

Child and Family Services Reviews

Statewide Assessment

July 31, 2024

Submitted to the U.S. Department of Health and Human Services

Children's Bureau

Administration for Children and Families

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Section I: General Information

Name of State Child Welfare Agency:

Kentucky's Cabinet for Health and Family Services,
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List of Statewide Assessment Participants

Below is a listing of the names, affiliations, and roles of the individuals who participated in the statewide assessment process. Individuals with lived experience are indicated by an asterisk (*) after their name.

Name	Affiliation	Role in Statewide Assessment
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Name	Affiliation	Role in Statewide Assessment
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Name	Affiliation	Role in Statewide Assessment
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Description of Stakeholder Involvement in the Statewide Assessment Process

Kentucky's Department for Community Based Services (DCBS/department) valued the engagement and active participation of staff, families, community partners, and stakeholders in the analysis of Kentucky's child welfare system for the Child and Family Services Review (CFSR) Round 4 Statewide Assessment. With collaboration and guidance from the Capacity Building Center for States (the Center), Kentucky formed workgroups for each systemic factor, committees for partner engagement and data, and a steering committee consisting of all workgroup and committee co-leads and other child welfare leadership. The groups represented were:

- Steering Committee
- Data Development Committee
- Partner Engagement Committee
- Information System and Quality Assurance (QA) Workgroup
- Case Review System Workgroup
- Staff and Provider Training Workgroup
- Service Array and Resource Development Workgroup
- Agency Responsiveness to the Community Workgroup
- Foster/Adoptive Parent Licensing, Recruitment, and Retention Workgroup

Each workgroup/committee had two co-leads and a minimum of 10 members per group. Leadership made recommendations for some specific group members; however, members were primarily selected by the group co-leads with the understanding that members should be considered and chosen for their diversity, expertise, and knowledge pertaining to the specific group, partnerships, and persons with lived experience. Each committee and workgroup contained a combination of members that were from the agency, judicial community, persons with lived experience, community partners, and other stakeholders.

Leadership within the agency played a crucial role in overseeing and coordinating the statewide assessment. Agency staff were involved in various roles including co-leads, group members, data

collection and analysis, survey development and participation, focus group participation, and input regarding experiences. Families and youth provided valuable insight as voices of lived experience within the child welfare system with roles as co-leads, workgroup members, and participants in surveys and focus groups. Representatives from the legal and judicial community were involved as group co-leads and members, offering insight into their collaboration with Kentucky regarding policies, procedures, and court processes. Stakeholders from various community-based service providers assisted with surveys and focus groups, contributing information back to all the workgroups. The steering committee met on a bi-weekly basis, while the other committees and focus groups set their own meeting cadence ranging from weekly to monthly, depending on the need.

Additionally, Kentucky consistently engaged with stakeholders monthly as part of the Kentucky Children and Family Services Review (KY CFSR) process. Kentucky reviewed 1,080 cases from 2021-2023. The reviews involved conducting interviews with stakeholders which included children, parents, foster parents, alternate caretakers, and service providers. The insights gathered from these interviews were instrumental in determining item ratings. The qualitative data collected during the case reviews were carefully analyzed to identify patterns and trends. These trends were then shared with field staff, supervisors, and regional offices during monthly debrief meetings. Action plans and improvement strategies were developed through systems mapping of the existing systems. Case review findings were utilized by the workgroups and committees to analyze and provide input into the statewide assessment.

Through the collective engagement of these individuals and groups, Kentucky was able to comprehensively evaluate the strengths and areas needing improvement within the child welfare system.

Section II: State Context Affecting Overall Performance

Part 1: Vision and Tenets

The Department for Community Based Services

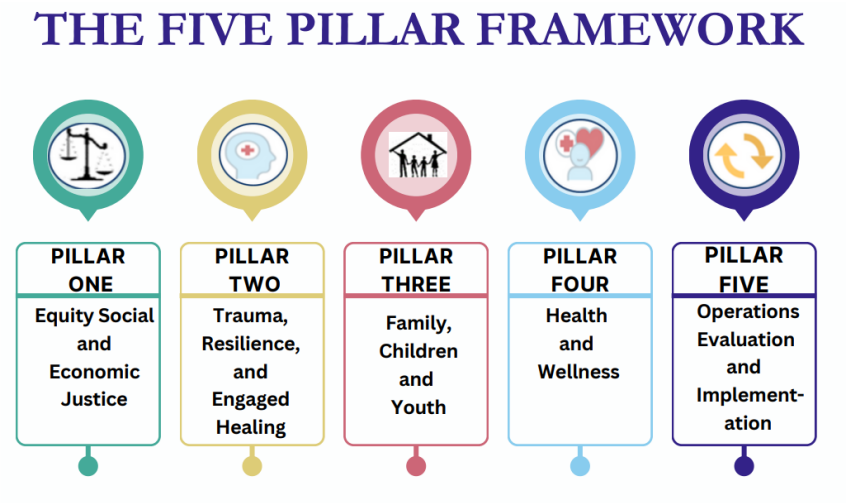
DCBS is committed to becoming a 21st Century agency by reducing barriers and increasing access to services. In 2023, the department finalized an 18-month strategic plan that outlines four primary goals and the strategies for implementation. Key features of the plan include a project management structure, building upon the accomplishments of initial transformative efforts, specifically the six-month stabilization plan, and the DCBS Five Pillars framework. Hallmarked by its co-design with staff, valued partners, and trusted advisors, the six-month plan served as the model for collaboration. The Five Pillars framework is the foundation of the department's vision, mission, guiding principles and values that inform and shape policies and practices. For more information on the department's 18-month, please see attachments 1 and 2.

DCBS compassionately serves and empowers individuals, children, and families through an innovative system of care (SOC) using trauma-informed, collaborative, and equitable approaches.

DCBS services are administered through nine service regions and offices serving all 120 Kentucky counties. The department's vision is to be a 21st Century agency that minimizes barriers and increases access to programs and services.

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.

Figure 1



The Division of Protection and Permanency

The Division of Protection and Permanency (DPP/division) within DCBS 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 coordinates the state's child welfare and violence prevention efforts. The division coordinates more than 180 contracts with vendors that provide a variety of services statewide and for specific service regions to enhance family violence prevention and intervention services. The division provides consultative services and technical assistance to local child protective services offices regarding child and adult protection cases. The division coordinates permanency services including the coordination of state efforts to recruit and certify adoptive homes for children in foster care. The division creates standards of practice for local office operation and implements statewide changes in coordination with state and federal legislation changes. The division also gathers data and creates reports to monitor the state's progress toward federal goals in child welfare services.

DPPs 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, the division believes that families and their individual members become the most critical component of a strong society. The division's vision is that DPP be:

- 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
- Recognized as the best human service delivery organization in the nation

DPP has seven branches: Adoption Services, Out-of Home Care, Transitional Services, Child Protection, Adult Protection, Clinical Services, and QA. The branches and additional teams and units within DPP provide consultative services, develop and modify policy, and administer child welfare and adult protection programs statewide.

The Division of Prevention and Community Wellbeing

In 2023, DCBS created a new division, the Division of Prevention and Community Well-Being (DPCW), through leveraging implementation of the Family First Prevention Services Act of 2018 (FFPSA). Opportunities to invest in expanded tertiary prevention services with increased federal support have enabled Kentucky to pursue further upstream prevention efforts. As a national leader in prevention, Kentucky has continued to seek opportunities to expand both primary and secondary prevention. Increasing primary and secondary prevention efforts lowers the prevalence of child abuse and neglect in the state by assisting families with access to needed

resources and supports, avoiding the trauma of a child's removal from parents, and involvement with the child welfare system whenever possible.

Within DPCW are three branches that cover a broad spectrum of prevention activities.

> ***Primary Prevention Branch:*** Ensuring families have access to information and support necessary for family well-being. The Primary Prevention Branch includes activities in alignment with primary prevention, such as awareness seeking within the scope of problems associated with child maltreatment. These activities include but are not limited to parent education, parent support groups, child abuse prevention awareness activities, prevention hotline, and supports for navigating community resources.
>
> ***Community Response and Wellbeing Branch:*** Collaborating and enhancing community-based partnerships to support families who may have risk factors for child maltreatment. The scope of work and responsibilities for the Community Response and Wellbeing Branch include administering the collaboration of community response programs, administering a state plan for secondary prevention, and administering a plan for collaboration with other family service agencies and parents.
>
> ***Prevention Evidenced-Based Practice:*** Providing a robust service array to prevent future maltreatment and entry into care. The scope of work and responsibilities for the Prevention Evidence-Based Practices (EBPs) Branch include the administration of all FFPSA programming, Family First Preservation and Reunification Services, Kentucky Strengthening Ties and Empowering Parents (KSTEP), Sobriety Treatment and Recovery Teams (START), and prevention pilots, such as administration of the Intercept® and Multisystemic Therapy (MST) EBPs.

The Division of Service Regions

The Division of Service Regions (DSR) oversees the service regions throughout Kentucky that provide direct child welfare, adult protection, and public assistance eligibility services to vulnerable adults, families, and children. The department is broken into nine service regions: Jefferson, Two Rivers, The Lakes, The Cumberland, Salt River Trail, Northern Bluegrass, Southern Bluegrass, Northeastern, and Eastern Mountain service regions. DSR also includes the following administrative branches that assist with service delivery: Family Support Call Services, Central Intake, Case Review and Claims, Field Critical Response, Regional Permanency, Field Development and Support, Centralized Mailroom, Field Quality, and Safety and Facilities branches.

Part 2: Cross-System Challenges

Although many cross-system challenges plague states throughout the country, Kentucky has identified two that significantly impact service provision – Kentucky's placement crisis and high acuity youth and staffing and caseload challenges.

Kentucky's Placement Crisis and High Acuity Youth

Along with many other states, DCBS has identified an escalation in youth entering care with a high acuity of unaddressed emotional, mental, and behavioral health needs. Concurrently, community partners who offer placement and treatment services to children and youth in out-of-home care (OOHC) are experiencing an unprecedented staffing crisis. The confluence of these two trends has resulted in a placement crisis for Kentucky's youth in OOHC.

Historically, the department has identified placement for all youth entering OOHC. Even in emergency situations, DCBS staff made calls after hours and found safe, comfortable homes for children. However, over the past few years, many young people in OOHC have spent nights with no identified placement or treatment options.

Figure 2 depicts the number of youth who spent at least one night without an appropriate placement option – sleeping in DCBS offices, hospital emergency rooms, state park lodging, or other places that are not a home – July 2022, through May 2024. The data shows the significant increase in unique episodes over the past two years. DCBS staff work in shifts to provide around the clock supervision and care for these youth. DCBS began tracking children in non-traditional placements in July 2022.

Figure 2



Ideally, Kentucky's SOC would be perfectly balanced and tailored to meet the needs of the population served by DCBS. In recent years, Kentucky has seen an increase in the acuity of the behavioral and mental health needs of youth entering OOHC and a decrease in the services available to meet those demands. The COVID-19 pandemic exacerbated the lack of availability of services. In the last year, circumstances have escalated to a critical point.

Staffing and Caseload Challenges

The department has experienced significant challenges related to turnover and caseloads over the past several years. Beginning in June 2021, the department experienced a significant increase in turnover, often referred to as a mass exodus, that created a crisis for remaining staff and

leadership. Caseloads skyrocketed, due to the department's inability to hire new staff while also losing existing staff, leaving the remaining staff overworked. Essentially, the department was unable to hire staff to meet the caseload demands and remaining staff were not only taking on more new cases, but also managing the cases of staff who left the department. Many efforts were implemented over the past several years to improve recruitment and retention, including significant pay increases for new and existing staff and work to address secondary trauma and resiliency.

Table 1 provides a snapshot of past due investigations, as monitored within the 2020-2024 Child and Family Services Plan (CFSP), while Table 2 highlights the entries and exits of the social service worker I position, which is the classification for new frontline staff. As demonstrated in the data, the number of past due investigations began to significantly increase in 2022, which can be attributed to the loss of staff, as the department lost roughly as many frontline staff as it gained. In the most recent Annual Progress and Services Report (APSR), however, as recruitment and retention and have improved, the number of past due investigations have begun to decrease.

Table 1 Statewide Past Due Investigations

Data Indicators		2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Statewide number of past due investigations *Source: DSR past due report TWS-W292WI*	**Actual**	**7,338** last week of 2021	**9,931** last week of 2022	**9,212** last week of 2023
	Target	7,710	7,631	7,552

Table 2 New Frontline Staff Entries and Exits

Data Indicators		2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Percentage of frontline staff entering the workforce *Source: Personnel Cabinet Turnover Report*	**Actual**	**55.77%** 2021 SSWI entry	**39.85%** 2022 SSWI entry	**63.74%** 2023 SSWI entry
	Target	46.97%	47.97%	48.97%
Percentage of frontline staff exiting the workforce Source: *Personnel Cabinet Turnover Report*	**Actual**	**51.23%** 2021 SSWI exit	**56.81%** 2022 SSWI exit	**47.99%** 2023 SSWI exit
	Target	42.14%	41.64%	41.14%

Part 3: Current Initiatives

Kentucky has many initiatives in various stages of implementation that are anticipated to improve outcomes for families and children across the state. The following highlights only a few of those initiatives. For more information related to programs, services, and initiatives throughout the state, including those referenced below, please refer to *Kentucky's Annual Progress and Services Report, Final Report, 2024 Submission*; *APSR Attachment 4. 2020-2024 CFSP Matrix, 2024 Submission*; and *APSR Attachment 11. Service Array Index, 2024 Submission*.

Safety Model and Structured Decision Making®

During CFSR Round 3, trends identified that the department would benefit from a structured safety model to ensure consistency across the state. Activities related to the development and implementation of a safety model were incorporated into the Round 3 program improvement plan (PIP). A large portion of the department's safety model was implemented in late June 2020, which included definitions of safety threats and risk factors; new safety plans, prevention plans, and corresponding standards of practice (SOP); and replacing the utilization review consultation with the new safety and risk consultation process. The remaining component was the identification and implementation of safety and risk tools.

