of home placement still exists.

The program provides an array of services to support the family. These services primarily include preservation and reunification services, clinical assessments, therapeutic child support services, parent development programs and curricula, and crisis intervention services. The provider works around the family's schedule and the in-home specialist is available to the family 24 hours a day, seven days a week. FPP services are available statewide in all 120 Kentucky counties through contracts with non-profit agencies.

FPP and Diversion services conduct 3-month, 6-month, and 12-month follow-ups on families and children who have completed services to determine if the child who was at risk of out of home placement (or was reunified) remains in the home. The program outcome measure of success is that 75% of children remain home safely at 6-month (face-to-face contact) and 12-month follow-ups. For calendar year 2018, the FPP and Diversion programs maintained 92% of children at home safely at 6 months and 85% of children remained home safely. Program staff will continue to conduct interim data checks to monitor agency data submitted online to evaluate and inform program and quality improvement. Program staff will continue to conduct interim data checks to inform program improvement and quality assurance of service provision. The department will continue to use its existing standardized contract monitoring process by the Contracts Performance Section. The annual contract monitoring uses a structured monitoring process that reviews contractual compliance and service provision by reviewing individual case files, initiation timeframes, and approved evidence based programs/practices in use, data input and reporting, and financial records. The contract monitoring staff will continue to identify any deficiencies in service provision and require the service provider to submit a CAP to correct any identified deficiencies within a specified timeframe. Service providers will continue to communicate and conduct weekly and monthly meetings to receive feedback and resolve issues in a timely fashion.

#### 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 state. Support and information are also provided by phone, e-mail, 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 in an effort to prevent pre-adoption disruption and post-adoption dissolution. ASK services are available statewide to families formed through state, private, relative, or international adoption. They are also available to foster/adoptive parents, relative caregivers, and those considering foster care and adoption.

During the adoption awareness campaign in 2018, there were 700 postcards containing white ribbons distributed statewide that included information about children in Kentucky that are awaiting adoption. A profile frame for Facebook users was created to promote adoption awareness and the ASK program. Some examples of Facebook posts using the ASK hashtag #NAM2018 include the link to the new [KAPE](#)



website, the Dave Thomas Foundation for Adoption's [Finding Forever Families: A Step-by-Step Guide to Adoption](#) guide, and [AdoptUSKids](#), along with many other resources.

#### *Adoptive Parent Liaison & Childcare Provider Professional Development/Technical Assistance*

ASK held a professional development event for adoptive parent liaisons in April 2018. This provided training and information to enhance their capacity to provide peer support and training to Kentucky's foster/adoptive parents. Further, ASK collaborated with the North American Council on Adoptable Children (NACAC) to provide relevant training and professional development to its adoptive parent liaisons through live webinars. Webinars in 2018 included *Challenging Behaviors* with Barb Clark & Kim Stevens, NACAC; *Moving from Foster Care to Adoption* with Maris Blechner, M.Ed., LCSW; and *Self-Care for Support Leaders and Caregivers* with Barb Clark & Kim Stevens, NACAC. ASK held a professional development opportunity in June 2018 for its childcare providers and plans to hold another one in 2019. This event included a review of program policies and procedures and training related to child development, the impact of trauma on children, confidentiality, and more.

#### *ASK Face-to-Face Meetings and Training*

ASK works in partnership with DCBS, foster and adoptive parents, the University Training Consortium, and Eastern Kentucky University. Meetings are held quarterly with personnel from the DCBS Division of Protection and Permanency (DPP) to share program activity and receive feedback. Ongoing communication and collaboration with DCBS Recruitment and Certification (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 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 FSOS receive monthly program reports, as well as program updates during their statewide meetings. Further, team members of each F.A.S.T. program (Adoption Support for Kentucky, Medically Complex Training Program, Foster Parent Mentor Program, and the Foster Parent Training Program) administered by the UK College of Social Work's Training Resource Center regularly reviews program services, needs, and linkages.

Feedback from R&C personnel and ASK participants continues to indicate that foster/adoptive parents feel more prepared and better supported to provide care by having received ASK services. ASK provides foster/adoptive parents with training and information to assist them in their endeavor to collaborate with DCBS personnel, school systems, birth families, and other community partners to ensure the needs of the children in their care are met.

There was an increase 2018 from 2017 in attendance at ASK meetings statewide. ASK meetings provide support and two hours of ongoing elective training credit. The increase in attendance during 2018 may be due to some participants having completed mandatory foster parent training requirements. It may also be attributed to ASK promotional efforts, such as increased program visibility due to the ASK Facebook page, as well as Adoptive Parent Liaisons representing the program at community events at least quarterly.

The following data is tracked each year and will continue to be tracked to monitor performance over the next five years. There are 56 training topics currently available in the ASK training library. One training is presented by an adoptive parent liaison at each ASK meeting. Foster Parent participants receive two hours of ongoing elective foster parent training credit at each meeting. Additionally, adoptive parent

liaisons provided one on one training to foster and adoptive parents when requested by the R&C supervisor.

The following activities are a few of the many that occurred through ASK in 2018:

- 309 support groups were held across all nine service regions;
- 2,460 parents were served through ASK support groups;
- 323 foster and adoptive parents received support through 375 face-to-face interactions;
- 5,984.97 total hours of service were reported by adoptive parent liaisons serving families throughout the state;
- 336 new parents participated in ASK support groups;
- 35 parents received one-on-one training;
- 467 ASK promotional flyers were posted in the community;
- 693 contacts were made by adoptive parent liaisons at pre-service meetings across the state;
- 1,975 phone calls were made to 908 foster and adoptive parents;
- 505 emails were sent to 1,037 foster and adoptive parents;
- 2,486 support texts were sent to 713 foster and adoptive parents; and
- 1,258 support activities (i.e. FP posts, private messages) were made through social media to 1,532 foster/adoptive parents.

#### *Foster Parent Mentor Program*

The Foster Parent Mentor Program specializes in one-on-one, short-term, intensive coaching relationships, which provide newly approved foster parents emotional encouragement, skill reinforcement, and parenting strategies unique to providing OOHC to enhance the quality of care provided and stabilize initial placements. The program matches newly approved foster parents (mentees) with experienced foster parents (mentors) for their first six months of service.

Foster parent mentors typically make 3-4 contacts with their mentee each month. Mentors initiate conversation about any challenges or struggles that the new family may be experiencing. They then seek to address those concerns from their own experience and training to bring some normalcy to the situation and provide strategies that can help alleviate stress from a position of problem solving. Mentors also attempt to anticipate what the new family may be facing in the days ahead based upon their experience and understanding of the typical placement cycle. The goal is to help prepare the new family for potential challenges and decisions that may arise. This is designed to alleviate surprises and stressful decision-making.

