

Seize the Moment

2020 DCBS Accomplishments

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From the Commissioner

Because of your collaboration



Dear Colleagues and Friends:

As we conclude the year 2020, let's reflect on our lives, our work and our accomplishments as people and as an agency. We have been coping, managing and thriving within a triple pandemic: The coronavirus, the opioid epidemic and the largest civil rights movement in our history across 50 states and 15 countries. There is no denying we have been and continue to be challenged by these daily. That being said, we need to celebrate the fact that we have had an exemplary, robust and timely response to these turbulent times. We have turned on a dime to provide services virtually, as well as in person as needed by children, youth, families and COVID-19. We have seized the moment and harnessed the crisis into opportunities. Because of you, we are implementing what we have learned and together, in partnership, we are designing a 21st Century DCBS.

Upending your office environment, working away from coworkers, teams and partners, and keeping the families you serve safeguarded – along with managing your own households, extended family members and becoming a day care provider and teacher to your children takes its toll. However, you continuously show up to serve. In fact, your productivity has increased. When families needed you all more than ever, you adapted. Because of you, we are thriving.

This report details a timeline of the major areas of DCBS and our partners' success and growth over the past year. Please take a moment to reflect, honor and give yourselves a big round of applause and virtual hugs for all you have done and have accomplished together in 2020.

A major theme of self-care and of this season is gratitude. The pandemics have given many of us a new perspective to appreciate what we have and what we have been given. As we continue this mission to elevate others, to co-create opportunities and to lift folks out of trauma and promote self-sufficiency, we must take time to celebrate our own families and gifts. For myself this year, I now have the joy of a larger circle of visionary and committed superheroes, friends and coworkers and I continue to be in awe of you and our mission.

I am thrilled to be moving forward with you. Keep in mind, we are running a marathon, not a sprint, so let's stop and rest, be mindful of our gifts, and give thanks. Let's return to our work/lives reenergized, innovative and healthy, let's continue this crucial journey together. 2021 Bring IT.

We cannot do our work without you, 1,000 thanks, Mil Gracias,

Marta

DCBS Commissioner Marta Miranda-Straub

Building a 21st Century DCBS

Organizational Vision and Strategies

In August 2020, with the leadership of the new commissioner, DCBS began evaluating existing programs and services to assess outcomes, barriers and access, in addition to identifying disparities and disproportionality by race and ethnicity. Five institutional pillars are organizing imperatives for developing a short term and long term strategic plan. A 25-member workgroup representing every region and position in our department has

been working since September. Current client/alumni and key community partners will be informing the work of DCBS as Trusted Advisors, and their engagement and recommendations will inform our strategic plan as we design together a 21st century DCBS.



Building a 21st Century DCBS

DCBS 21st Century Organizing Pillars

- Social/Economic Equity: Poverty and Racism
- Trauma, Resilience and Engaged Healing: For Staff and Consumers
- Family, Children and Youth: Bio, Adoptive, Foster and Kinship
- Health: Behavioral Health, Mental Health and Opioid Crisis
- Operations, Implementation and Evaluation

Strategic Planning Process

- **6-Month Plan: Stabilization** from Crisis to Stability timeline (January to June 2021)
- **18-Month Plan: Innovation** Design, pilot and evaluate a new business model: Decrease barriers, increase access, infuse primary and secondary prevention in all programs/services, build on a culture of safety, support staff, build a resilient organization, strengthen and increase community partnerships.
- **3-Year Plan: 21st Century DCBS: Implementation** Implement the outcomes from 18-month plan with lessons learned, implement and evaluate new business model.



A Timeline of Response and Recovery

- In March, at the onset of the pandemic, DCBS quickly adjusted to protect the health and safety of staff to be able to ensure that we had the workforce needed to continue to serve the vulnerable citizens of the Commonwealth. Within one week, we moved approximately 3,000 staff from offices to home for telework. *(Health Care)*
- In March, DCBS expanded their Family Support Call Service hours to access services for Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance (KTAP) Program, Medicaid and Child Care, Kinship Care to 5:30 p.m. EST and to include Saturdays from 9 a.m.-2 p.m. EST. This allowed greater access to benefits/services for families in need. *(Health Care)*
- Beginning in March, DCBS implemented multiple SNAP and KTAP changes allowing for additional benefit issuance for families in need. Those included issuing maximum SNAP benefits, removing barriers to application, relaxed KTAP work requirements and prevented discontinuances of benefits for those approaching the 60-month lifetime limits during the pandemic. *(Health Care)*
- In March, DCBS launched the "Just in Time" platform for online training and supports for caregivers, including foster parents, parents and relative and fictive kin caregivers. The platform includes hundreds of training opportunities for families, as well as information and support resources. In less than 7 months, 4,194 training certificates have been issued. The site has more than 20,811 page views. *(Health Care and Education)*
- In April, DCBS received approval of the Title IV-E five year prevention services plan as required by the Family First Prevention Services Act. Allowing DCBS to maximize Title IV-E claiming through partial reimbursement of state general fund expenditures on approved prevention programs and ultimately keeping families safely together. *(Health Care)*