During the PIP, the department, in collaboration with community partners, assessed different tools through review and presentations and ultimately selected the Structured Decision Making® (SDM®) system of safety and risk tools for implementation. SDM® is a decision-support system informed by research, policy, and best practices. The core values and purpose of SDM® are:

- ***Research and evaluation:*** SDM® is built with research and evaluation at the center. As research is still emerging, it is even more important to be intentional to review what is known in the field and integrate new research and practices into the tools as appropriate.
- ***Decision:*** SDM® is focused on key decision points and helps agencies be intentional about decisions. It is easy to drift through decisions – especially those regarding case closure. SDM® emphasizes the importance of clear, concise decision points.
- ***Support:*** SDM® assessments support decision making. Assessments do not make decisions; workers do. The use of research and evidence helps a worker make better decisions. While the decisions are structured, there is not an algorithm that tells workers what to do.
- ***System:*** The SDM® assessments fit together, each with a different teaching point. Each assessment serves only one purpose, and it is important to know the purpose to get the best out of each.

To ensure proper implementation, the department utilized the 2020-2024 CFSP to extend the activities within the PIP related to SDM®. During the PIP implementation period, the department finalized a contract and scope of work with Evident Change to implement the SDM® Intake Assessment Tool for child welfare on March 1, 2020. The department has successfully completed all 2020-2024 CFSP tasks associated with the implementation of the safety model.

More information on SDM® and implementation activities surrounding each of the assessments can be found under *Section B. Accomplishments Regarding Goal Two: Ensure that appropriate services are available that expand prevention continuum and are provided to meet the needs of families and children in Kentucky*, in *Kentucky's Annual Progress and Services Report, Final Report, 2024 Submission* and *APSR Attachment 4. 2020-2024 CFSP Matrix, 2024 Submission*.

Alternative Response

Kentucky has worked throughout the last CFSP to develop and implement a true Alternative Response process within DCBS, which included the creation of an Alternative Response Workgroup. Alternative Response is a family-centered and strengths-based approach to child protection that allows the department to better match responses to reported concerns in the community. In an Alternative Response system, an investigation is utilized for higher risk reports to gather evidence and determine if abuse or neglect occurred as well as the responsible party. Services and support may follow that initial assessment. Alternative Response is utilized for lower to moderate risk reports, which are often closely tied to poverty. With Alternative Response, caseworkers build rapport, assess the strengths and needs of the family, and quickly connect families to resources and supports in their community to mitigate risk of child maltreatment.

The workgroup coordinated with eight other states with an established alternative response track in their child welfare system. Information gained included implementation timeframes, organizational structure, terminology, findings, statutory requirements, training, and outside support required for success. Through data evaluation, the workgroup began implementation discussions with DSR, and early implementation sites were selected. The department secured a contract with the Kempe Center for the implementation and assessment of alternative response with an implementation date of July 2022.

Alternative Response staff have drafted model policy that is available to staff as they implement across the state. This policy has been edited to accommodate lessons learned through early implementation; the most up to date draft is available to all regions/staff. The policy will be posted in the department's SOP manual once it is finalized after full implementation.

The Kempe Center, in partnership with the University of Louisville (UofL), will complete training evaluation through surveys and fidelity observation. They will also conduct case reviews, focus groups and interviews with leadership, frontline staff, and families to inform the qualitative evaluation. The evaluation prioritizes resources for qualitative evaluation processes using a Participatory Action Research Approach which positions parent partners in co-leadership roles in the evaluation. This is the first evaluation of an Alternative Response initiative in the United States to use such an approach.

Alternative Response was implemented in Northeastern and Two Rivers service regions in the fall of 2023. The next three service regions identified to implement, Northern Bluegrass, Cumberland, and Eastern Mountain, have been informed of strategies to engage local stakeholders and plans for site visits and training. The newly added regions will begin accepting Alternative Response reports in May-June 2024. In summer of 2024, the next three identified regions Salt River Trail, Southern Bluegrass, and The Lakes, will begin the implementation process with the same plan of folding them into the model. Implementation for those regions will begin in the winter of 2024. The last service region to implement will be Jefferson, due to the complexity in size and staffing of the region. Full statewide implementation is expected by

summer 2025. Kentucky anticipates a great improvement in outcomes for families and children who will receive these services in lieu of a traditional response.

More information on Alternative Response and implementation activities can be found under *Section B. Accomplishments Regarding Goal Two: Ensure that appropriate services are available that expand prevention continuum and are provided to meet the needs of families and children in Kentucky*, in *Kentucky's Annual Progress and Services Report, Final Report, 2024 Submission* and *APSR Attachment 4. 2020-2024 CFSP Matrix, 2024 Submission*.

Community Response

Community Response is a coordinated response to reports received by DCBS that do not meet criteria for assessment. These reports are referred to a community-based agency to offer supports or resources to the family. The overall goal of this initiative is to strengthen families, prevent child abuse and neglect, and reduce future reports to DCBS, which allows frontline staff to focus on families with the most critical safety issues. Less than half of reports received by DCBS meet criteria for any type of service or response. However, historically, families have not been referred for other services in a meaningful or structured way. This can lead to mandated reporters falsely assuming that the family's need has been addressed. This is often one of the greatest missed opportunities for true prevention of child maltreatment.

Services are voluntary and intended to help "plant the seed" and inform families of services available within their own communities. The work is centered around meeting families where they are and to prevent involvement with the child welfare system.

Community Response is currently being piloted in Montgomery, Clark, Powell, Bath, and Rowan counties in partnership with Gateway Children's Services; Kenton, Campbell, and Boone counties in partnership with the Brighton Center; Barren and Perry counties in partnership with Family Resource and Youth Services Centers (FRYSCs). When a report is received in one of these counties that does not meet acceptance criteria, central intake staff refer families to the appropriate community-based providers.

A formal program evaluation is currently underway to assess the effectiveness of the initiative and inform next steps. Current needs met with Community Response include but are not limited to:

- Parent skill building
- Appropriate discipline
- Improving behaviors of high-risk youth
- Caregiver/child relationship including behavior management
- Supporting relatives/fictive kin (if DCBS does not have an active case)
- Poverty adjacent family barriers
- Early education needs and supervision planning
- Home environment needs

- Barriers to accessing medical, dental, and mental health treatment
- Substance use psychoeducation
- Developing healthy coping skills
- Barriers to school attendance or performance
- Legal needs
- Language or literacy barriers to accessing services
- General concerns regarding a family's access to needed services, resources, or supports

Subsidized Permanent Custody

The department is currently working to implement the Title IV-E Guardianship Assistance Program (GAP), which in Kentucky will be known as subsidized permanent custody (SPC) to prevent confusion with the already existing adult guardianship program. Nationally, guardianship has emerged as a permanency option for children in the state's custody because it creates a legal relationship between a child and caregiver that is intended to be permanent without requiring the termination of the biological parents' rights. The goal of providing SPC is to provide legal and physical permanency for children and their caregivers, provide ongoing financial and other supports, reduce the number of children languishing in foster care for years, and reduce administrative burdens and costs to the department and courts.

SPC will be implemented in 2024, concurrent with lessening relative and fictive kin foster home requirements and allowing relative and fictive kin caregivers more time to make custody decisions. SPC will be a permanency option for caregivers who have been a relative or fictive kin foster home for the child(ren) in their care for a minimum of six consecutive months in most cases. SPC will be an option in cases where reunification or adoption are not in the best interest of the child. This will be another option in the department's expansion of services for relative and fictive kin caregivers. The primary difference between this permanency option and adoption is that SPC does not require the termination of parental rights (TPR).

For caregivers and children who meet the SPC eligibility requirements and maintain compliance with standards established in Kentucky Administrative Regulation (KAR) 922 KAR 1:145, financial support will be provided monthly. The amount will be agreed upon and established in a contract/agreement between DCBS and the caregiver. Additionally, the child will continue to be eligible for Medicaid services.

Annual contact will occur between the department and caregiver to ensure the child continues to be supported by the caregiver post-permanency achievement. Annual contact will also provide an opportunity for the caregiver or child to ask questions or seek further supports. DCBS can alter, suspend, or terminate the subsidy payments under specific circumstances in which the caregiver is no longer providing for the child.

Section III: Assessment of Child and Family Outcomes

The following assessment of Kentucky's child and family outcomes was conducted for use in both *Kentucky's CFSR Round 4 Statewide Assessment* and *Kentucky's 2025-2029 CFSP*. The assessment was completed utilizing The Worker's Information SysTem (TWIST) administrative data; CFSR Round 3 results, PIP baseline, PIP monitored, and non-PIP monitored data from the Online Monitoring System (OMS); Kentucky's CFSR 4 Data Profile (Appendix); data from other federal submissions such as the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis Reporting System (AFCARS); the department's second-level case review data; and stakeholder survey data. For more information about stakeholder survey data, including the CFSP Stakeholder Continuous Quality Improvement (CQI) group and participants, please refer to *Kentucky's Annual Progress and Services Report, Final Report, 2024 Submission*.

A. Safety

Safety Outcomes 1 and 2

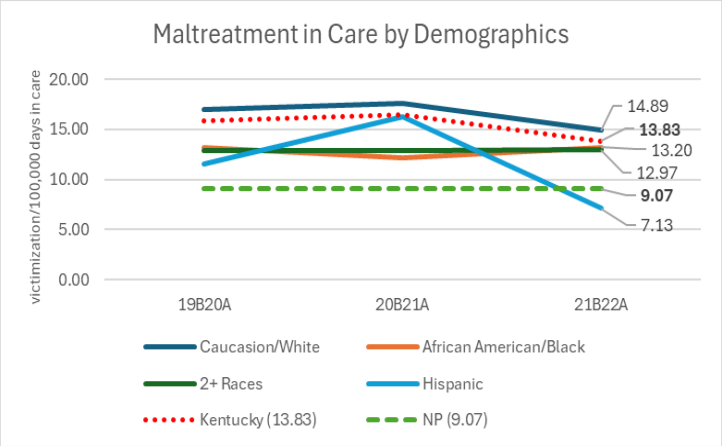
Kentucky is not in substantial conformity with safety outcomes 1 and 2. The Children's Bureau's CFSR Round 4 Data Profile from February 2024 shows slight improvement in Kentucky's risk-standardized performance (RSP) for maltreatment in foster over the last few reporting periods, with the most recent scores at 17.98 (Table 3). Although this is an area needing improvement, scores indicate that Kentucky continues to move closer to the national standard (9.07). Figures 3 and 4 show these scores broken down further by race/ethnicity and age, respectively. The data shows that Caucasian children and children ages six through 10 represent the highest number of instances of maltreatment in foster care.

During PIP development in CFSR Round 3, Kentucky completed cases reviews for approximately 500 instances of maltreatment in foster care to determine how many of those reports were true incidents of maltreatment in foster care and how many were reports of children who, after entering foster care, disclosed prior maltreatment. Analysis of those case reviews identified that 66% of the instances were children who reported previous maltreatment after entering care. The department has attempted to implement processes to better capture this information for accurate reporting, however, more work is needed. For more information on the maltreatment in foster care review analysis completed in 2018, please refer to Attachment 3.

Table 3 CFSR 4 Data Profile February 2024 RSP

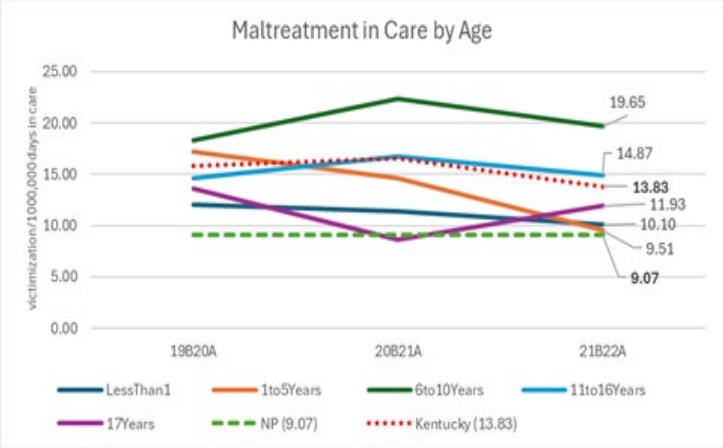
	19AB, FY19	20AB, FY 20	21AB, FY21
Maltreatment in care (victimizations/100,000 days in care) *National Performance: 9.07▼*	20.57	21.37	17.98

Figure 3



Source: Kentucky Supplemental Context Data February 2024

Figure 4



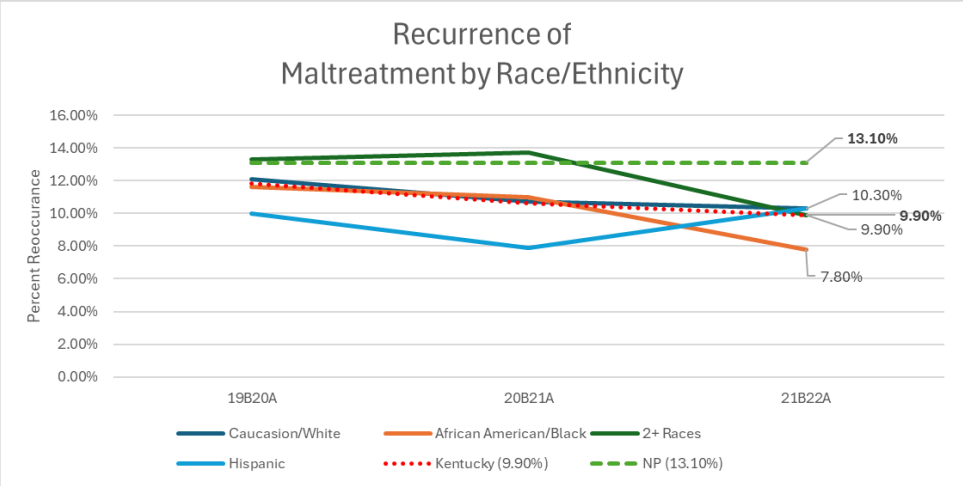
Source: Kentucky Supplemental Context Data February 2024

Recurrence of maltreatment (Table 4) is moving in a similar direction with Kentucky's most recent RSP at 13.1%. Kentucky is making incremental improvements, moving toward the national performance of 9.7%. Figures 5 and 6 show these scores broken down further by race/ethnicity and age, respectively. The data shows that children who identify as two or more races are showing higher instances of recurrence. Interestingly, when reviewing these data by age, during Federal Fiscal Year (FFY) 2019-2020, children ages six through 10 represented the highest number of recurrence, then took a sharp decline before plateauing in future reporting periods. The most recent data for recurrence identifies the one to five age group with the highest rate of recurrence.