The following measurements will be used to monitor program performance and outcomes over the next five years. The program distributed a Final Assessment Questionnaire at the end of each mentoring match with a 28.28% return rate. Question 8 asked the mentee to rate their response as either Strongly Agree, Somewhat Agree, Neutral, Somewhat Disagree, or Strongly Disagree to each of the following statements listed below that started with, "Because of my mentoring experience, I am more..." Respondents either Strongly Agreed or Somewhat Agreed to all of the following:

- Knowledgeable in working with children: 88.67%
- Aware of policy and procedures: 92%
- Supported at an emotional level: 85.33%

- Able to fulfill my new roles/responsibilities: 92%
- Confident in the face of stress common to foster parents: 89.33%
- Likely to assist birth parents in working toward reunification: 77.33%
- Aware of local community resources: 89.33%

Question 13 of the questionnaire asks the mentee to rate on the same scale as mentioned above whether their mentoring experience increased the likelihood that, “I will continue to serve as a foster parent.” Of the respondents, 82.67% either Strongly Agreed or Somewhat Agreed that indeed their mentoring experience increased the likelihood that they will continue to serve as a foster parent.

The following represents the topics of conversations discussed between mentor and mentee and the number of their occurrence:

Managing Expectations & Emotions	475
Respite, Babysitting, Child Care	382
Communication with R&C Staff	311
Behavior Mgmt./Addressing Needs & Fears	296
Communication with SSW’s	290
Healthy Boundaries	285
Life Books	285
Court Proceedings (Types, Protocol, Attendance, etc.)	281
Medical Passport	277
Attachment Challenges	276
Clothing Letter	272
Mission of Mentor Program	271
Permanency and its Importance to Children	270
Routines, Schedules, Rituals	265
Impact of Foster Care on Family	264
Ongoing Training Requirements	251
Ongoing Support Programs	248
Visit Supervision	248
Regional Billing	246

Region	Active Regional Mentors	*New Mentors Trained Made	Mentor Matches
Cumberland	79	16	26
Eastern Mountain	41	10	26
Jefferson	26	3	34
Northeastern	32	7	28
Northern Bluegrass	50	10	65
Salt River Trail	49	3	49
Southern Bluegrass	87	7	61
The Lakes	35	3	44
Two Rivers	59	12	46
Grand Totals	458	71	379

*\*New mentors trained in 2018 are also reflected in the first column that represents the total number of active mentors serving the program.*

Mentor/Mentee Personal Contacts

<u>Region</u>	<u>Contacts</u>
Cumberland	469
Eastern Mountain	391
Jefferson	388
Northeastern	477
Northern Bluegrass	946
Salt River Trail	804
Southern Bluegrass	917
The Lakes	911
Two Rivers	<u>665</u>
Total Contact for 2018	5968

*Kentucky’s Foster and Adoptive Parent Training Support Network*

The Kentucky Foster & Adoptive Parent Training Support Network (The Network) is comprised of 15 regional teams. Each team is staffed with experienced foster and adoptive parents who offer support to other families. Network members are trained in the NETWORK crisis intervention method to support families during a crisis or if an investigation is received. Network members also assist with recruitment of foster families. During 2019, Network members began utilizing the diligent recruitment plan templates used by the service regions to ensure that recruitment activities conducted by The Network are being appropriately tracked.

*Service Decision-Making Process for Family Support Services (45 CFR 1357.15(r))*

The Community Collaboration for Children (CCC) is funded by Promoting Safe and Stable Families (PSSF) and the Community-Based Child Abuse Prevention (CBCAP) program. 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), fatherhood, and faith-based activities. Both CBCAP and PSSF funds are used to develop, operate, expand, and enhance community-based and prevention-focused programs. Currently, two direct services are provided through these funding streams: in-home based services (IHBS) and parent engagement meetings (PEMs). Both services are funded by a combination of CBCAP grant funds and PSSF funds. The agencies that receive funding for family support services through PSSF are selected based upon a request for proposal (RFP) process developed for quasi-governmental agencies. These community-based agencies provide family support services in their respective local communities and are accustomed to the needs of the families they serve.

IHBS are 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. IHBS

continue to be the most effective and in-demand service for prevention of child abuse and neglect. Regional network collaborations continue to be critical, as funding becomes increasingly tight and creative solutions, as well as decreasing duplication of services, are needed. Flat funding prevents expansion and decreases the ability to retain employees due to a lack of salary increases over several years. The CCC program will continue to focus on IHBS across the state.

PEMs have the same target population, however, are only available in Jefferson County and one rural region due to a recent expansion. PEMs bring families, agencies, and community partners together to resolve issues that exist within the family. Facilitators ensure an objective discussion of issues and explore resources. Referrals are accepted from the department and from the school system. PEMs target school-aged children (ages 5-11) who are at risk of educational neglect. In 2018, 344 families received PEM services and 86% of those cases were diverted from being involved with the child welfare system. Based upon the positive outcomes of PEMs, an expansion will occur in another rural community. The only current barrier the program is facing is lack of funding.

As illustrated under item 6 in the CFS-101, Part I, Promoting Safe and Stable Families or Title IV-B, subpart 2 funds are divided equally among three of the primary service categories. Therefore, 20.5% of these funds are allocated to family preservation services, community-based family support services, and family reunification services. Additional funds will be allocated to adoption promotion and support services (24.5%). Four percent is retained for planning and service coordination and 10% is utilized for administration.

#### Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

The state’s population at greatest risk of maltreatment are children ages four and under. This information is gathered utilizing department data, annual report of child fatalities and near fatalities, and other literature regarding child maltreatment. The data from those reports demonstrates that children ages four and under are at greatest risk for physical abuse. Table 9 shows that the majority of fatalities and near fatalities over the last five years occurred with children ages four and under. Additionally, the data shows a decrease in reports over the last five years. From April 1, 2018 through March 31, 2019, there were 12,534 (out of 31,587) children ages four and under that were listed as victims in cases with a finding of substantiated or services needed.

**Table 9**

<b>Fatalities and near fatalities across the state compared to ages four and under (*per the annual Fatality Near Fatality Report data)</b>					
	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>
# of fatalities in which abuse/neglect was substantiated*	2	16	19	21	17
# of near fatalities in which abuse/neglect was substantiated*	18	56	62	52	53
Fatalities of children 4 and under	8	14	15	18	TBD
Near Fatalities of children 4 and under	37	49	55	28	TBD

Over the next five years, the department will continue to focus on providing preventative service and protective interventions to this targeted population. This will be achieved through enhancing existing SOP to provide further guidance regarding this specific population, ongoing targeted case reviews on cases with children ages four and under, and fatality case reviews. Currently available services that are developmentally appropriate for this age group include First Steps, HANDS, and Early Childhood Education. These services are provided within the majority of communities throughout the state and to families through a referral process. The department's Division of Child Care (DCC) is continuing to dedicate staff resources to the Preschool Development Grant for Kentucky as administered by the Governor's Office of Early Childhood. Through this grant, families are able to become more self-sufficient, as they are afforded the opportunity to join the work force while having access to safe and reliable childcare opportunities.

Over the next five years, progress of preventative and protective services for children ages 4 and under will be monitored within each respective preventative and protective services program. For example, in regards to the Family Preservation Program, Kentucky currently measures preventative service intervention through utilization of the North Carolina Family Assessment Scale (NCFAS) and through data assessment of children remaining in the home at closure, 3 months post closure, 6 months post closure, and 12 months post closure. For KSTEP, Kentucky currently measures preventative service intervention through utilization of the NCFAS, the Addiction Severity Index (ASI), the Parenting Stress Index, and through data assessment of children remaining in the home at closure, 6 months post closure, and 12 months post closure. With the implementation of FFPSA, additional requirements will be built to ensure outcomes, including ensuring fidelity to evidence based interventions.