A Timeline of Response and Recovery

- DCBS issued two rounds of Pandemic Electronic Benefit Transfer (P-EBT) assistance for K-12 students who did not receive free/reduced price lunches during COVID-19. The first round announced in May (March, April, May) served over 540,000 students, and the second announced in September (August/September) served over 695,000, with a total combined benefit of about \$277 million in food assistance that benefited families, grocery stores, food producers and the community as a whole. *(Health Care)*
- DCBS dispersed \$67 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act funding throughout the state to preserve child care program capacity and child care assistance for essential employees. The first issuance of those funds was in May and the final issuance began in October for the remaining \$20 million. *(Health Care)*
- Beginning in May, through our partnership with Community Action Agencies, DCBS issued \$13.7 million in funding for a summer cooling program and an additional \$16.8 million for a wide range of needs through the Community Services Block Grant Program. Both were funded through specific earmarks in the CARES Act and have helped families and communities in need. *(Health Care)*
- In June 2020, the Self Service Interactive Voice Response (IVR) system, which enabled recipients of benefits (KTAP, SNAP, Medicaid) to retrieve case status information (24/7), was launched. Through IVR, recipients may call 1-855-306-8959 to easily get information such as benefit amount, benefits issuance date, upcoming recertification dates and MCO information. This update allows recipients to have more timely access to case information. *(Health Care)*
- In July, LifeSet was launched in Kentucky. LifeSet is an individualized, evidence-informed model that pairs a highly-trained specialist with a young person who has been in foster care to help identify and accomplish goals. LifeSet has shown positive impacts in many areas of participants' lives such as a reduction in homelessness, an increase in economic well-being and improved mental health. *(Health Care and Education)*



A Timeline of Response and Recovery

- In July, the University of Kentucky, College of Social Work, in partnership with the DCBS, launched the KY Kinship Information, Navigation, and Support (KY-KINS) program. The foundational component of KY-KINS is a comprehensive peer-to-peer support network for Kinship and Fictive Care providers. KY-KINS embraces a holistic approach by creating a strong social support network easily accessible by participants in times of need. *(Health Care)*
- In September, DCBS announced the creation of a comprehensive child care plan that will help in the preservation/increasing child care during the pandemic. This included using CARES Act funding for a \$2,500 stipend for individuals interested in becoming a Family Care Home provider through December. *(Health Care)*
- In September, DCBS was awarded a \$1 million Improving Outcomes for Child and Youth Victims of Human Trafficking grant from the Department of Justice's Office for Victims of Crimes. Kentucky is one of only four states awarded. The project will focus efforts on training and development of a validated screening tool for child labor and sex trafficking in child welfare helping to ensure the safety of our most vulnerable children. *(Health Care and Education)*
- In October, through our partnership with Community Action Agencies, DCBS began issuing \$15 million in CARES Act funds for a water/waste water and other utilities benefit. This federal funding will assist families in need and strengthen communities. *(Health Care)*



Child Welfare Response to COVID-19

Case Management Flexibilities during the COVID-19 Pandemic

- In open DCBS cases, visits with birth parents, children in the home, and children in out-of-home care (OOHC) are occurring primarily via videoconferencing platforms by DCBS and private agency staff.
- More frequent contact with families and children via telephone and videoconferencing platforms is required to ensure all necessary supports and services continue to be provided.
- Staff still assess for safety, risk, family needs and progress. Face-to-face visits are required if there are identified safety concerns.
- The Children's Bureau has extended flexibilities through the Stafford Act, which allows videoconferencing contacts to substitute for required face-to-face visits during the declared state of emergency.
- Most families and children are also receiving services via telehealth.
- A COVID-19 screening tool was developed for DCBS staff and private agency partners to utilize in the event that face to face contact is necessary.