Table 4 CFSR 4 Data Profile February 2024 RSP

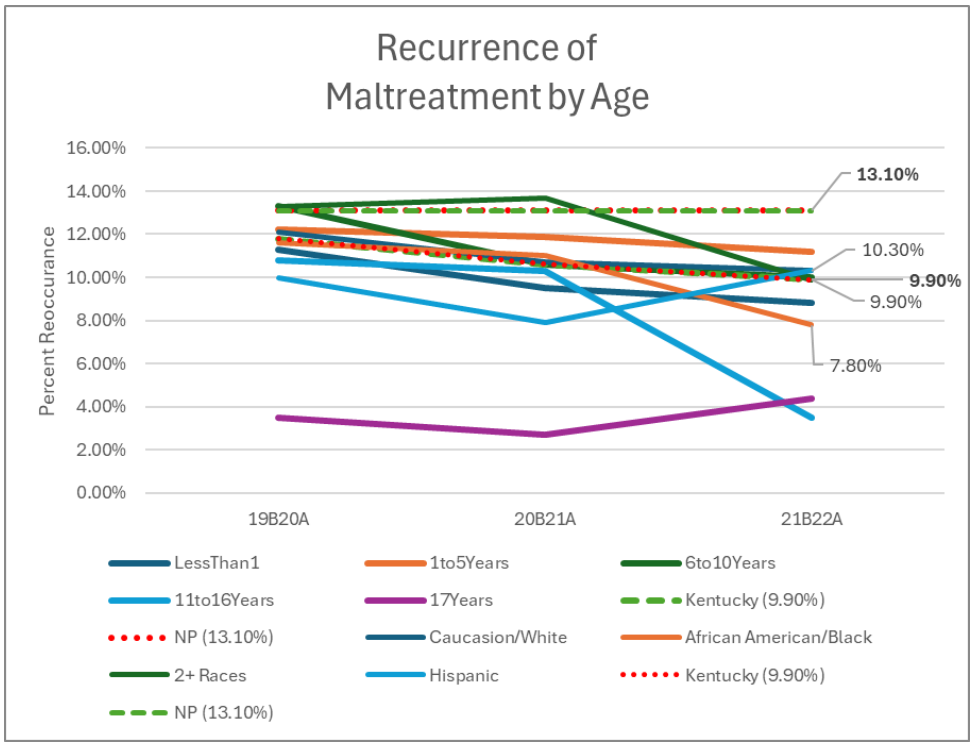
	FY19-20	FY20-21	FY21-22
Recurrence of Maltreatment *National Performance: 9.7*▼	15.6%	14.0%	13.1%

Figure 5



Source: Kentucky Supplemental Context Data February 2024

Figure 6



Source: Kentucky Supplemental Context Data February 2024

<u>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.</u>
Kentucky is not in substantial conformity with Safety Outcome 1. During CFSR Round 3 (75% substantially achieved) and PIP baseline (67.8% substantially achieved), Safety Outcome 1 was not in substantial conformity, requiring PIP monitoring. Kentucky scored substantially achieved in 73% of cases reviewed, meeting PIP goal for Safety Outcome 1 in the 7th PIP measurement period (MP). During the last monitoring period of the PIP, Safety Outcome 1 received a rating of

72.15%. Current KY CFSR data (October 1, 2022 – March 31, 2023, period under review (PUR)) shows that Kentucky has a substantially achieved rating in 69.44% of cases reviewed.

Stakeholders surveyed by the annual CFSP Stakeholder CQI survey (N=143) conducted in April 2024, indicated that of the 45 survey respondents, eight respondents (17.77%) strongly agreed and 22 (48.88%) agreed that Kentucky's child welfare agency can meet the goals for Safety Outcome 1. This measure has an overall 66.65% favorable rating from stakeholders.

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

Item 1 is an area needing improvement for Kentucky. In Round 3 of the CFSR, Item 1 was found to be an area needing improvement with a strength rating of 75%. PIP baseline data showed further decrease in initiation with a strength rating of 67.8%. The PIP goal for Item 1 was 73%, which Kentucky successfully met in the seventh measurement period of Round 3. Although scores fluctuated across the PIP monitoring period, the agency finished the PIP in the 43rd measurement period with a score of 72.15%, just .85% below the PIP goal. After a few cycles of slight increases, Kentucky began to observe a decline in scores during the March 1, 2022 – August 31, 2022, PUR. The most recent (October 1, 2022 – March 31, 2023, PUR) case review scores indicate a significant drop over the past few review cycles, with a score of 73.61%. At a regional and county level, scores tend to vary across the state. For example, half of the review areas improved over the last six months, while the other half declined.

Table 5 KY CFSR OSRI Case Review Data for Item 1

Period Under Review	Strength Rating
CFSR Round 3	75%
PIP Baseline (February 2018-July 2018)	67.8%
PIP Goal Achievement-73% (7th MP April 2018-September 2018)	73%
September 1, 2020 – February 28, 2021	64%
March 1, 2021 – August 31, 2021	70.13%
PIP End (April 2021-September 2021)	72.15%
September 1, 2021 – December 31, 2021*	74.55%
January 1, 2022 – February 28, 2022**	78.26%
March 1, 2022 – August 31, 2022	71.6%
September 1, 2022 – February 28, 2023	69.44%
October 1, 2022 – March 31, 2023	73.61%

**End of Round 3 OSRI data*
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

NCANDS data over the past several submissions indicate a similar trend, as demonstrated in Table 6, with most recent data showing that the average hours to initiation have increased to 246.4 hours. In January 2018, the department implemented new response times based upon the safety threats and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may have different response times based upon the perpetrator's current location and access to the victim. Prior to this change, each maltreatment type had a single

response time, e.g., all reports alleging sexual abuse had a response time of one hour. Additionally, the department adopted new response times that increased the overall allotted time for initiation of reports with lower risk. Frontline staff now have 72 hours to initiate, rather than 48, for low-risk reports.

Table 6 NCANDS Child File Validation Workbook

	FFY 2021	FFY 2022	FFY 2023
Average Time to Investigation in Hours	172.0	221.4	246.4

As demonstrated in Table 7, the number of intakes received and accepted for investigation have increased over the past three years. This increase in investigations appears to trend in the same direction as the increase in average hours to initiation, leading to the assumption that an increase in workload contributes to an increase in the average number of hours to initiation.

Table 7 TWS-272 CPS Intake Fact Sheet

	2021	2022	2023
All CPS Response Intakes	91,985	105,112	105,779
Intakes that Met Acceptance Criteria (Reports)	38,862	40,258	41,130

In examining the overall decrease in scores, several barriers have been identified, including children residing out-of-state or other family circumstances that make it difficult to establish contact with the family, lack of continued attempts to visit the family in a timely manner, failure to initiate with all child victims, staff shortages and high caseloads, lack of timely assignment to investigative staff, and the child refusing to be interviewed.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Kentucky is not in substantial conformity with Safety Outcome 2. During CFSR Round 3 (60% substantially achieved) and PIP baseline (47.22% substantially achieved), Safety Outcome 2 was not in substantial conformity, requiring PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Safety Outcome 2 in 58.46% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023 PUR) shows that Kentucky has a rating of substantially achieved in 47.22% of cases – almost 10% below the final PIP measurement period.

Results from the April 2024 CFSP Stakeholder CQI survey, sent to 143 recipients, indicated that of the 45 survey respondents, 25 (55.55%) agreed and eight respondents (17.77%) strongly agreed that Kentucky's child welfare agency can meet the goals for Safety Outcome 2. This measure has an overall 73.32% favorable rating from stakeholders.

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

Item 2 continues to be an area needing improvement for Kentucky and, throughout the PIP, proved to be the most challenging item regarding goal achievement. Kentucky scored a strength in 66.67% of the applicable cases in 2016 during the CFSR. During the PIP baseline, scores indicated that Kentucky only had a strength in 54.9% of the cases. Kentucky ended the PIP monitoring period with a strength rating of 57.97% for Item 2, failing to meet the PIP goal of 63.8%. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show lower ratings compared to final PIP monitoring scores with a strength rating of 54.9%.

Table 8 KY CFSR OSRI Case Review Data for Item 2

Period Under Review	Strength Rating
CFSR Round 3	66.7%
PIP Baseline (PUR September 2017-February 2018)	54.9%
September 1, 2020 – February 28,	55.17%
March 1, 2021 – August 31, 2021	57.97%
PIP End (April 2021-September 2021)	57.97%
September 1, 2021 – December 31, 2021*	57.14%
January 1, 2022 – February 28, 2022**	82.35%
March 1, 2022 – August 31, 2022	64.44%
September 1, 2022 – February 28, 2023	47.83%
October 1, 2022 – March 31, 2023	54.9%

**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

The number of cases applicable for Item 2 review utilizing the Round 4 tool have increased, potentially impacting scores. Item 2 scores have historically been impacted by the lack of immediacy and making appropriate referrals when putting services into place. Barriers to immediacy include caseloads, lack of immediate safety services in some areas of the state, and lack of understanding what constitutes immediacy regarding safety services. A barrier identified during the systems mapping process included issues with service providers and contracts impacting the services provided. For example, the definition of imminent risk has changed since development of the Family Preservation contract. Transportation (distance to providers) and waiting lists were also noted as barriers to services.

Item 3 - Risk and Safety Assessment and Management

Item 3 is an area needing improvement for Kentucky. Kentucky scored a strength in 60% of the applicable cases in CFSR Round 3. During the PIP baseline, scores indicated that Kentucky only had a strength in 49.44% of the cases. Kentucky successfully met its PIP goal (54.2%) with a strength rating of 56.84% in the 40th PIP measurement period. Kentucky ended the PIP monitoring period with a strength rating of 58.46% for Item 3, showing continued improvement. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show a decrease, with a strength rating of 49.44%.

Table 9 KY CFSR OSRI Case Review Data for Item 3

Period Under Review	Strength Rating
CFSR Round 3	60%
PIP Baseline (September 2017-February 2018)	49.44%
PIP Goal Achievement-54.2% (40th MP January 2021-June 2021)	56.84%
September 1, 2020 – February 28, 2021	47.78%
March 1, 2021 – August 31, 2021	56.61%
PIP End (April 2021-September 2021)	58.46%
September 1, 2021 – December 31, 2021*	57.5%
January 1, 2022 – February 28, 2022**	55%
March 1, 2022 – August 31, 2022	55%
September 1, 2022 – February 28, 2023	47.22%
October 1, 2022 – March 31, 2023	49.44%

**End of Round 3 OSRI data*

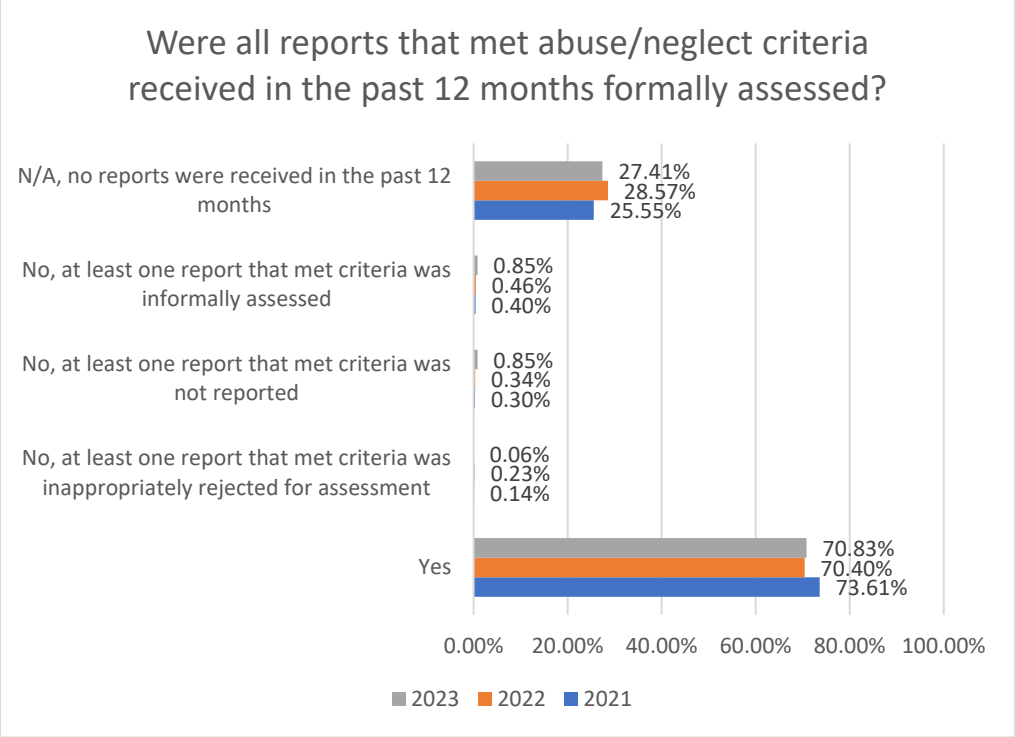
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Item 3 scores are often impacted by assessments that are not accurate and comprehensive – very incident focused instead of taking a holistic approach, which includes but is not limited to underlying issues associated with maltreatment are not addressed properly in the assessment; failure to assess all household members, compromising safety; failure when one child is in OOHC to assess other children remaining in the home of origin; failure to negotiate appropriate tasks with families on safety plans or monitor/follow-up sufficiently on safety plans; lack of collateral contact; failure to speak to children privately; failure to return to the home to assess safety threats during the case; lack of attempts to locate and engage fathers; and failure to complete safety assessments prior to reunification.