#### [Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits](#)

As outlined in [SOP 4.24 SSW's Ongoing Contact with the Birth Family and Child, Including the Medically Complex Child](#), it is the department's expectation that staff have a private, face-to-face visit with the child in their placement at least once every calendar month in order to assess progress toward case plan goals and objectives and to assess adjustment to the OOHC placement. If the child is in a private child caring (PCC)/PCP placement, staff are expected to have private face-to-face contact in the child's placement setting at least quarterly, as the department contracts with the private agencies for completion of the monthly home visits. Staff may utilize the [Caseworker Visit Template](#) to ensure that discussions around the child's progress in placement, as well as information around the safety, permanency, and well-being are occurring.

Over the next five years, the department will utilize monthly caseworker visit funds to improve the quality of caseworker visits with an emphasis on improving caseworker decision making on safety, permanency, and well-being of children in OOHC and recruitment, retention, and training. Monthly caseworker grant funds provided by Title IV-E program are not used to supplant other grants or state dollars.

Each region continues to monitor and strategize for compliance with caseworker visit standards using CCWIS management reports. For federal fiscal year 2018, the state missed the 95 percent performance standard for caseworker visits by three percent (federal fiscal year 2018: 92%). This continual decrease may be contributed to the increase in the number of children in OOHC, along with the continuous staff turnover occurring throughout the state. As part of the state's child welfare transformation, 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. These activities include, but are not limited to the implementation of the Culture of Safety, the FTS program, and a safety model. There are no current plans to make changes in the structuring of caseworker visits.

## Additional Services Information

### Child Welfare Waiver Demonstration Activities

With the Child Welfare Waiver Demonstration ending in September 2019, the department has reflected on the successes and lessons learned while developing the CFSP and planning for ongoing initiatives. Kentucky has had great success with the two initiatives within the waiver, START and KSTEP. The department submitted the required interim evaluation report to ACF late May 2018. For detailed information around the interim findings of the demonstration project, please find the report at [Title IV-E Child Welfare Waiver Demonstration Kentucky Interim Evaluation Report](#).

As both services have shown positive outcomes, the department has sought ways to ensure that families can continue to be served. Both START and KSTEP utilize EBPs that are on the clearinghouse for FFPSA, therefore, the state will leverage flexible title IV-E funding. START will utilize additional funds through TANF and state general funds, as well as Substance Abuse and Mental Health Services Administration (SAMSHA) funds through the KORE for START sites in Boone and Campbell counties. KSTEP will utilize state general funds.

### *Sobriety Treatment And Recovery Teams*

The START program is an intensive intervention model for substance using parents and families involved with the child welfare system that integrates substance use disorder and recovery services, family preservation, community partnerships, and best practices in child welfare and substance use disorder 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 began implementing START in 2007 and has modified and evolved the model to fit the needs of Kentucky families. Daviess County was awarded federal funding to implement START and state and federal funding is being used to fund the program in four other counties in Kentucky: Kenton, Jefferson, Boyd, and Fayette. A fifth site in rural Martin County had federal grant funding for 6 years and has now shifted to a less intensive model. As part of Kentucky's Title IV-E Waiver, START is being expanded. Jefferson County and Kenton County added a second START team and Fayette County is implementing START as well. In 2019, START will be expanding to two additional sites utilizing Kentucky Opioid Response Effort funding: Campbell and Boone Counties. In 2018, START teams served 357 families. This included 584 adults and 688 children.

The key components of START are:

- Specially trained child protective services (CPS) worker and a family mentor share a caseload of families with co-occurring substance abuse and child maltreatment where at least one child is 5 or younger with a focus on substance-exposed infants.
- The family mentor brings real-life experience to the team and is a recovering person with at least 3 years' sobriety and previous CPS involvement. She/he is rigorously screened, trained, and supervised to provide START families with both recovery coaching and help navigating the CPS system;



- Reduced caseloads for the START team of 12-15 families per worker/mentor pair;
- 12 basic tenets outline the program philosophy and collaboration;
- Integration between CPS, substance use disorder treatment providers, and community partners by addressing differences in professional perspectives;
- A service delivery model that is more frequent, intense, and coordinated, seeking to intervene quickly upon receipt of the referral to CPS;
- Quick access to substance use treatment and close collaboration among CPS and service providers;
- Shared decision-making among all team players, including the family;
- Collaboration with community partners, substance use disorder providers, the courts, and the child welfare system dedicated to building community capacity and making START work;
- Sober parenting supports that include flexible funding for meeting basic needs such as housing, transportation, child care, and intensive in-home services;
- A holistic assessment for all clients, addressing substance use, mental health, and trauma; and
- Extensive program evaluation to indicate and document the program achievements and challenges.

#### *Kentucky Strengthening Ties and Empowering Parents*

The department implemented KSTEP as a resource to prevent unnecessary removals of children and to reduce the number of children in OOHC. KSTEP launched in July 2017 in Carter, Greenup, Mason, and Rowan Counties. KSTEP leadership has approved expansion for four additional counties in the Northeastern Service Region: Bath, Montgomery, Lewis, and Fleming. Through the waiver, KSTEP seeks to 1) reduce the need for OOHC placements; 2) shorten the duration of any necessary OOHC placement; 3) reduce repeat maltreatment, and 4) increase well-being of families by enhancing caregivers' capacity to care for children and maintain them safely in their own homes. To achieve the above goals, the KSTEP program integrates substance abuse treatment services, child welfare practice, and family preservation services into an approach to deliver services that address the special needs of substance-affected families involved with DCBS.

KSTEP launched in July 2017. As of March 19, 2019, there have been 207 referrals and 193 cases have been accepted between the four counties serving a total 371 children. Since the involvement of those families with KSTEP, 254 children have remained in their home, 13 were placed with relatives, and 3 were placed in OOHC. Since implementation in July 2017, KSTEP has experienced 36 unsuccessful closures and 76 successful closures. The KSTEP evaluation team is currently conducting a cost-benefit analysis to evaluate the effectiveness of the program, considering expenditures of the program and foster care costs saved by children remaining safely in their home.

KSTEP emphasizes collaboration between families, DCBS, non-profit behavioral health providers, and CMHCs to achieve positive outcomes. DCBS collaborates with non-profit behavioral health agencies to provide in-home services and with CMHCs to provide quick access to substance use disorder treatment. In-home providers, CMHCs, and DCBS staff have weekly contact with one other to discuss and provide updates on case progress. A KSTEP workgroup comprised of the contracted service providers, DCBS leadership, behavioral health representatives, and evaluation team members meet on a monthly basis. Direct line meetings, comprised of KSTEP leadership, regional leadership, KSTEP providers, and DCBS supervisors also meet on a monthly basis.

#### Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

In Kentucky, adoption incentive payments are used to support post-adoption placement stabilization services, adoption awareness campaigns, and fund regional adoption specialist positions devoted to facilitating timely permanency. Post-adoption placement stabilization services prevent children from re-entering foster care when experiencing serious emotional or behavioral disturbances. Post-adoption placement stabilization services are 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. The department is focusing on improving practices around post-adoption and post-permanency services for caregivers. This will require a continued shift in the permanency culture within the department. One approach for shifting the current culture is the implementation of the culture of permanency training statewide. Additionally, the department is considering implementation of The National Adoption Competency Mental Health Training Initiative (NTI) in 2020 to have an increased focus in the area of post-permanency well-being for families. The department does not anticipate any carryover funds, and historically has used all of its adoption incentive funds in a timely fashion. The division will work with the Division of Administration and Financial Management (DAFM) to monitor adoption incentive funds over the next five years.

Kentucky has not previously utilized the Guardianship Assistance Program (GAP), however, does intend to amend the state plan over the next year to include this incentive for relatives caregivers who pursue foster parent approval. The department plans to implement GAP Fall 2019/Spring 2020.

#### 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 entering foster care, and other title IV-B and IV-E allowable services. The department has reported adoption savings, however, has yet to report expenditures for savings, as reflected in CB-496 Part 4. Kentucky has an accumulation of reported savings without expenditures. The department was unable to expend adoption savings due to a lack of general funds appropriated by the state legislature. In efforts to address the issue of accumulation of reported savings without expenditures, regarding post adoption services, DAFM has been working with DPP to gather info about Post Adoption Placement Stabilization Services (PAPSS). It is believed this program could be a primary source of expenditures to report on Part 4. In addition, per ACF PI 15-06, DAFM is looking to claim some FPP expenditures as services for children at risk of entering foster care. DAFM's goal is to report expenditures on Part 4 of the next CB-496 submission in October 2019.

The department utilizes the Children's Bureau methodology for the adoption savings calculation. Please see Attachment 12 for additional information on the Children's Bureau methodology.

## VI. Consultation and Coordination between States and Tribes

Kentucky does not have state or federally recognized tribes. However, there are two Native American groups in the state: The Southern Cherokee Nation of Kentucky and the Ridgetop Shawnee. The Southern Cherokee Nation's legal status is a non-profit corporation with no members. The Ridgetop Shawnee do not intend to pursue federal or state registration. During the development of the CFSP, the department made multiple attempts to include both tribal groups the state's quarterly CFSP CQI

Stakeholder Meeting. The Southern Cherokee Nation’s tribal leaders were contacted via telephone and they declined participation in the stakeholder meeting. The department was unable to make contact with the Ridgetop Shawnee despite attempts to email them using the contact information posted online. After consultation with the Children’s Bureau, the department searched the website for the Office of Urban Indian Health Programs to determine if an office exists in Kentucky. However, it was determined that there is not an office in Kentucky.

The department is currently making efforts to engage both tribes. Both tribes have been invited to attend the CFSP CQI Stakeholder Meetings. So far, neither tribe has sent a representative. However, the state has been sharing the meeting minutes and all handouts with the tribes. The department will continue to attempt to engage the tribes via phone calls and written correspondence. The department will continue to share information with both tribes. The department will continue to seek ways to engage tribes, possibly those in neighboring states, in the implementation of the CFSP.

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 ICW Managers Workgroup, which includes monthly conference calls. An infrastructure of procedures that are designed to insure compliance with the federal law has been fully integrated into the department’s SOP, case review standards, and diligent recruitment activities. Designated staff provide technical support to department personnel in conjunction with 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 department personnel. Once approved, the updated SOP will be disseminated to department staff. Current SOP on ICWA can be found at [4.2 Indian Child Welfare Act \(ICWA\)](#).

## VII. John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

### Introduction

The department administers the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) services and programs through a variety of entities. The Chafee program is monitored on the Transitional Services Branch, within DPP. The Transitional Services Branch consists of one Branch Manager, one Chafee Program Administrator, one NYTD Program Coordinator, two Section Supervisors, and twelve Independent Living Specialists (ILS). The twelve ILS positions are located throughout Kentucky’s nine service regions. The Transitional Services Branch partners and contracts with several agencies to provide services to transition aged youth who are currently placed in OOHC or who have aged out of care in Kentucky.

The department currently contracts to assist the state in successfully providing Chafee services to eligible youth with the following entities:

- Community Action Council. The Community Action Council provides room and board services to young people who have aged out of Kentucky’s foster care system and are no longer committed to the department. This program provides housing vouchers to eligible youth who are in need of housing. Other services provided through this contract include

case management support to youth in the room and board program, extended services to former foster youth who are in need of services, and case management support to youth on extended commitment living in dorms.

- Murray State University. Murray State University provides oversight to Kentucky's youth leadership program, the VOC, nine Regional Education events for foster youth, and one annual teen conference.
- The University of Kentucky (UK). UKs contract provides support to youth employed through the Fostering Success program by hiring job coaches to work with young people during their employment. UK assists the department in purchasing gift cards as an incentive for the NYTD program, incentive for when a young person completes the formal life skills curriculum, and an incentive for youth who achieve milestones while on extended commitment.

Current and planned activities for the Chafee program are explained below.

### Description of Program Design and Delivery

Positive Youth Development is an important aspect to service delivery in Kentucky and has been incorporated throughout the department's independent living program. The Kentucky Chafee program mandates that all children, ages 14 and above, in OOHC receive independent living services, regardless of permanency goal. Additionally, the Chafee program identifies children likely to remain in OOHC 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 preventive health activities. The program provides personal and emotional support by connecting children with caring adults including Chafee program personnel, foster parents, PCC/PCP personnel, and department personnel. For youth ages 18 to 23, the department insures 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 with regard to finances, housing, counseling, employment, education, and job training.

Chafee and ETV services are provided on a statewide basis by twelve regional ILS, one central office independent living project administrator, one NYTD coordinator, two section supervisors, and the Transitional Services branch manager. Services are also provided through contracts with various agencies including two post-secondary educational institutions and a quasi-government agency to provide support services. In April of 2018, the transition aged youth workgroup was developed because of efforts around HB 1<sup>2</sup>, FFPSA, and CWT efforts. The workgroup began looking at the services and resources provided to transition aged youth throughout the state. The areas identified for the

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<sup>2</sup> House Bill (HB) 1 is deemed a major step towards strengthen permanency for children, and it includes statutory updates per inputs of the department. The legislation also contained recommendations and asks of the courts. The major policy pieces, however, came from the House Workgroup on Adoptions chaired by Representative Meade and Representative Jenkins, both sponsors of the legislation, during the 2017 interim, including but not limited to the putative father registry, frequent case reviews for children in care greater than six months, and new timeframes for termination of parental rights petitions.

workgroup to focus on strengthening statewide include youth identified with disabilities, independent living, tracking youth, youth on extended commitment, exploring opportunities to expand the Fostering Success program, training foster parents, and targeted recruitment for older youth in Kentucky's foster care system.

One of the programs that Murray State University oversees is VOC. The VOC consists of a group of young adults between the ages of 16-23 who have foster care experience and/or have transitioned out of Kentucky's foster care system. The department engages the VOC in a variety of ways to ensure the youth are involved in the development of Kentucky's state plan. Additionally, there are youth represented on the transition aged workgroup as well as some of the other CWT workgroups. The department is intentional in engaging and involving the VOC as equal partners in the transformation work being done in Kentucky. The youth have the opportunity to provide feedback, insight, and suggestions as members of the groups. In addition, Kentucky is in the process of identifying youth to be a part of CQI plans for Kentucky. The VOC has been engaged in the process; however, youth are also being identified within the service regions to be a part of these discussions.