Child Welfare Response to COVID-19

Visitation/Family Time

- At the onset of the state of emergency, all visitation occurred via videoconferencing.
- DCBS issued guidance in May to begin a phased approach to in-person visitation based on age and placement setting.
- Based on guidance for visitors in other congregate care settings, and in consideration of recent incidents of both youth and staff testing positive for COVID-19 in residential settings, the following was recommended:
 - Visits should not occur if any youth or staff who have direct contact with residents have tested positive for COVID-19 in the past 28 days. We are now changing that to 14 based on updated CDC guidance.
 - DCBS staff must advise the court of any temporary suspension of court ordered visits because of positive COVID-19 and when the visits will resume in person.
 - Increased contact via videoconferencing platforms has kept children connected to their parents and has had positive outcomes.



Child Welfare Response to COVID-19

Placement Capacity

- DCBS and private foster homes were surveyed on capacity and willingness to accept children who were COVID-exposed or COVID-positive.
- Nearly all foster families were willing to accept more children. More than half were willing to take a child COVID-exposed or COVID-positive.
- The Stafford Act provided flexibility on federally required fingerprint based background checks, resulting in amendment to 922 KAR 1:490 to waive the fingerprint check for foster/adoptive parents during the state of emergency. Name-based checks are still being conducted.
- Foster parent training and home studies are being conducted via videoconferencing platforms. A face-to-face home visit must occur prior to placement.
- Any foster home standard that cannot be met as a result of COVID-19 must be documented and met as soon as possible or when the state of emergency ends. Additional tools were provided to staff to assist with tracking and documentation to ensure that all standards are brought into compliance.
- These flexibilities have allowed continued recruitment and certification of foster homes since mid-May.



Increased Services to Older Youth

- Another flexibility extended by the Children's Bureau under the Stafford Act was the suspension of requirements for extended foster care.
- This allowed young people to extend their commitment with the state without meeting the educational or employment requirements during the state of emergency.
- DCBS has taken additional measures to ensure young people do not leave the care of the state unprepared during the pandemic.
- Federal Chafee funds were utilized to pay for foster care or independent living programs for young people who have turned 21 since March. There is sufficient funding to continue to support these young people through the end of this calendar year.

Child Welfare Response to COVID-19

Supports for Children in Care and Their Caregivers

- Coronavirus Aid, Relief, and Economic Security Act (CARES) funding was utilized to pay stipends to private child care residential and emergency shelter providers to help offset additional costs to meet needs of children during the pandemic.
- In partnership with the Department for Public Health and Office of Inspector General, access to ongoing surveillance testing has been made available to residential providers.
- COVID-19 cases in youth and their caregivers have been recorded to prevent the spread of the virus.
- Pandemic Electronic Benefit Transfer (P-EBT) funds aided relative caregivers and foster homes purchasing food for children placed in their homes.
- “Just In Time” caregiver training launched in March and has been a support for families.
- Written guidance, FAQs, resources and other supports have also been provided.



Prevention Provider Services During Pandemic

- DCBS prevention programs are designed to prevent the removal of children from their home and include the Family Preservation Program (FPP), Sobriety Treatment and Recovery Teams (START), and more.
- These prevention providers are not required to provide in-person visits at this time and may use HIPAA compliant platforms at their discretion.
- Telehealth continues to be permissible for therapeutic services.
- All children/youth are to be spoken to privately during electronic visits. All electronic visits include the viewing of the entire home, including any known risk factors.
- If safety threats are identified, the prevention provider must make a report to DCBS.
- Many providers are completing face-to-face visits to enhance assessment and service provision. Services to families are also being provided outdoors, socially-distanced, and with masks.

Child Welfare Response to COVID-19

Reporting Maltreatment

- As requested by Prevent Child Abuse Kentucky (PCAK), DCBS developed a training specific to reporting maltreatment during COVID-19.
- Training is for educators, medical providers, and others who may be providing services to children.
- Additional information has been shared through the Department of Education and Kentucky School Board Association related to reporting maltreatment and resources available for families.

Lessons Learned During COVID-19

- Surveys were conducted of staff and stakeholders:
 - 3,085 staff respondents
 - 820 stakeholder respondents
- Overwhelmingly positive response by both staff and stakeholders regarding use of virtual platforms and electronic means for all types of needs
- Reduced time spent on travel and inclusion of those who otherwise might not be able to participate
- Increased efficiency reported among staff working remotely
- Increased work/life balance
- Opportunities to decrease our brick and mortar footprint and improve efficiency



“Once we know better, we must do better” -- Maya Angelou