Barriers contributing to these trends include staff shortages and high caseloads, lack of cooperation from families, distance of families and transient parents, and substance abuse and/or mental health of parents.

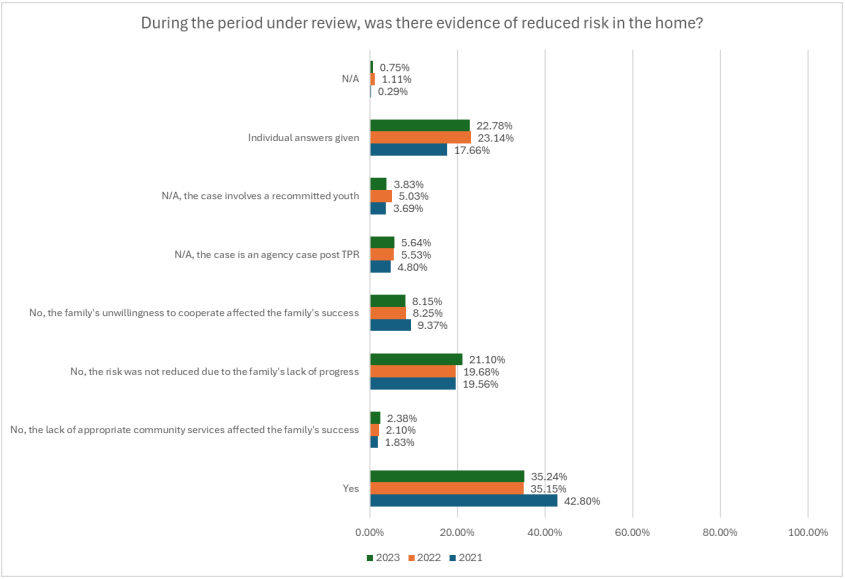
Second level case review data shows, for 2021, 2022, and 2023, that although most cases reviewed that received reports that met criteria for maltreatment during the PUR were formally assessed, the scores are still below the desired threshold. Over the past three years, the department's scores have decreased slightly. It is also important to note that between 25% and 29% of cases reviewed were not applicable for this question.

Figure 7 Second Level Case Review Data



When considering risk reduction in the home, the department has significant room for improvement, with only 42% or lower of the cases reviewed stating yes, there was evidence of risk reduction in the home. In most cases reviewed over the last three years with 'no' selected regrading risk reduction, the family's lack of progress was the primary factor in lower scores. The department has seen a decrease in 'yes' scores over the past three years of data, by roughly eight percent.

Figure 8 Second Level Case Review Data



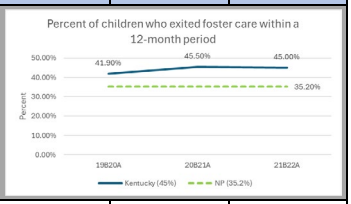
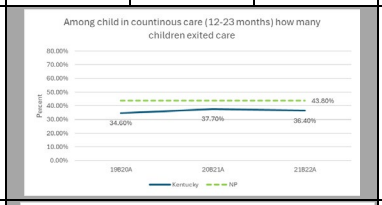
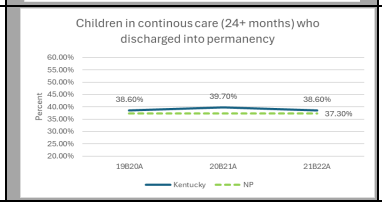
B. Permanency

Permanency Outcomes 1 and 2

Kentucky is not in substantial conformity with permanency outcomes 1 and 2. The Children's Bureau's CFSR Round 4 Data Profile from February 2024 shows mostly consistent RSP scores for permanency in 12 months (entries) over the past few reporting periods, with most recent scores better than national performance (35.2%) at 43%. For permanency in 12 months (24+ months), Kentucky has hovered slightly better than the national performance (37.3%) over the past several reporting periods, with the most recent RSP at 38.4%.

Although showing a steady increase over the past few reporting periods, Kentucky continues to perform worse than the national standard (43.8%) for permanency in 12 months (12-23 months) at an RSP of 37%. This standard has been an area needing improvement for Kentucky since Round 3.

Table 10 CFSR 4 Data Profile February 2024 RSP Permanency in 12 Months

	19A19 B	19B20 A	20A20 B	20B21 A	21A2 1B	21B22 A	22A22 B	22B23 A	23A23 B
Permanency in 12 months (entries) *National Performance: 35.2%▲*	42.3%	39.1%	40.9%	44.7%	44.1%	43.0%			
Permanency in 12 months (12-23 mos.) *National Performance: 43.8% ▲*			35.1%	35.9%	37.8%	38.4%	39.2%	37%
Permanency in 12 months (24+ mos.) *National Performance: 37.3%▲*			40.0%	38.5%	39.1%	39.2%	39.2%	38.4%

When comparing permanency in 12 months by age, for all three cohorts, the oldest age group (17 and older) achieves permanency at a much lower rate than the other age groups. This aligns with other department data (Table 11) that shows a high percentage of youth who exit at the age of 18 without permanency established (exit to emancipation). Youth within the 17 years of age category have a less desirable score within the 21B22A submission, at 26.7% exiting care within a 12 month period.

Children in the age group less than one years of age have remained consistent in the percentage discharged to permanency over the past three time periods. The average between the three time

periods (19B20A, 20B21A, and 21B22A) is 38.2%, which is slightly better than the national performance (35.2%).

Children between the ages of one through 10 years old have the highest percentages for exiting care within 12 months.

For permanency in 12 months (12-23 months), children in the 11 to 17 age group are of the greatest concern, as these children are less likely to be discharged within this timeframe. The 17-year-old group exited at 24.7%, which is worse than the national performance for the 21B22A submission.

The six to 10-year-olds exited slightly above Kentucky's RSP by 1.6 percentage points during the 21B22A submission, but this age group is still exiting at a rate less than the national performance.

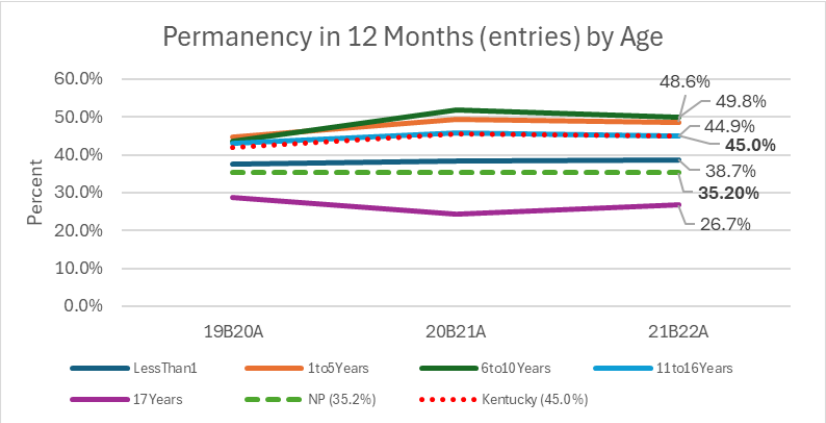
The only age group within this cohort that has shown consistency within these timeframes are children between the ages of one to five years old.

For permanency in 12 months (24+ months), children within the 17 years of age category are exiting care at a worse rate within the 21B22A submission, at only 11.4%. This age group is exiting 25.9 percentage points worse than the national performance.

Children in the 11 to 16 age group for this cohort are exiting care at 9.3%, which is worse than the national performance.

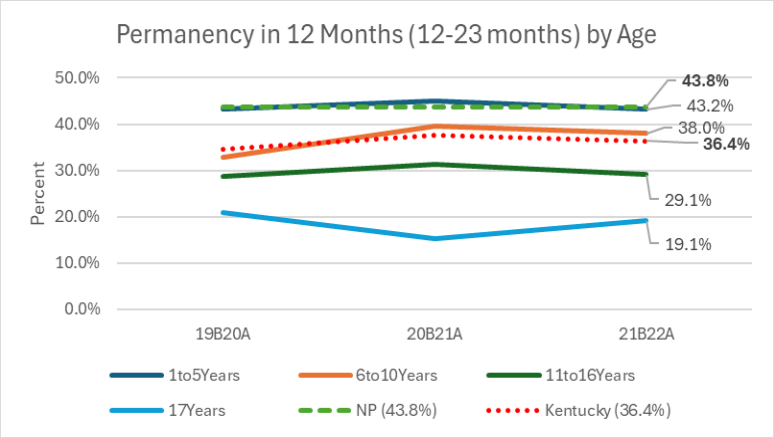
When combining age groups (11-17), teens within this cohort have the lowest percentage of exits for the past three years. The younger age groups (< one through 10) are above the national performance (37.4%) and Kentucky's RSP (38.6%), which means that exits to permanency for 11 to 17 within this cohort brings down overall scores for Kentucky.

Figure 9



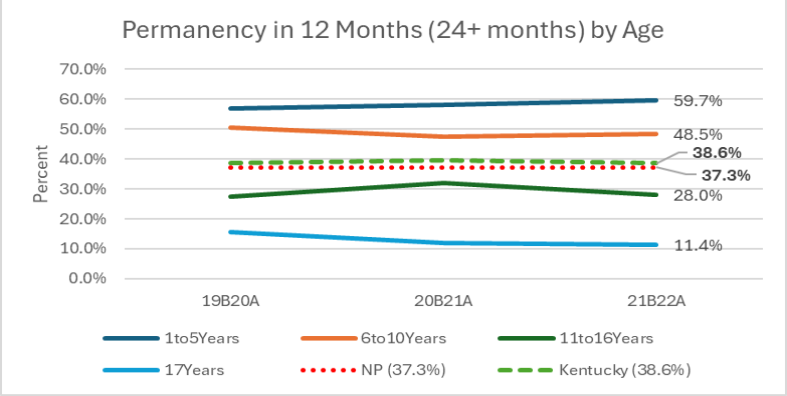
Source: Kentucky Supplemental Context Data February 2024

Figure 10



Source: Kentucky Supplemental Context Data February 2024

Figure 11



Source: Kentucky Supplemental Context Data February 2024

Table 11 Youth Exiting Care by CY

	2021 exits	2022 exits	2023 exits
Number of youth exiting care	5,904	5,564	5,255
Number of youth exiting care at 18	623	630	553
Percent of youth exiting care at 18	10.55	11.32	10.52
Number of youth exiting care at 18 with an exit reason of emancipation	379	319	209
Percent of youth exiting care at 18 with an exit reason of emancipation	60.83	50.63	37.39

Source: TWS-M050

Figures 12, 13, and 14 show differences in exits to permanency by race for each permanency cohort. The most concerning percentage is the children who identify with two or more races, as

these children are exiting at three percentage points lower than the national performance. This group declined 10 percentage points between 19B20A to 21B22A.

Caucasian and African American/Black children have the highest percentages of exits within 12 months of care and the African American/Black children's percentages has increased by 6.6 percentage points since the 19B20A submission.

For permanency in 12 months (12-23 months), African American/Black, Hispanic, and children with two or more races are exiting at a rate worse than Kentucky's RSP of 36.4% for the 21B22A submission. The percentage of African American/Black children who exited care after 12-23 months of permanency within the 12 month period is 30.9%, which is 5.5% worse than Kentucky's RSP and 12.9 percentage points worse than the national performance.

The percentage of Hispanic children who exited care within this cohort was 33.0% for the 21B22A submission, which is 3.4% worse than Kentucky's RSP and 10.8% worse than the national performance.

The percentage of children with two or more races who exited care during the 21B22A submission is 33.9%, which is slightly worse than Kentucky's RSP by 2.5% and 9.9% worse than the national performance.

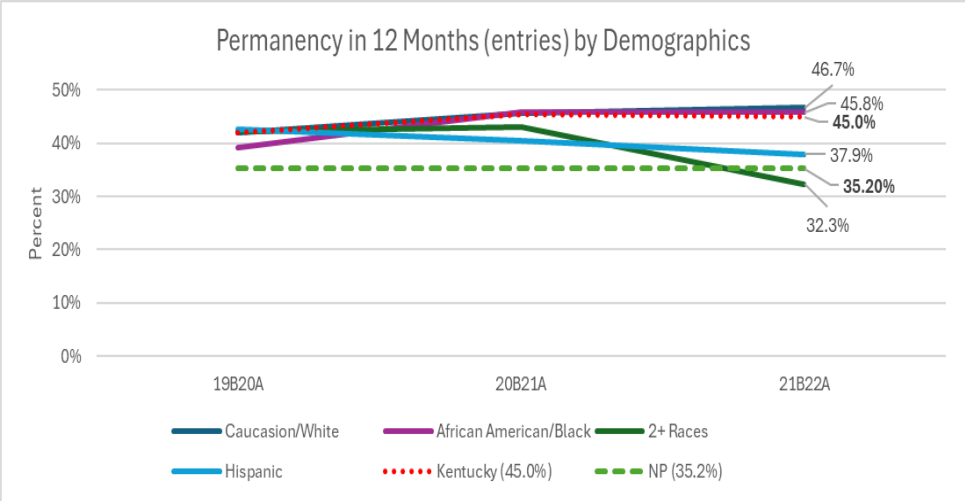
Overall, the percentage of African American/Black children who exit care in 12 months (12-23 months) is concerning as the percentage has declined 11.9% between the three time periods and this group has the steepest decline compared to other races.

For permanency in 12 months (24+ months), African American/Black, Hispanic, and children with two or more races are worse than Kentucky's RSP of 38.6% and the national performance of 37.3% within the 21B22A submission. The percentage of African American/Black children within this cohort who exited care is 34.6%, which is four percentage points worse than Kentucky's RSP and 2.7% worse than the national performance.

The percentage of Hispanic children who exited care within this cohort was 31.7% for the 21B22A submission, which is 6.9% worse than Kentucky's RSP and 5.6% worse than the national performance.