The Chafee Program Administrator works closely with the VOC by attending monthly meetings to share information and receive feedback from the foster youth perspective on policies and practices. For example, the state revised statute and SOP in regards to youth so that they can obtain their driver's license. After the passing of the legislation, SOP was written to define the process and supports that would be put in place to help youth get their license. The VOC had been advocating for this rite of passage for young people for over six years. The department consulted with VOC on all proposals regarding the new SOP and revisions went into effect in October 2018.

Over the next five years, Kentucky plans to research and develop peer mentorship opportunities to give youth the opportunity to support one another. The department envisions that the mentorship would be separate from the VOC, as it is a different set of skills and purpose. The youth serving as mentors would receive training in order to provide peer support. The department would also like to explore developing partnerships with public education, including secondary institutions and post-secondary institutions to foster positive relationships and support youth in their career planning. Additionally, the department will continue to work with youth on identifying permanent supports in their lives. One strategy is to be intentional in helping young people complete an inventory of supports in their lives and invite those supports to their transition meetings. A possible tool the department will look at incorporating into the transition plan is the Permanency Pact developed by Foster Club.

The department would like to incorporate strengths and interest assessments during transitional planning meetings. This will assist staff in helping young people recognize their interests and help them to understand their strengths.

Kentucky plans to measure progress of the Chafee service array of the next five years by completing the following tasks: 1) Partner with the Youth Leadership Council and regional CQI youth groups to receive regular feedback regarding service delivery; 2) Implement an exit survey for all youth aging out foster care to track key measurement points; 3) Receive monthly reports from the contract provider on the number of youth who complete the LYFT independent living curriculum; 4) Develop a tracking tool to measure the number of youth who complete independent living milestones and who earn incentives through the new independent living program; 4) Utilize the tracking tool to measure the number of youth who utilize Chafee benefits such as driver's education assistance, assistance with car insurance,

educational assistance, and Youth Development Funds; 5) Continue to partner with the University of Kentucky to track outcomes of Fostering Success participants; 6) Receive annual reports detailing outcomes for youth who utilize room and board, aftercare, and case management services; and 6) Receive annual reports detailing the services provided by the contract with Murray State University, including Voices of the Commonwealth, the annual youth empowerment conference, regional KY RISE events, and regional educational events.

### NYTD

Every year the department creates a snapshot of the services and surveys captured from the NYTD reporting period. The NYTD Program Coordinator for Kentucky shares this information with the ILS in the regions. The ILSs in the regions have the information readily available to share at regional staff meetings and foster parent trainings. The new independent living portal, Kentucky RISE, will be another outlet for Kentucky to share NYTD data with youth, social workers, PCC agencies, foster parents, court systems, etc. Kentucky RISE has a NYTD tab and staff will be able to add and utilize information as needed. Additionally, Kentucky has provided information about NYTD through trainings to PCC/PCPs and department staff in all nine service regions. In the future, Kentucky will submit a proposal to develop a web-based training for department and PCC staff to provide NYTD training to new staff.

To improve the quality of data, the NYTD program coordinator created a checklist of all possible services for PCC/PCP staff to complete, to include documentation around how services are provided to youth. In addition, staff are being encouraged to enter services, at a minimum, one time a month into the NYTD portal to capture all services. Details have not been clearly defined on how to mandate this request; however, the department would like to see services entered more frequently to capture a true picture of what services the youth are receiving each reporting period. The department has presented this to PCC/PCPs as a way for the agencies to highlight their services and further provide a snapshot of data. The department envisions implementing an internal audit process for both the department and PCC/PCPs in an effort to ensure quality data is entered into the system.

Kentucky is exploring the utilization of [gov.delivery](https://gov.delivery) as a tool to help engage youth to participate in NYTD. This site could assist with sending birthday emails, surveys, events, information, resources, etc. to youth. The NYTD Program Coordinator works closely with IT staff to continue to enhance the NYTD database in order to track important data such as youth transition plans, youth development funds, driver's license, auto insurance, and aftercare services. Continuing to add features to the NYTD system allows opportunity for continued evaluation of services provided to youth in Kentucky and a mechanism to improve services in the future.

The state plans to ensure future compliance with NYTD requirements through the following: 1) Strengthening efforts to promote relational permanency for youth aging out of foster care and collecting the contact information for these supportive adults. Youth being connected to supportive adults will aid in efforts to locate them in the future to complete the NYTD survey; 2) Supporting transition age youth in creating an email address as part of independent living training process. This will aid in efforts to locate youth in the future to complete the NYTD survey; 3) Establishing regular communication with transition age foster youth through the gov.delivey system. This will assist the department in keeping youth informed about available resources and benefits and aid in efforts to locate them in the future to complete the NYTD survey; 4) Strengthen and expand use of technology and social media in communicating with transition age foster youth; 6) Providing regular updates for youth and their supporters regarding NYTD on the newly developed website dedicated to transition age foster youth,

kyrise.ky.gov; 7) Providing ongoing training and technical assistance to providers entering services into the database to improve the integrity of the entered data; and 8) Exploring the use of a survey firm or other entity to administer NYTD surveys.

Kentucky plans to use data in consultation with youth to improve service delivery by implementing an exit survey for all youth aging out of foster care. This survey will provide data on key outcome measures such as high school graduation, post-secondary educational attainment, employment, and housing. The survey will also provide a platform for the youth to give qualitative feedback on Chafee services and programs. This data will inform efforts to improve service delivery and target programming in those areas of greatest need. In addition, Kentucky contracts with Community Action Council to administer room and board, aftercare services, and case management services. CAC will administer an exit survey to program participants providing data on key outcome measures as well as customer satisfaction.

### Serving Youth across the State

ILS provide direct services to youth in all nine service regions across Kentucky. The ILS facilitate transition plans for youth beginning at age 17, within 90 days of turning 18, and at 19, 20, and 21 for youth on extended commitment. During the transition meetings, the youth are supported in making well-informed decisions about his or her future, transition to adulthood, well-being, and other aspects of his or her case and permanency planning (42 USC 675 (5)(H)). During the transitional meeting, the ILS discusses, in detail opportunities available to the youth, as well as eligibility for benefits and services. Youth with disabilities are assessed for specific needs and are assisted with making appropriate referrals to programs that will meet their needs. Additionally, the ILS assists youth with disabilities in finding ways to remain in the community and in the least restrictive placement.

Chafee program personnel are required to enter tracking and progress information on each youth they serve. Services include a stipend for completion of the state independent living curriculum, room and board placements, the Fostering Success program, and assistance with funding for post-secondary training and education through the Tuition Waiver for Foster and Adopted Children, the ETV, and tuition assistance. Foster parents, PCC/PCP personnel, and youth also participate in the delivery of these additional service activities as appropriate. Department 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 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 age 16

Youth age 16 and over are eligible for a \$250 stipend for completion of the state independent living curriculum. Kentucky recently purchased a new online life skills curriculum and will begin utilizing the new program, LYFT, in January 2020. The curriculum includes instruction on resiliency, employment, communication skills, personal finance, independent living, education, health, including health care



proxies, and healthy relationships. The new curriculum will include the Daniel Memorial Assessment along with a post-test to confirm their comprehension of material covered in the curriculum. The curriculum will also provide monthly newsletters to private providers on resources and guidance/tools on various life skills. Each month will focus on a different life skill theme.