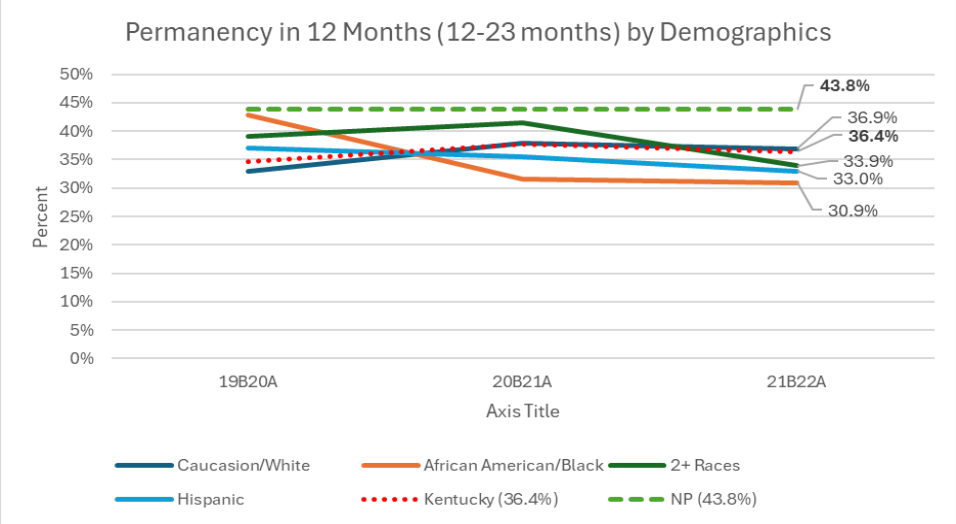
The percentage of children with two or more races who exited care within the 21B22A submission is 35.1%, which is slightly worse than Kentucky's RSP at 3.5% and 2.2% worse than the national performance.

Figure 12



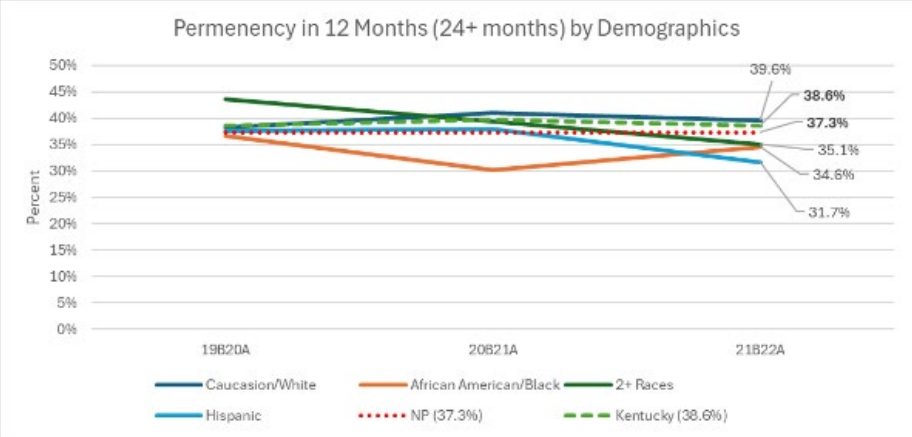
Source: Kentucky Supplemental Context Data February 2024

Figure 13



Source: Kentucky Supplemental Context Data February 2024

Figure 14



Source: Kentucky Supplemental Context Data February 2024

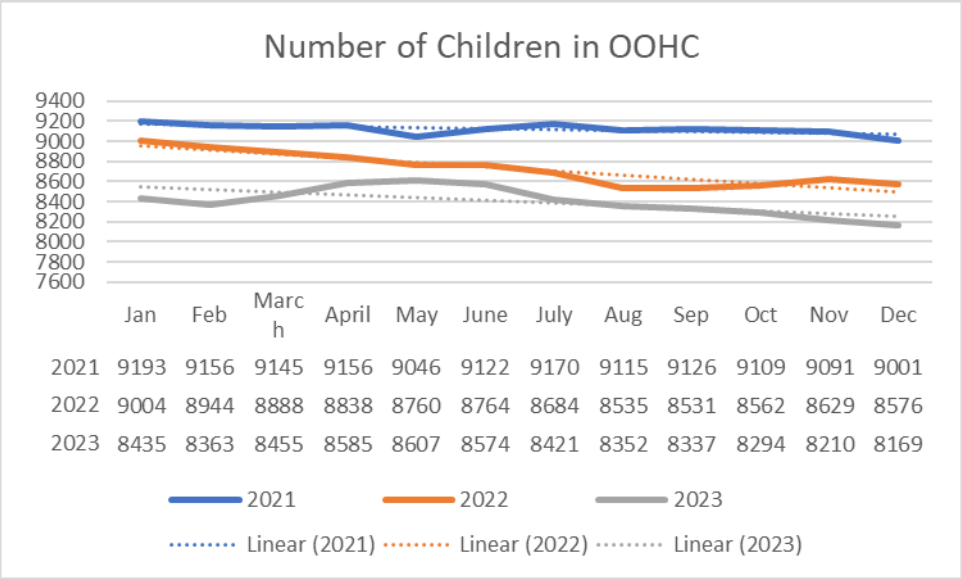
Kentucky is currently, and has been over the past few submissions, performing worse than the national performance (5.6%) with reentry into foster care, fluctuating between 7% and 8%. The most recent RSP is 7.6% indicating a need for improvement.

Table 12 CFSR 4 Data Profile February 2024 RSP Reentry to Foster Care

	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Reentry to foster care *National Performance: 5.6%* ▼	7.2%	7.0%	8.5%	8.0%	6.8%	7.6%

The department has seen an overall steady decrease in the number of children in OOHC over calendar years (CYs) 2021, 2022, and 2023. Kentucky began 2021 with 9,193 children in care. By the end of 2023, the number of children in OOHC decreased by slightly over 100 children to 8,169.

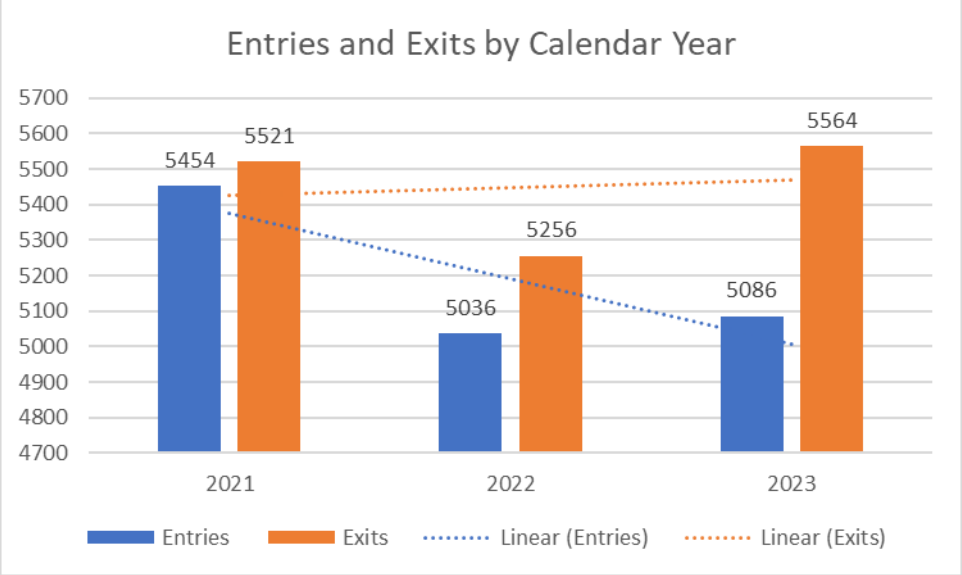
Figure 15 Children in OOHC, By Month, 2021-2023



Source: TWS-M058 Foster Care Fact Sheet

The overall number of children who have entered OOHC during the CY has decreased over the past three full CYs. Exits from OOHC had a slight decrease in 2022, then increased in 2023 to even higher than in 2021.

Figure 16 Children Entering and Exiting Care by CY



Source: TWS-M045S Enter Exit Statistics Summary

The department anticipates that with continued decreases in the monthly number of children in OOHC and the continued decrease of entries and increase in exits each year, Kentucky will continue to see improvements in permanency outcomes for children.

Permanency Outcome 1: Children have permanency and stability in their living situations.
Kentucky is not in substantial conformity with Permanency Outcome 1. During CFSR Round 3 (22.5% substantially achieved) and PIP baseline (30.56% substantially achieved), Permanency Outcome 1 was not in substantial conformity, requiring PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Permanency Outcome 1 in 23.08% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky has a rating of substantially achieved in 23.61% of cases.

Results from the April 2024 CFSP Stakeholder CQI survey (N=143) indicate that of the 45 survey respondents, two respondents (4.44%) strongly agreed, and 19 (42.22%) agreed that Kentucky's child welfare agency could meet the goal for Permanency Outcome 1. This measure has an overall 46.66% favorable rating from stakeholders.

Permanency and stability are dependent on timely, consistent, and through reviews by the department and Administrative Office of the Courts (AOC). The department monitors the timely completion of annual permanency reviews (APR), which are not entirely under the control of the child welfare agency. Successful completion of reviews requires a timely judicial review and documentation. Table 13 illustrates department data on timely completion of APRs, which from 2021 (87.16%), 2022 (88.79%), and 2023 (88.43%) have stayed relatively the same. The number of children in care decreased at each time measured, however, this does not appear to have improved timeliness.

Table 13 Statewide Timely Completion of Annual Permanency Reviews

	01/02/2021	01/02/2022	01/01/2023
# of children	9,193	9,004	8,436
% of timely reviews	87.16%	88.79%	88.43%
# of timely reviews	8,013	7,995	7,460

AOC collects data related to Permanency Outcome 1, including but not limited to time between each foster care review, time from case filing date to first APR, time from dependency, neglect, and abuse (DNA) petition filing date to TPR, and time from TPR to the order of TPR. This data, along with the departments administrative data, allows both agencies to track permanency efforts and work jointly toward needed improvements. Please see Attachment 4 for additional information related to AOC permanency data.

Item 4 – Stability of Foster Care Placement

Item 4 is an area needing improvement for Kentucky. Kentucky scored a strength in 67.5% of the applicable cases in CFSR Round 3. During the PIP baseline, scores indicated that Kentucky improved from CFSR Round 3 with a strength in 77.78% of the cases. Kentucky successfully met its PIP goal (84%) with a strength rating of 85% in the 31st PIP measurement period. Kentucky ended the PIP monitoring period with a strength rating of 76.92% for Item 4, showing

a decreased strength rating. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show a strength rating of 75% – a 10% decrease from the highest point of measurement.

Table 14 KY CFSR OSRI Case Review Data for Item 4

Period Under Review	Strength Rating
CFSR Round 3	67.5%
PIP Baseline (September 2017-February 2018)	77.78%
PIP Goal Achievement-84% (31st MP April 2020 - Sept 2020)	85%
September 1, 2020 – February 28, 2021	79.17%
March 1, 2021 – August 31, 2021	75.64%
PIP End (April 2021-September 2021)	76.92%
September 1, 2021 – December 31, 2021*	83.33%
January 1, 2022 – February 28, 2022**	79.17%
March 1, 2022 – August 31, 2022	76.39%
September 1, 2022 – February 28, 2023	76.39%
October 1, 2022 – March 31, 2023	75%

**End of Round 3 OSRI data*
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Trends identified that affected scores for Item 4 include a combination of placement in residential facilities and children with higher levels of acuity, and biological families influencing the child(ren) to disrupt placements. The greatest barriers include the lack of foster parents willing to take youth with higher acuity needs and large sibling groups.

Kentucky's CFSR 4 Data Profile from February, as indicated in Table 15, demonstrates that placement stability (moves/1,000 days in care) has hovered around national performance (4.48%) over the last several submissions. The most recent RSP shows that Kentucky is currently performing slightly worse than the national performance by .44%, with a score of 4.92%.

Table 15

	20B21 A	21A21 B	21B22 A	22A22 B	22B23 A	23A23 B
Placement stability (moves/1,000 days in care) *National Performance: 4.48* ▼	3.92	4.33	4.16	4.45	4.71	4.92

Division staff have conducted a five-year data analysis of placement stability in Kentucky. The data shows a continued increase in the average number of placements per child. Figure 17 below highlights the five-year trends in placement instability by the number of 3+ move in 90 days for

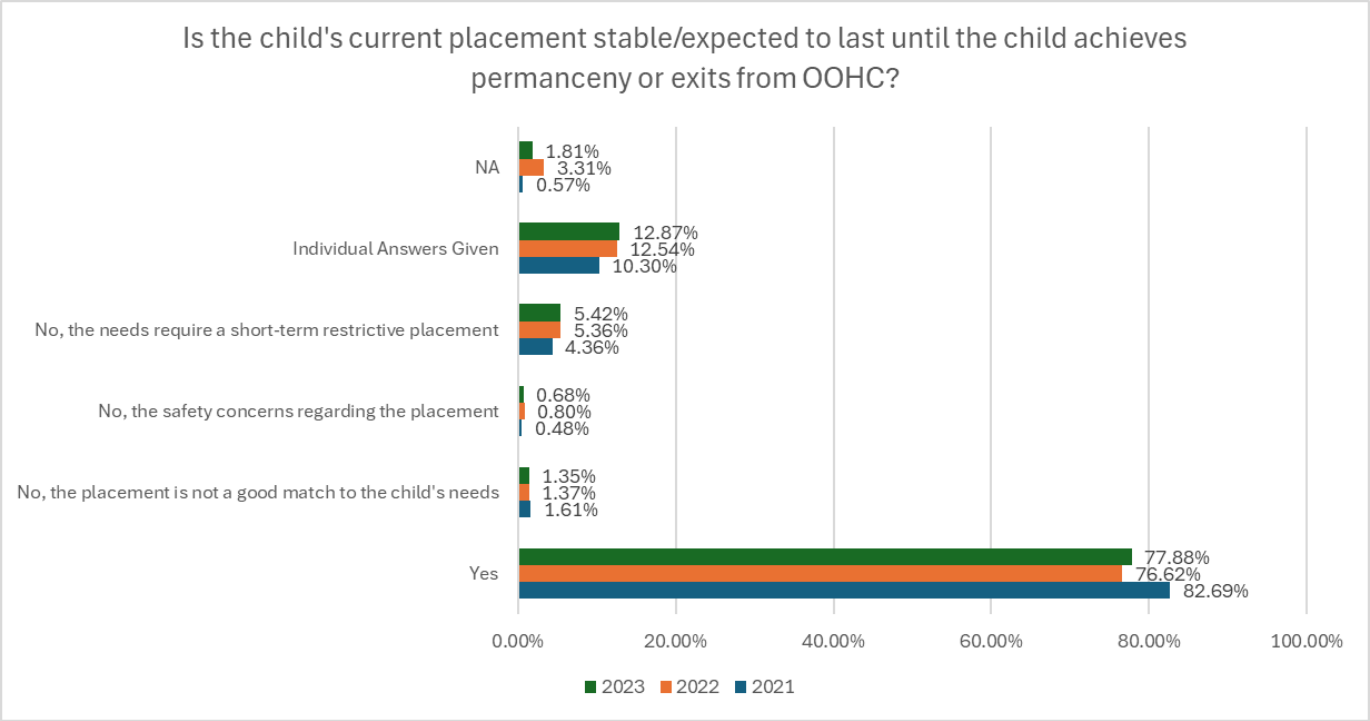
all settings and for children in private child-placing (PCP) settings. To review the complete five-year data analysis, please see Attachment 5.

Figure 17

Statewide Placement Instability - Five Year Trends		
Year	**# 3+ moves in 90 days (all settings)**	**# 3+ moves in 90 days (PCP only)***
April 2020	n/a	127
April 2021	n/a	155
April 2022	615	265
April 2023	1091	300
April 2024	1390	340

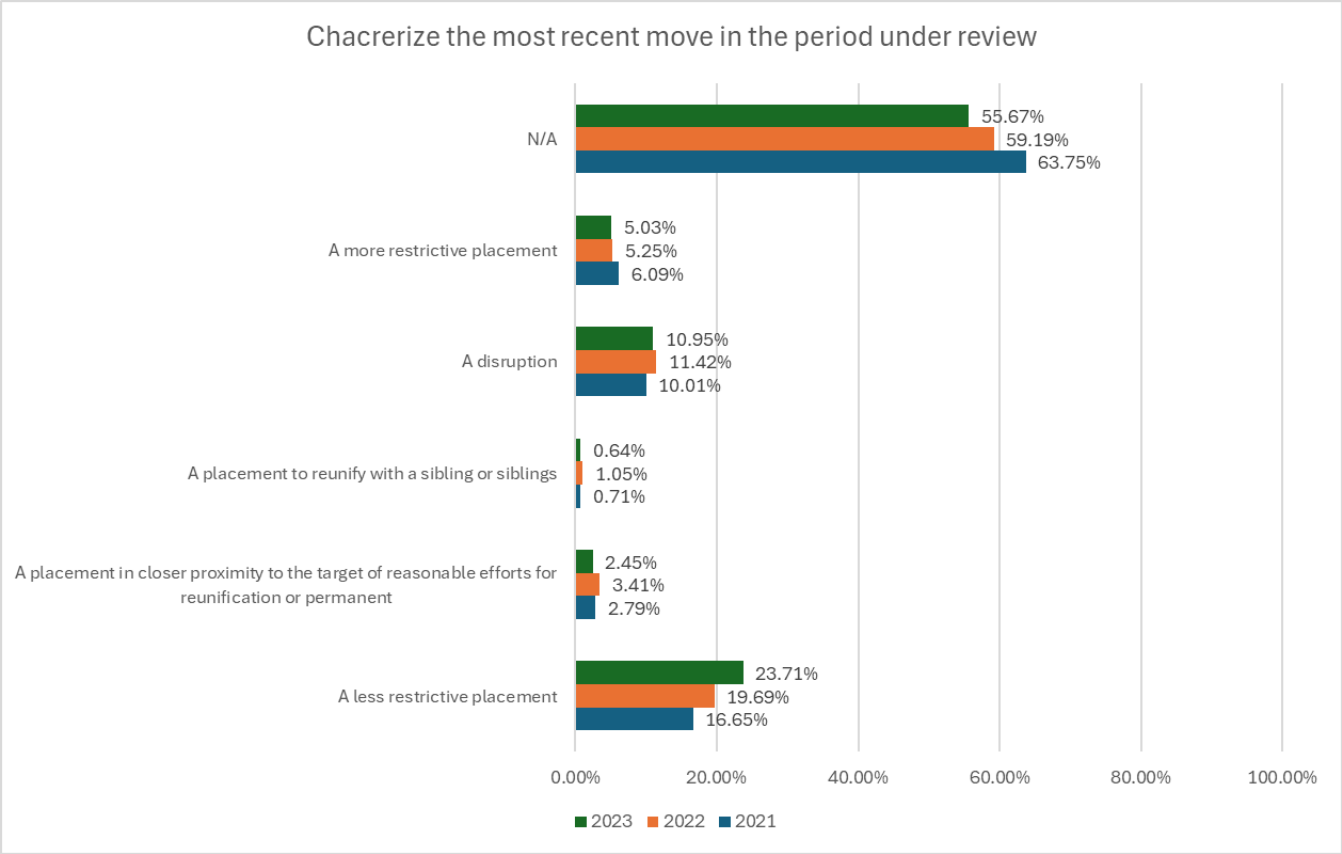
Second level case review scores indicate similar trends over the past three years as KY CFSR scores. Figure 18 shows placement stability scores for 2021, 2022, and 2023. Scores indicate a decrease in the expectation that current placements would last through the child's OOHC episode.

Figure 18 Second Level Case Review Data



Scores also indicate that often, if a placement move occurred during the PUR, the move was to a less restrictive placement, which has also seen an increase over the past three CYs. Disruption is the second highest contributor to placement moves during the PUR.

Figure 19 Second Level Case Review Data



Item 5 – Permanency Goal for the Child

Item 5 is an area needing improvement for Kentucky. Kentucky scored a strength in 32.5% of the applicable cases in CFSR Round 3. During the PIP baseline, scores indicated that Kentucky improved from CFSR Round 3 with a strength in 54.29% of the cases. Kentucky ended the PIP monitoring period with a strength rating of 50% for Item 5, failing to meet the PIP goal (61.9%) by roughly 10%. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show a strength rating of 45.83%, demonstrating a continued decrease for Item 5.

Table 16 KY CFSR OSRI Case Review Data for Item 5

Period Under Review	Strength Rating
CFSR Round 3	32.5%
PIP Baseline (September 2017-February 2018)	54.29%
September 1, 2020 – February 28, 2021	45.07%
March 1, 2021 – August 31, 2021	48.68%
PIP End (April 2021-September 2021)	50%
September 1, 2021 – December 31, 2021*	58.33%
January 1, 2022 – February 28, 2022**	39.13%
March 1, 2022 – August 31, 2022	52.78%
September 1, 2022 – February 28, 2023	43.06%

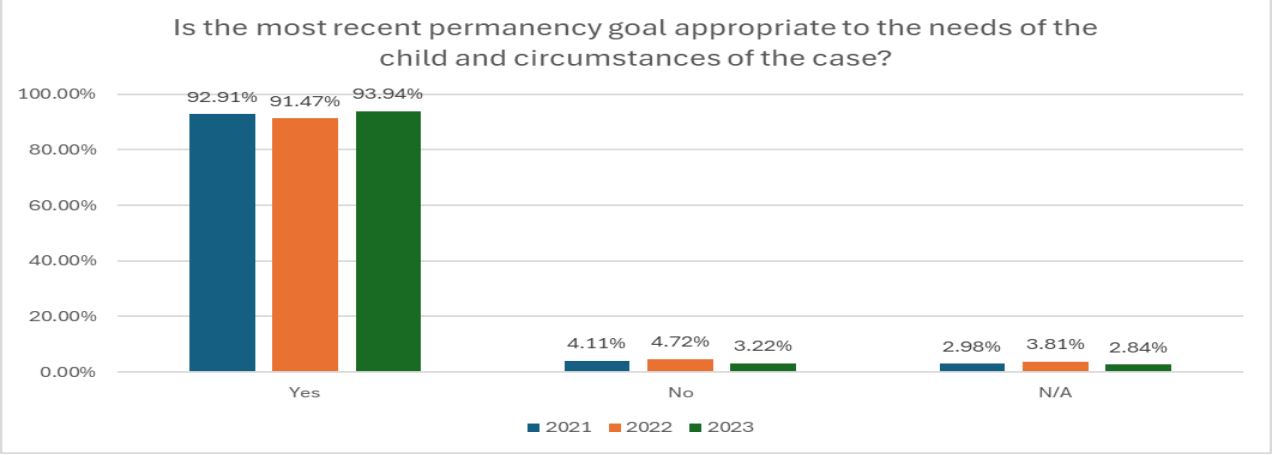
Period Under Review	Strength Rating
October 1, 2022 – March 31, 2023	45.83%

**End of Round 3 OSRI data*
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Delays in establishing permanency goals were identified as factors contributing to decreased scores. These delays led to the initial establishment of inappropriate goals as frontline staff often felt compelled to choose a particular goal, even when not appropriate. Other issues noted include court delays and denying goal changes, inappropriate permanency goals, TPR timeframes, failure to implement concurrent planning, the child not agreeing with the goal change, and parental challenges with case plan success. Lack of training for new staff around the permanency process and Office of Legal Services (OLS) not certifying cases for goal changes until a child is placed in an adoptive home are some of the identified barriers for Item 5.

Second level case review data indicates that most of the cases reviewed had permanency goals that were appropriate to the needs of the child. This has slightly increased over the past three CYs.

Figure 20 Second Level Case Review Data



Item 6 - Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

Item 6 is an area needing improvement for Kentucky. Kentucky scored a strength in 35% of the applicable cases in CFSR Round 3. During the PIP baseline, scores indicated that Kentucky improved from CFSR Round 3 with a strength in 38.89% of the cases. Kentucky ended the PIP monitoring period with a strength rating of 33.33% for Item 6, failing to meet the PIP goal (46.2%) by over 10%. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show a decrease from the final PIP measurement period at 30.56%.

Table 17 KY CFSR OSRI Case Review Data for Item 6

Period Under Review	Strength Rating
CFSR Round 3	35%

Period Under Review	Strength Rating
PIP Baseline (September 2017-February 2018)	38.89%
September 1, 2020 – February 28, 2021	26.39%
March 1, 2021 – August 31, 2021	32.05%
PIP End (April 2021-September 2021)	33.33%
September 1, 2021 – December 31, 2021*	35.42%
January 1, 2022 – February 28, 2022**	37.5%
March 1, 2022 – August 31, 2022	41.67%
September 1, 2022 – February 28, 2023	27.78%
October 1, 2022 – March 31, 2023	30.56%

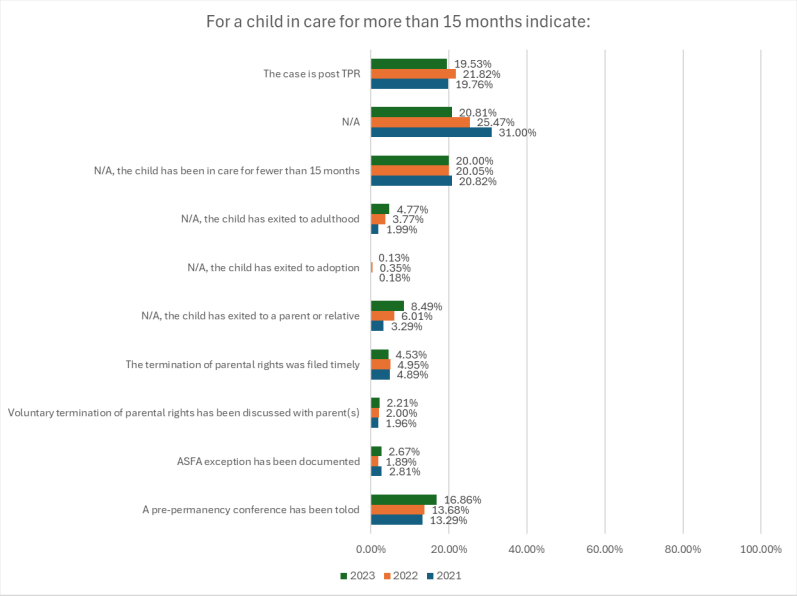
**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Court delays were the leading reason for postponements to achieving reunification, guardianship, adoption, or other planned permanent living arrangement, including lingering effects of the COVID-19 pandemic. Lack of concerted efforts to facilitate permanency on the part of the court, and disagreement with goal changes were the most frequent concerns. In most cases where the courts did not make concerted efforts to achieve permanency in a timely manner, it was noted that the department's efforts were also lacking. Additional concerns noted included the child turning 18, length of time between a goal change and TPR, paternity in question, and parental challenges with case plan success. Additionally barriers include issues with attorneys creating delays for billable hours, child behaviors, especially when not wanting to be adopted, inappropriate permanency goals, failure to correctly use TPR exceptions, and staffing shortages and caseload size.