#### Youth age 17

The ILS facilitate the youth's transition plan at age 17, within 90 days prior to the youth attaining age 18, and for youth on extended commitment ages 19, 20, and 21. Within 90 days of the youth attaining age 18, a meeting, with an ILS present, must occur to further discuss transition planning. The youth should be supported 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 should be held independently of the 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 90-day transition plan meeting. This meeting should be strengths-based and directed by the youth. The youth should have equal consideration to the adult voices during the meeting. The ILS should assist the youth in identifying supports to attend the meeting and may include teachers, mentors, employers, family members, resource parents, and mental health providers.

#### Youth age 18 to 21 who remain committed to the department

Youth age 18 to 21 who extend their commitment with the department are eligible for a \$250 stipend for completion of the state independent living curriculum, tuition assistance, and a tuition waiver. Youth have until the age of 19 to request to extend their commitment with the department to receive educational and/or independent living skills. One of the areas identified by the transition aged youth workgroup as needing additional support and guidance was youth on extended commitment. The Jefferson Service region implemented a pilot program for youth on extended commitment in June of 2017. Prior to implementation there was a focus group consisting of the Jefferson ILS, social workers, youth on extended commitment, and private provider staff to discuss current needs, barriers, and expectations of youth on extended commitment. The workgroup designed a program to provide clear, consistent expectations, incentives, and consequences for youth receiving transitional living support. The guidelines also provide clarity for program and other department staff on outcome goals as they work together to support youth in successfully transitioning out of foster care. After the workgroup received feedback from the pilot, the decision was made to expand the program statewide. The guidelines will become a part of the department's SOP effective July 1, 2019. Highlights of the guidelines include:

- Transition Binders. Foster youth will receive binders at their 90-day transition meeting.
- Eligibility. Minimal expectations to remain in care past your 18th birthday include:
  - Work full-time (at least 30 hours per week);
  - Attend school full-time;
  - Working part-time and attending school part-time;
  - Having a documented disability that precludes you from meeting the work or school requirement. Such youth should be receiving support making independent living arrangements; or
  - The youth's transitional living agreement and plan to either work and/or attend school should be customized to the youth's individual circumstances, capabilities, and goals.

- Documentation. Youth receiving transitional living support will be expected to maintain required documentation in their Transition Binders (pay stubs, school schedules etc.). Program staff will withhold the monthly stipend until youth provide the required documentation (excluding \$70).
- Probation Contract. Youth who are not meeting the minimal requirements for transitional living support will be placed on a probation contract.
- Program Rent. Program staff will implement a mandatory savings program for youth, deducting the following amount each month from their stipend. Program staff will provide a monthly ledger to youth with saving balance
  - 18 year olds: \$50
  - 19 year olds: \$75
  - 20 year olds: \$100
- Milestones and Incentives. Youth will be encouraged to work toward identified milestones. Milestones are designed to ensure youth develop the necessary skills to live independently.
  - An emphasis will be placed on encouraging youth to complete short-term trade/vocational and apprenticeship programs.
  - Youth who complete milestones will receive an incentive from department at their annual transitional planning meeting.
  - Youth in foster homes will also be encouraged to work toward the milestones and will be eligible for the incentive. They will also be encouraged to save a portion of their earnings (from work or school) each month.
- Transition planning. ILS will facilitate transitional planning meetings with committed youth at 19, 20, and prior to exiting at 21.
- Exit Survey. Youth will complete an exit survey prior to leaving care.
- Damages. Program staff will do a move in and move out walk through of the unit with the youth. Program staff may recoup the cost of damages to the unit from the youth's savings, up to \$500.

The second phase of the extended commitment guidelines will be to implement similar expectations for youth placed in foster homes. The Transitional Services Branch is currently working with leadership to enhance services for this population in the future.

#### Youth age 18 to 23 who left care at 18

Youth age 18 to 23 who left when turning 18 are eligible for a \$250 stipend for completion of the state independent living curriculum, a tuition waiver, and assistance with room and board. Youth who left foster care between ages 18-23 are eligible for extended services through a contract with Community Action Council utilizing Chafee funds. The extended contract allows assistance in crises and/or additional resources for youth ages 18-23.

#### Room and Board

Kentucky uses the entire 30 percent of Chafee program funds allowed to provide room and board housing vouchers to youth ages 18 to 23 who exited care. Beginning July 1, 2019, the state agency will contract with Community Action Council to provide case management and housing vouchers to eligible youth for up to 12 months. The participants include former foster care children, now ages 18 to 23, who aged out of foster care on their 18th birthday and are homeless. Homeless is 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 participants are also able to access funds for establishing a household, to cover purchases including furnishings, linens, cleaning supplies, food, bus passes, etc. Participants also have the opportunity to earn incentives for the completion of program goals such as obtaining employment or completing an educational program.

#### Medicaid coverage for former foster youth ages 18 to 26

Kentucky has 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. Youth who exit the state's care after their 18th birthday will need to reapply. They can do so through a local family support office with the assistance of their regional independent living coordinator.

#### Additional Services

In addition to the previously mentioned services, youth are eligible to participate in the Fostering Success program. Fostering Success is a 10-week workforce development initiative sponsored by the department 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 with Chafee funds. The cabinet had been supporting a youth summer employment program through the state's 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 late April 2016, the department was charged with redirecting this program to develop a summer youth program targeting current and former foster youth across Kentucky whose jobs would be stationed within local department offices.

Youth eligible for the program are those between the ages of 17 and 23 who have obtained a high school diploma. The regional ILS collaborates with the local child protective services workers, private agencies, 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 are placed as an office support assistant I (interim position) in local department offices.

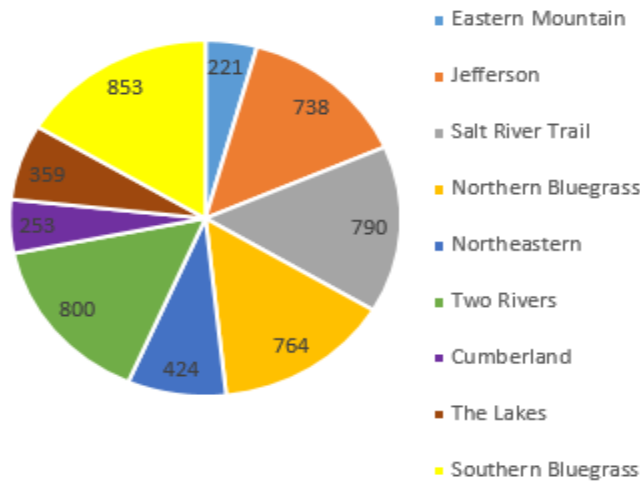
In the second year of the program, in addition to being placed in local department offices, several participants worked within other departments including The Department for Aging and Independent Living (DAIL), the Office of Legal Services (OLS), and the Commission for Children with Special Health Care Needs. 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 9 months. In 2017, 80 youth participated in the Fostering Success program. Sixty-one of those participants completed the entire 10-week program and 38 of those youth were given extensions to remain in the program up to 9 months.