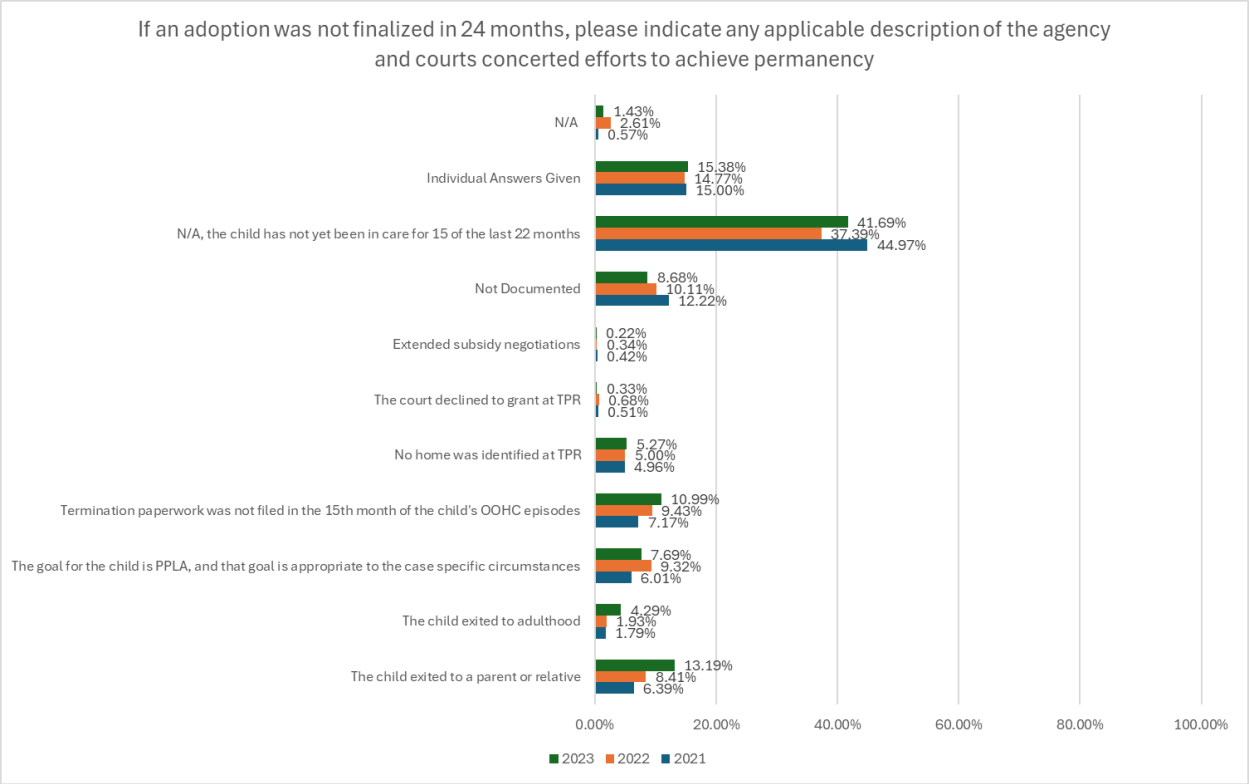
Second level case reviews capture various elements related to the Adoption and Safe Families Act (ASFA) as illustrated in Figure 21 below. Of the cases reviewed, most were ineligible to be assessed for ASFA criteria.

Figure 21 Second Level Case Review Data



Additionally, second level case reviews capture barriers to achieving timely adoption. Although many of the cases reviewed did not have children who were in care for 15 of the most recent 22 months, those who met ASFA criteria showed reunification and failure to file TPR paperwork timely as the top reasons that adoption was not achieved.

Figure 22 Second Level Case Review Data



Permanency Outcome 2: The continuity of family relationships is preserved for children. Kentucky is not in substantial conformity with Permanency Outcome 2, however, has made significant progress since CFSR Round 3. During Round 3 (56.41% substantially achieved) and PIP baseline (54.17% substantially achieved), Permanency Outcome 2 was not in substantial conformity, requiring PIP monitoring. At the close of the Round 3 PIP, Kentucky had made substantial progress, with a rating of substantially achieved for Permanency Outcome 2 in 79.49% of cases reviewed. Current KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky continues to make significant progress in Permanency Outcome 2, with a rating of substantially achieved in 91.55% of cases. This score is only 3.45% from the Children's Bureau threshold for substantial conformity.

Results from the April 2024 CFSP Stakeholder CQI survey (N=143) indicate that of the 45 survey respondents, five respondents (11.11%) strongly agree, and 20 (44.44%) agreed that Kentucky's child welfare agency could meet the goal for Permanency Outcome 2. This measure has an overall 55.55% favorable rating from stakeholders.

Item 7 – Placement with Siblings

Kentucky continues to excel in Item 7. Kentucky scored a strength rating in 96.15% of the applicable cases in CFSR Round 3, exceeding the Children's Bureau's threshold. Therefore, PIP monitoring was not required. During the PIP baseline, scores indicated that Kentucky continued to do well with this item, with a strength rating of 94.29%. Kentucky ended the PIP monitoring period with a strength rating in 100% of cases reviewed. Current KY CFSR scores (October

2022 – March 2023, PUR) show that Kentucky continues to surpass the 95% threshold, with a strength rating of 96.67%. In the instances where the state does not meet the threshold, large sibling groups and the children's mental health needs impact scores.

Table 18 KY CFSR OSRI Case Review Data for Item 7

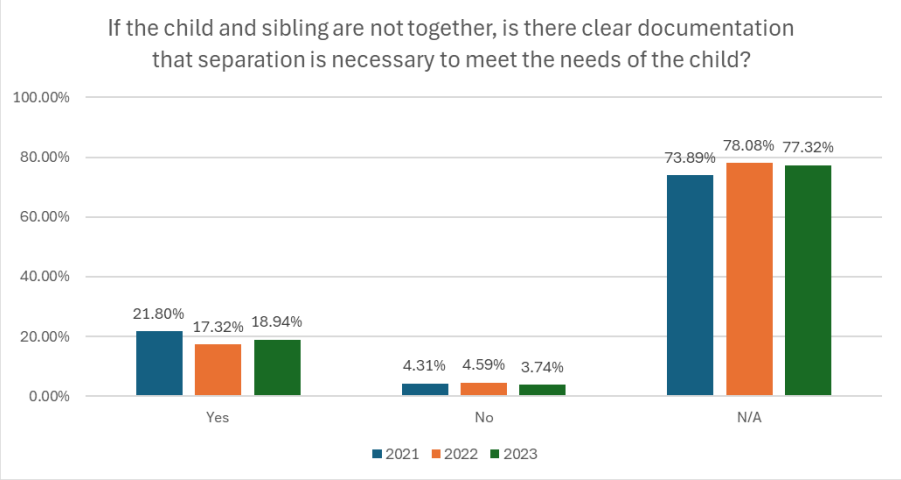
Period Under Review	Strength Rating
CFSR Round 3	96%
PIP Baseline (September 2017-February 2018)	94.29%
September 1, 2020 – February 28, 2021	97.37%
March 1, 2021 – August 31, 2021	100%
PIP End (April 2021-September 2021)	100%
September 1, 2021 – December 31, 2021*	95.45%
January 1, 2022 – February 28, 2022**	100%
March 1, 2022 – August 31, 2022	94.29%
September 1, 2022 – February 28, 2023	100%
October 1, 2022 – March 31, 2023	96.67%

**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Second level case reviews assess sibling separations to determine if the separations are necessary to meet the needs one or more of the children. For applicable cases, there was documentation that separation was necessary to meet the needs of the children, with a slight decrease over the past three CYs.

Figure 23 Second Level Case Review Data



Item 8 - Visiting with Parents and Siblings in Foster Care

Item 8 is an area needing improvement; however, Kentucky has made significant progress since CFSR Round 3. Kentucky scored a strength in 63.33% of the applicable cases in Round 3. Item 8, however, was not required for PIP monitoring. In the PIP baseline, scores indicated that Kentucky declined from CFSR Round 3 with a strength in 46.15% of the cases. Kentucky ended

the PIP monitoring period with a strength rating of 77.27% for Item 8, a significant increase in scores over the monitoring period. Current KY CFSR scores (October 2022 – March 2023, PUR) show further improvement, with a strength rating of 90% – only 5% from the Children's Bureau's threshold.

Table 19 KY CFSR OSRI Case Review Data for Item 8

Period Under Review	Strength Rating
CFSR Round 3	63.33%
PIP Baseline (September 2017-February 2018)	46.15%
September 1, 2020 – February 28, 2021	62.5%
March 1, 2021 – August 31, 2021	78.57%
PIP End (April 2021-September 2021)	77.27%
September 1, 2021 – December 31, 2021*	76.92%
January 1, 2022 – February 28, 2022**	84.62%
March 1, 2022 – August 31, 2022	77.5%
September 1, 2022 – February 28, 2023	81.82%
October 1, 2022 – March 31, 2023	90%

**End of Round 3 OSRI data*
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

In recent reviews, it has been noted that the number of cases where courts order no contact with parents have decreased. However, the lack of agency contact with parents continues to interfere with visitation.

Item 9 – Preserving Connections

Item 9 is an area needing improvement for Kentucky. In CFSR Round 3, Kentucky scored a strength in 68.42% of the applicable cases. Item 9, however, was not required for PIP monitoring. In the PIP baseline, scores indicated a decrease from CFSR Round 3 with a strength in 62.86% of the cases. Kentucky finished the PIP monitoring period with scores slightly above CFSR Round 3 with a strength rating of 69.23%. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 78.87% – a 10% increase from final PIP monitoring scores.

Table 20 KY CFSR OSRI Case Review Data for Item 9

Period Under Review	Strength Rating
CFSR Round 3	68.42%
PIP Baseline (September 2017-February 2018)	62.86%
September 1, 2020 – February 28, 2021	66.67%
March 1, 2021 – August 31, 2021	71.79%
PIP End (April 2021-September 2021)	69.23%
September 1, 2021 – December 31, 2021*	66.67%
January 1, 2022 – February 28, 2022**	79.17%
March 1, 2022 – August 31, 2022	68.06%

Period Under Review	Strength Rating
September 1, 2022 – February 28, 2023	76.06%
October 1, 2022 – March 31, 2023	78.87%

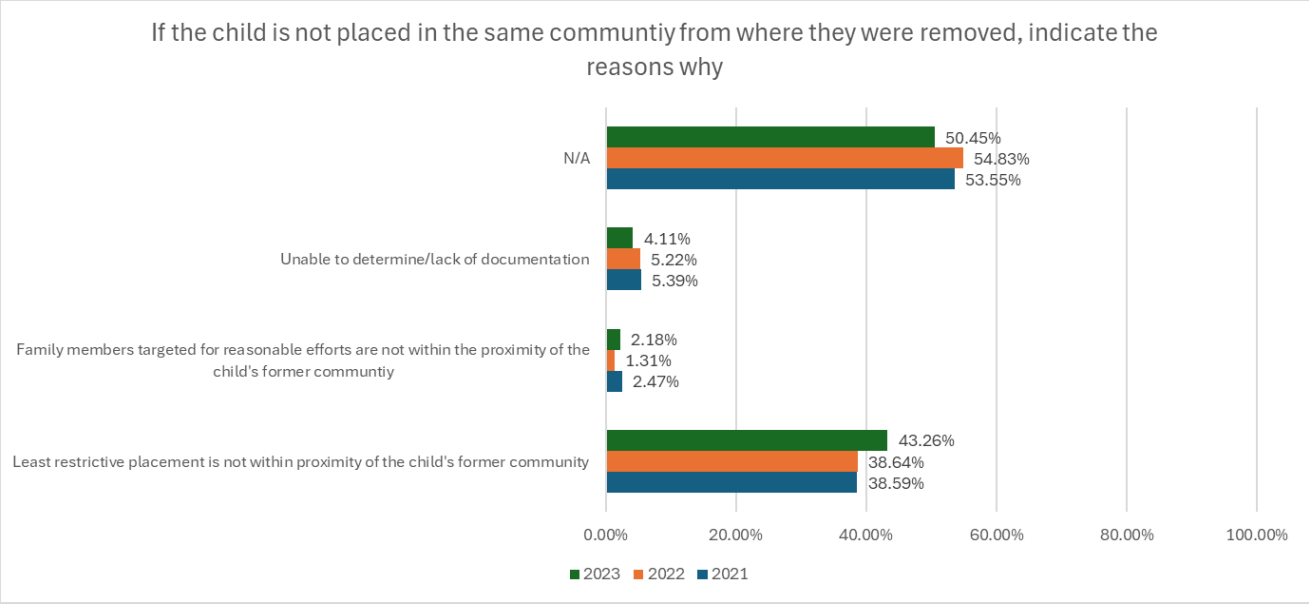
**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

A recent trend in cases demonstrates that many children do not stay connected to friends or other family when entering care. Barriers are related to staff's lack of understanding regarding the significance in preserving connections. Specially, staff believe that if a relative is not appropriate or unavailable for placement, then contact must cease. Staffing shortages and high caseloads also affect scores for this item.

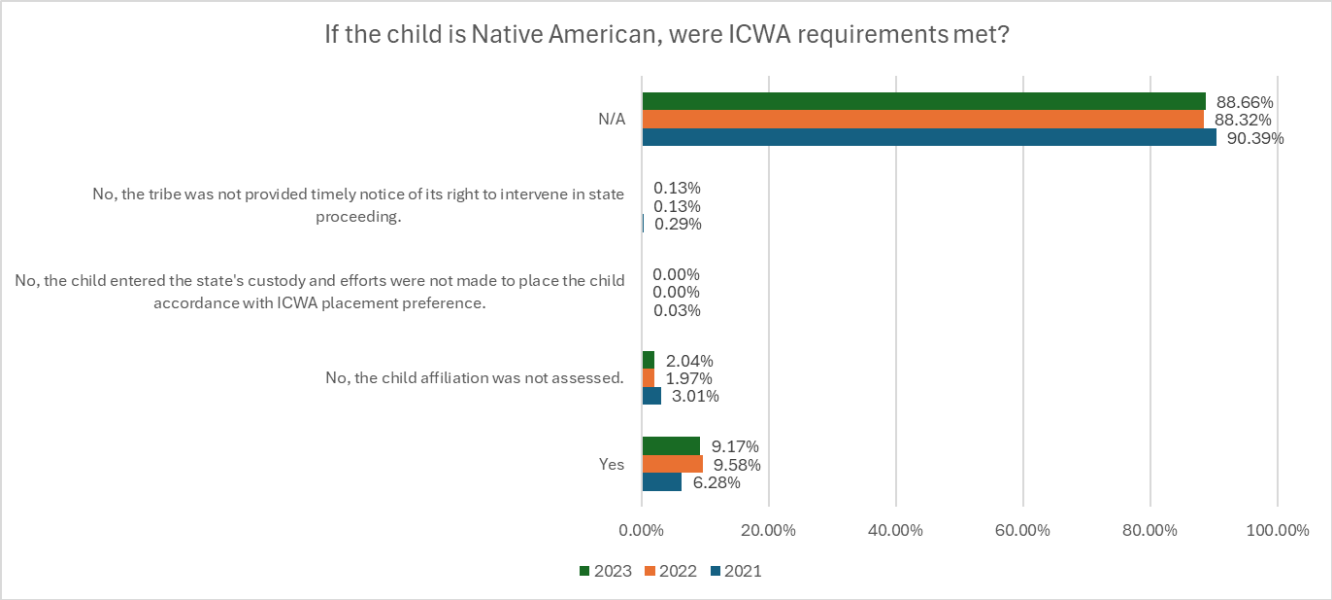
When placing children in OOHC, the department strives to keep children in the least restrictive placement, preferably in their own communities. However, due to lack of placements and the needs of children, placement within the child's community is not always possible. Second level case review data in Figure 24 outlines barriers to placing children within their own communities.