In 2018, 59 youth participated in the program. In 2018, the program contracted with an employment agency to expand worksite opportunities to other state cabinets and local businesses. The program also contracted with the University of Kentucky to employ Job Coaches who facilitate weekly professional development workshops as well as provide one-on-one guidance and support to participants. The program also contracted with the University of Kentucky to employ a placement coordinator who

worked to expand opportunities for participants by bringing on new businesses and agencies as worksite providers.

The data below provides a breakout of services, including independent living services, provided to youth from October 2017 through September 2018. 6,312 youth were served during this period. Data is broken down by statewide and region.

### Statewide Services



	Total Youth Served	Academic Support	Post-Secondary Education 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	Education, Financial Assistance- Tuition Waiver	Independent Living Curriculum Stipend
Eastern Mountain	221	207	89	105	26	111	124	189	60	0	45	37
Jefferson	738	605	365	341	81	400	576	597	302	11	78	99
Northeastern	424	373	216	205	52	203	387	398	118	2	69	92
Northern Bluegrass	764	663	400	443	130	410	691	516	298	31	74	28
Salt River Trail	790	699	395	409	118	341	550	435	252	16	90	50
Southern Bluegrass	853	777	541	691	114	465	781	801	468	12	110	39
The Cumberland	521	479	30	313	113	371	484	498	277	12	46	157
The Lakes	359	319	192	201	54	156	289	221	96	8	35	39
Two Rivers	800	427	335	350	67	333	772	371	292	15	92	89

### Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

The department did not elect to extend commitment for youth to the age of 23, however, will provide services to this age group. The department has not previously provided services to youth over the age of 21, therefore, notification to community partners and service providers will be necessary. The new

guidelines implemented for extended commitment youth in Kentucky will become a standard of practice in June 2019. The department has added language to the PCC/PCP agreement for the next fiscal year to reflect the new expectations, as well as implemented updates to the department's SOP for staff. One of the critical changes to the program is the implementation of a mandated survey for all youth exiting care. Enhancements to CCWIS are scheduled that will prevent the worker from closing the youth's case until the survey has been completed. By implementing this change, the department will be able to analyze the services provided to youth on extended commitment and use the results to drive the improvement in the quality services provided to this population in an effort to promote youth transitioning successfully to adulthood.

The department expanded an existing contract with the Community Action Council in order to provide extended service opportunities to eligible youth up through their 23<sup>rd</sup> birthday. The following is a brief description of the extended services offered through the extension of this contract.

- Computer (up to \$450)
  - This includes expenses associated with the cost of purchasing a computer, printer, and computer software. Eligible participants must be enrolled in an educational program.
- Driver's education and documentation (up to \$500)
  - This includes the cost to complete a state approved driver's education program and costs associated with the purchase of a learner's permit or driver's license.
- Employment assistance (up to \$300)
  - This includes the purchase of work related clothes or supplies.
- Educational/trade assistance (up to \$500)
  - This includes GED prep courses, GED testing, tutoring services, summer school classes (secondary school only), E-School, dual credit courses, trade school cost, etc.
- College preparation (up to \$750)
  - This includes SAT/ACT preparation programs, SAT/ACT testing, application fees, college orientation and registration fees, housing fees, dorm room supplies such as bedding, etc.
- Housing Supplies (up to \$500)
  - This includes assistance with household supplies, moving expenses, and basic individual or family needs.
- Immigration Costs ( up to \$500)
  - This includes assistance with immigration cost and fees. Additional documentation required.
- Crisis/Hardship Assistance (up to \$1000)
  - This includes assistance with security deposits, rental payments, utility deposits, and utility bills. Additional documentation and a plan to avoid future crisis required. Match plan may be applicable.
- Transportation (up to \$1500)
  - This includes the purchase of a bicycle and safety supplies, moped, car, or auto insurance. Eligible participants purchasing a car and/or auto insurance must have a current driver's license.
    - Assistance in car purchases will be 50% of the total amount of the car, up to \$1500. Participants wanting to make car purchases must provide

documentation of matched funds, as well as documentation about the car of interest. For example, if the cost of the car is \$2000, the participant requesting \$1000 must provide documentation that they can match the other \$1000.

- Participants needing assistance with car insurance must provide a plan to maintain insurance after assistance is applied
- Second Chance scholarship (up to \$1000)
  - The purpose of the Second Chance Scholarship is to give participants another opportunity to return to college and further their education. The scholarship will give financial assistance toward paying off delinquent accounts at post-secondary institutions so they can return to school. To be eligible for the scholarship, the youth must have established a payment plan with the institution and be making payments toward the debt. The scholarship will match up to \$1000.
- Case Management
  - The purpose of case management services is to provide support for participants utilizing ETV funds that are not currently committed or participating in a designated program.

Kentucky currently requires all private agencies to complete the Casey Life Skills assessment with all youth 14 and older. Beginning July 1, 2019, all youth who leave care at 18 will be required to complete a survey. Enhancements to CCWIS are scheduled that will prevent the worker from closing the youth's case until the survey has been completed.

Youth who apply for the Fostering Success program are required to complete a registration form and assessment that identifies the participant's current educational status, goals, interest, etc. The tool matches the youth with the appropriate internship and determines any necessary wrap-around services the youth may need to be successful. The department, in partnership with the University of Kentucky, provides research and data on the program. Participants in the program complete a pre and post assessment.

Youth who receive room and board services are required to complete a social skills assessment (pre and post), self-efficiency assessment (pre and post), and an independent living skills assessment for youth entering in the room and board program to determine services the young person needs while in the program.

#### [Collaboration with Other Private Agencies \(section 477\(b\)\(2\)\(D\) of the Act\)](#)

The department maintains a relationship with many community-based and private organizations that provide services to youth. The Chafee program maintains relationships and collaborates with community partners, PCC/PCP agencies, and secondary and post-secondary educational institutions through regional meetings, board representations, grant writing, trainings, and various other avenues of communication.

#### [Determining Eligibility for Benefits and Services \(section 477\(b\)\(2\)\(E\) of the Act\)](#)

The department strives to maintain objectivity when determining a youth's eligibility for services under Chafee. To determine eligibility, department staff utilizes information in the CCWIS, and follows all state and federally mandated requirements.

### Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)

The department will participate in any national evaluation the Children's Bureau recommends. The department is willing to provide information on programs and services to anyone who seeks interest in any of the programs.

### Chafee Training

Training opportunities regarding the Chafee program are available statewide and on an ongoing basis. Training on available independent living services is routinely provided to foster/adoptive parents, department and PCC/PCP personnel, community partners, youth, and other interested parties. Staff from the Transitional Services Branch and other agencies that collaborate to provide services to transition aged youth provide these trainings.

A new training was developed with the department's Training Branch and was made available January 2013. The training was designed for new staff working in the department in order to enhance staff knowledge of cases involving youth. The training includes information in regards to timeframes, permanency hearings, how to write court reports involving youth, the purpose and process of the foster care review board, steps required in a termination of parental rights hearing, independent living services and transitional living plans, reunification, trial home visits, case closure, and aftercare plans. The department also provides a web-based training in regards to 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 an adolescent component.

Most recently, staff have been providing training to youth, PCC/PCP personnel, and department staff on the new guidelines and expectations for youth on extended commitment. Joint trainings are being conducted with private provider and department staff, followed by a launch party for young people on extended commitment.

The department is currently working with the training branch to develop a web-based training for staff who work with youth with disabilities. The training is being developed based on the recent updated Youth with Disabilities resource manual. It is anticipated that the training will be available by June 2019.

Through the transition aged youth workgroup, as a part of CWT efforts, the department has partnered with Murray State University to develop a mandatory training for foster parents who have youth placed in their homes ages 14 and older. The training is currently still in review, however, the goal for implementation is fall of 2019. One of the most unique and powerful components of the training is that Murray State University plans to hire a former foster youth and include VOC in parts of the training.

Currently the department does not have the capability to pull data regarding the effectiveness of foster parent training. However, a Foster Adoptive Parenting Training Steering Committee has been re-established. Committee members include the following: department staff, Training Branch, University of Kentucky training partners, and Murray State training partners. A goal of this group is to develop a logic model to utilize in the assessment of training effectiveness. The group wants to identify measures to evaluate the outputs and outcomes of the department's training. A workgroup for this project will begin in October 2019. The goal is to have a way to evaluate training and identify strengths and barriers.



## Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

Youth eligible for the ETV program are those who aged 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. 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. Payments are capped at \$5,000 per year. A budget, along with application is completed and submitted to central office for approval. Verification of a student’s enrollment occurs through the Student Clearing House or utilizing the student’s official transcript. Youth are eligible to receive the benefit for a maximum of 5 years or until their 26th birthday, whichever comes first. An amendment was made to [922 KAR 1:500](#), removing the requirement for youth who are receiving ETV funds to complete the DPP-335 and to extend eligibility until 26, for a maximum of 5 years. This will align with the new verification changes and requirements of FFPSA.

The department is currently in discussions with Kentucky Higher Education Assistance Authority (KHEAA) around contracting with the department to manage Kentucky’s ETV program. The department is specifically interested in collaborating with KHEAA to ensure the student’s cost of attendance is accurate when calculating the financial need. The next step is for KHEAA to have an internal discussion to determine if they would like to submit a proposal to oversee the ETV Program. If KHEAA decides this is not the direction they would like to pursue, the KHEAA leadership staff has agreed to assist the department in collaborating with all public schools to develop an internal verification process of the student’s academic status and cost of attendance.

Table 10 presents ETV data for 2016-2017 and 2017-2018 school years. Kentucky ensures that the number of ETV awards reported are an unduplicated count by maintaining a spreadsheet of all participants and payments. Kentucky maintains, for five years, paper files for every young person. Additionally, payments are requested, tracked, and processed through the KITS system for payment.

**Table 10**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b>Final Number: 2017-2018 School Year</b> (July 1, 2017 to June 30, 2018)	146	9
<b>2018-2019 School Year*</b> (July 1, 2018 to June 30, 2019)	122	43

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

Youth age 18 to 21 who extend their commitment with the department for educational purposes are eligible for tuition assistance to attend college or vocational training. Tuition assistance is paid from state general funds and is used for expenses not covered by federal financial assistance. Youth must fill out the Free Application for Federal Student Assistance (FAFSA), available online at

<http://www.fafsa.ed.gov>. Tuition assistance is provided if other assistance types (federal aid, Kentucky educational awards and grants, and/or any other private scholarships) do not cover all expenses.

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. Youth must fill out a FAFSA online at <http://www.fafsa.ed.gov>. The tuition waiver is a last resort resource only provided if federal financial assistance, state awards and grants, and/or any other private scholarships do not meet all expenses.

Kentucky plans to measure accomplishments and progress toward strengthening postsecondary educational assistance program by utilizing multiple tracking tools that will provide data on the retention and completion rates of youth using services through the program. Kentucky will continue to use NYTD to track enrollment and completion of postsecondary programs. Kentucky will also continue to request the annual report mandated by Kentucky Statute 164.2847 requiring the Council on Postsecondary Education to report non-identifying data on graduation rates of students participating in the tuition waiver program. Kentucky will develop a new tracking tool to measure the completion of vocational and technical programs by current foster youth. Kentucky will implement an exit survey for all youth aging out of care, which will include questions regarding postsecondary enrollment and attainment. Kentucky will develop a new tracking tool to measure the retention and graduation rates of youth receiving ETVs.

#### [Consultation with Tribes \(section 477\(b\)\(3\)\(G\)\)](#)

Benefits and services under Chafee and the ETV program are available to Native American children, including children from the Southern Cherokee Nation and the Ridgetop Shawnee, on the same basis as to other children in the state. The few youth of Native American or Alaskan descent in OOHC are specifically tracked and targeted for appropriate services. Native American children are tracked through documentation on the ADT, which is part of Kentucky's CCWIS. New standards of practice have been issued that requires copies of all tribal notification letters to be submitted to the ICWA liaison in central office. Chafee program personnel maintain contact with youths' families, as well as representatives of community partner organizations involved with Native American or Alaskan families. Please see section VI: Consultation and Coordination between States and Tribes for more information on the department's attempts at engaging tribes within the state.

## VIII. Targeted Plans with the 2020-2024 CFSP

### [Foster and Adoptive Parent Diligent Recruitment Plan](#)

Please see Attachment 13 for the 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan.

### [Health Care Oversight and Coordination Plan](#)

Please see Attachment 14 for the 2020-2024 Health Care Oversight and Coordination Plan.

### [Disaster Plan](#)

Please see Attachment 15 for the 2020-2024 Disaster Plan.

### [Training Plan](#)

Please see Attachment 16 for the 2020-2024 Training Plan.

## IX. Financial Information

The CFS-101 forms can be found in Attachment 10.

### Payment Limitations

#### Title IV-B, Subpart 1

Table 11 outlines Kentucky's Title IV-B, subpart 1 funds used for childcare, foster care maintenance payments, and adoption assistance payments during 2005. These numbers will be utilized for comparison purposes over the next five years.

**Table 11**

<b>Title IV-B Subpart 1 Purpose</b>	<b>FY 2005 Actual Expenditures</b>
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 1 non-federal funds as match for title IV-B foster care maintenance payments during FY 2005.

Additional information regarding title IV-B, subpart 1 funds can be found in the CFS-101 located in Attachment 10.

#### Title IV-B, Subpart 2

As illustrated under item 6 in the CFS-101, Part I, Promoting Safe and Stable Families or title IV-B, subpart 2 funds are divided equally among three of the primary service categories. Therefore, 20.5% of these funds are allocated to family preservation services, community-based family support services, and family reunification services. Additional funds will be allocated to adoption promotion and support services (24.5%). Four percent is retained for planning and service coordination and 10% is utilized for administration.

The state and local share spending for Title IV-B subpart 2 programs for 2015, in comparison to the 1992 base year amount are as follows:

FY 2017 State/Local Expenditures	\$ 1,541,531
1992 Base Year Amount	\$ 8,153,548