Figure 24 Second Level Case Review Data



Although Kentucky does not have state or federally recognized tribes, the department strives to meet requirements of the Indian Child Welfare Act (ICWA) for those children who are eligible. Second level case reviews assess whether ICWA requirements were met for children who are Native American. As evidenced in Figure 25, this did not apply to most of the cases reviewed over the past three CYs. However, for those cases that did apply, Kentucky scored highly regarding ICWA requirements.

Figure 25 Second Level Case Review Data



Item 10 – Relative Placement

Item 10 is an area needing improvement for Kentucky. Kentucky scored a strength in 54.29% of the applicable cases during CFSR Round 3. Item 10, however, was not required for PIP monitoring. In the PIP baseline, Kentucky saw improvements with a strength rating in 68.66% of the cases reviewed. Continued improvements were observed in the final PIP monitoring period, with a strength rating of 87.01%. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 84.85% – roughly 10% from the Children's Bureau's threshold.

Table 21 KY CFSR OSRI Case Review Data for Item 10

Period Under Review	Strength Rating
CFSR Round 3	54.29%
PIP Baseline (September 2017-February 2018)	68.66%
September 1, 2020 – February 28, 2021	84.51%
March 1, 2021 – August 31, 2021	85.53%
PIP End (April 2021-September 2021)	87.01%
September 1, 2021 – December 31, 2021*	89.36%
January 1, 2022 – February 28, 2022**	95.65%
March 1, 2022 – August 31, 2022	93.94%
September 1, 2022 – February 28, 2023	85.29%
October 1, 2022 – March 31, 2023	84.85%

**End of Round 3 OSRI data*

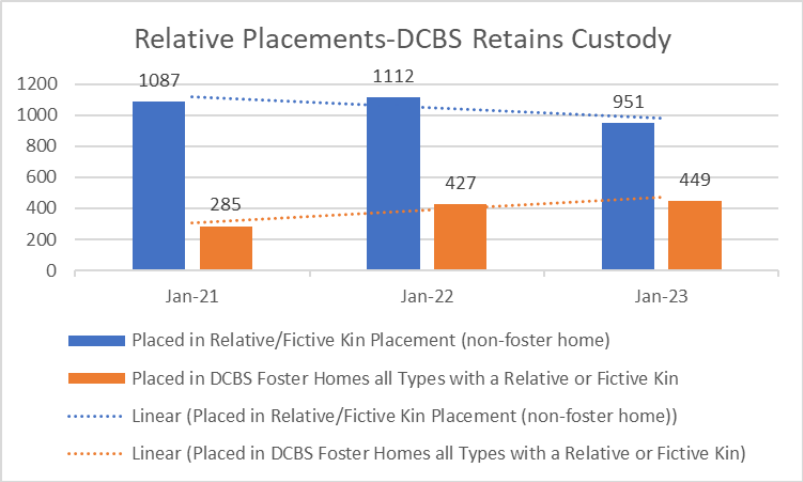
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

A trend identified that affect scores for Item 10 include failure to reassess relatives for placement after initial assessment. Child Specific Recruitment staff are beneficial when identifying relative

placements. Training concerns, staffing shortages, and high caseloads contribute to lower scores for this item.

Data in Figure 26 shows the number of children in DCBS custody (OOHC) placed with relative/fictive kin caregivers, both approved and not approved as foster homes. The trend shows that although the number of children placed with relatives/fictive kin not approved as foster homes has steadily decreased, the number of children placed in approved relative/fictive kin foster homes has steadily increased.

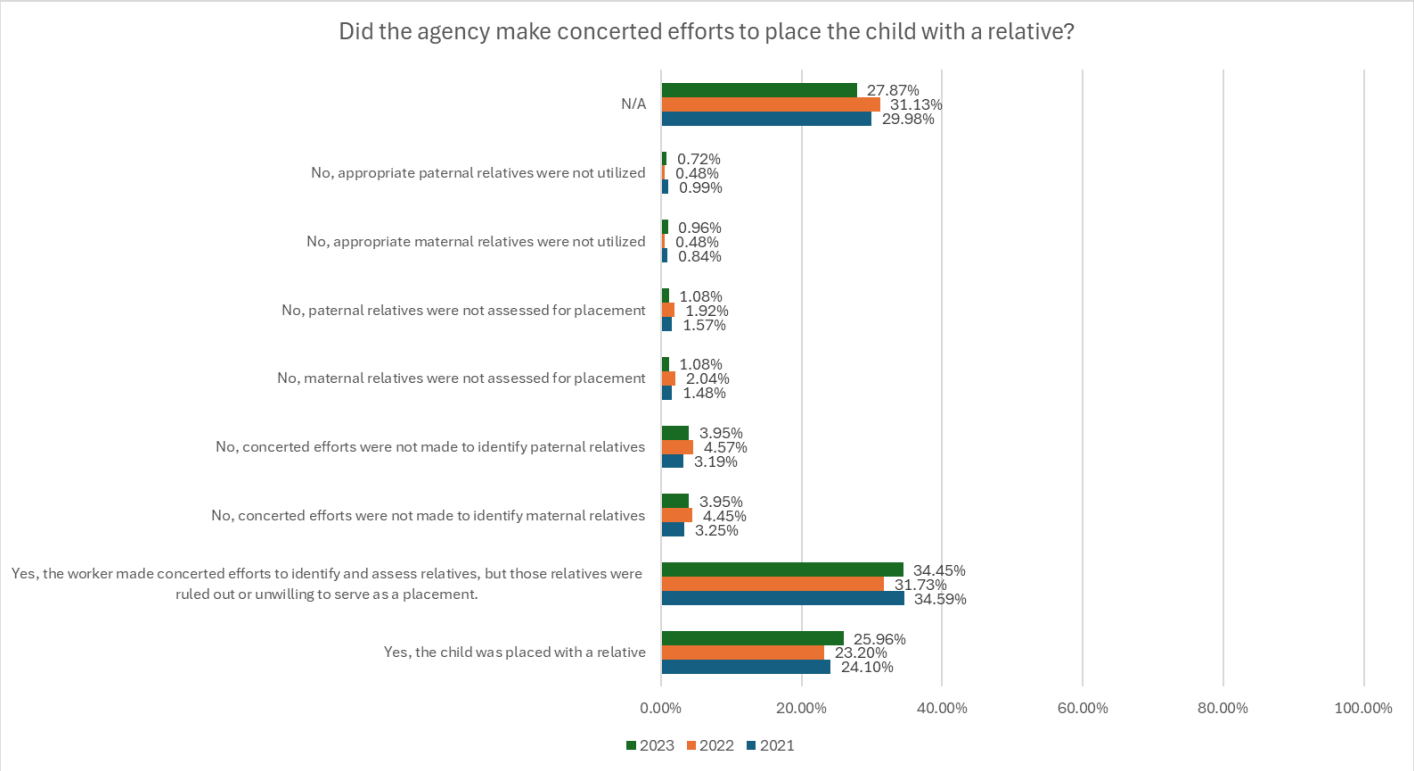
Figure 26



Source: TWS-W058

Second level case reviews assess whether the department made concerted efforts to place the child with a relative. The figure below shows case review scores over the past three years. Scores indicate that most of the time, the department either made concerted efforts to place with relatives or the children are being placed with relatives.

Figure 27 Second Level Case Review Data



Item 11 – Relationship of Child in Care with Parents

Item 11 is an area needing improvement for Kentucky. CFSR Round 3 scores showed strength ratings in 52.17% of case reviewed. Item 11, however, was not required for PIP monitoring. In the PIP baseline, Kentucky experienced a decrease with only 43.75% of the cases reviewed receiving a strength rating. Improvements occurred over the PIP monitoring period, with 58.33% of cases reviewed receiving a strength rating. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 93.75% – only 1.25% from the Children's Bureau's threshold.

Table 22 KY CFSR OSRI Case Review Data for Item 11

Period Under Review	Strength Rating
CFSR Round 3	52.17%
PIP Baseline (September 2017-February 2018)	43.75%
September 1, 2020 – February 28, 2021	63.64%
March 1, 2021 – August 31, 2021	62.86%
PIP End (April 2021-September 2021)	58.33%
September 1, 2021 – December 31, 2021*	52.38%
January 1, 2022 – February 28, 2022**	70%
March 1, 2022 – August 31, 2022	79.41%
September 1, 2022 – February 28, 2023	84.62%
October 1, 2022 – March 31, 2023	93.75%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

It has been noted through reviews that parents are not encouraged to attend anything outside of visitation with and for their children. Foster parents and biological parents not encouraged to become a team that would work together to meet the needs of the child. Staff inexperience and lack of understanding the importance of this connection affects scores for Item 11, in addition to foster parents not understanding the importance of working with the biological parents.

Second level case review data looks at several indicators to assess whether the department adequately facilitated the involvement of parents in the child's life and activities. This is drilled down by mother and father. Figure 28 below shows that, for mothers, most often, the department is adequately facilitating involvement, although a decrease can been seen over the past three CYs. In instances where reviewers selected no, lack of appropriate visitation agreements appears as the greatest barrier.

Figure 28 Second Level Case Review Data

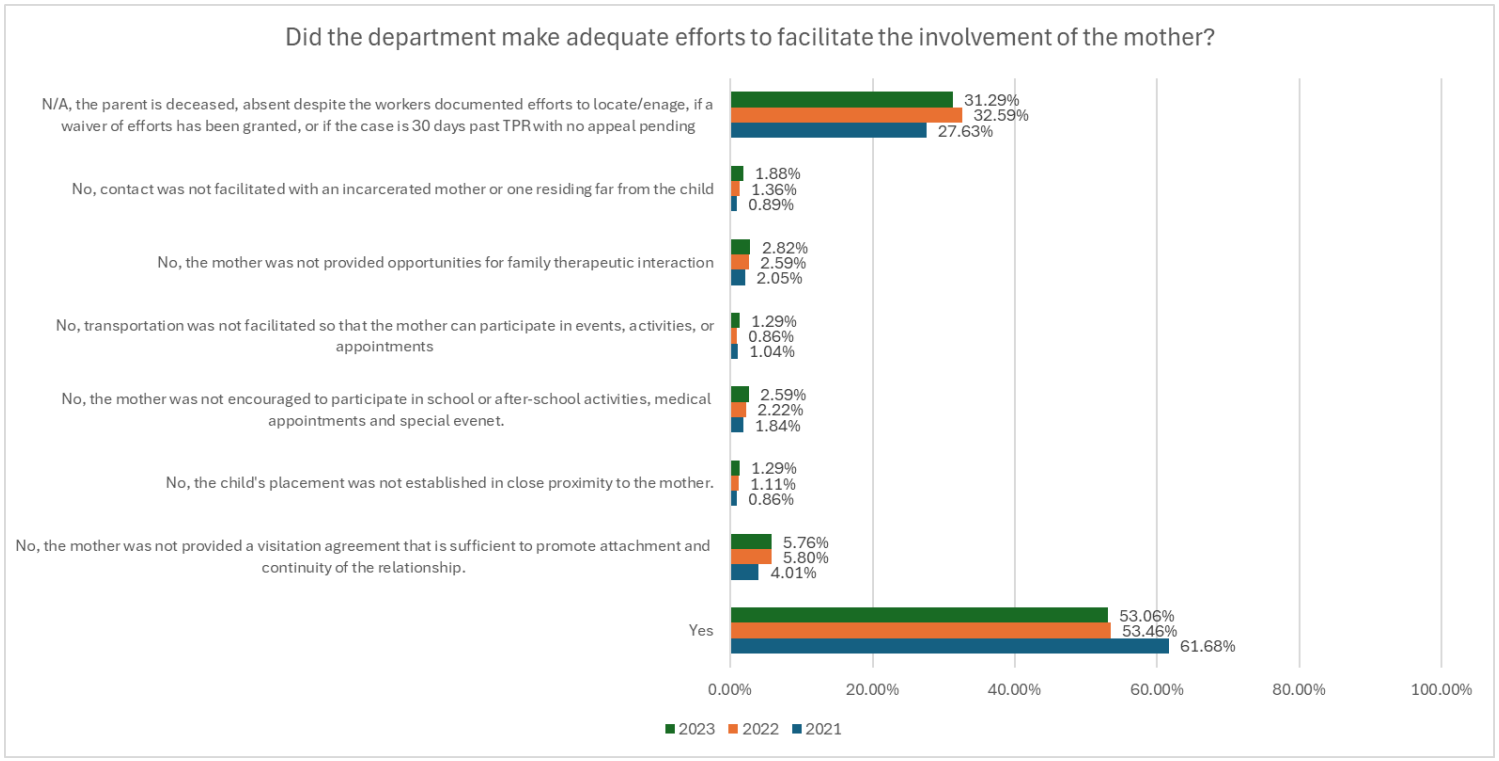
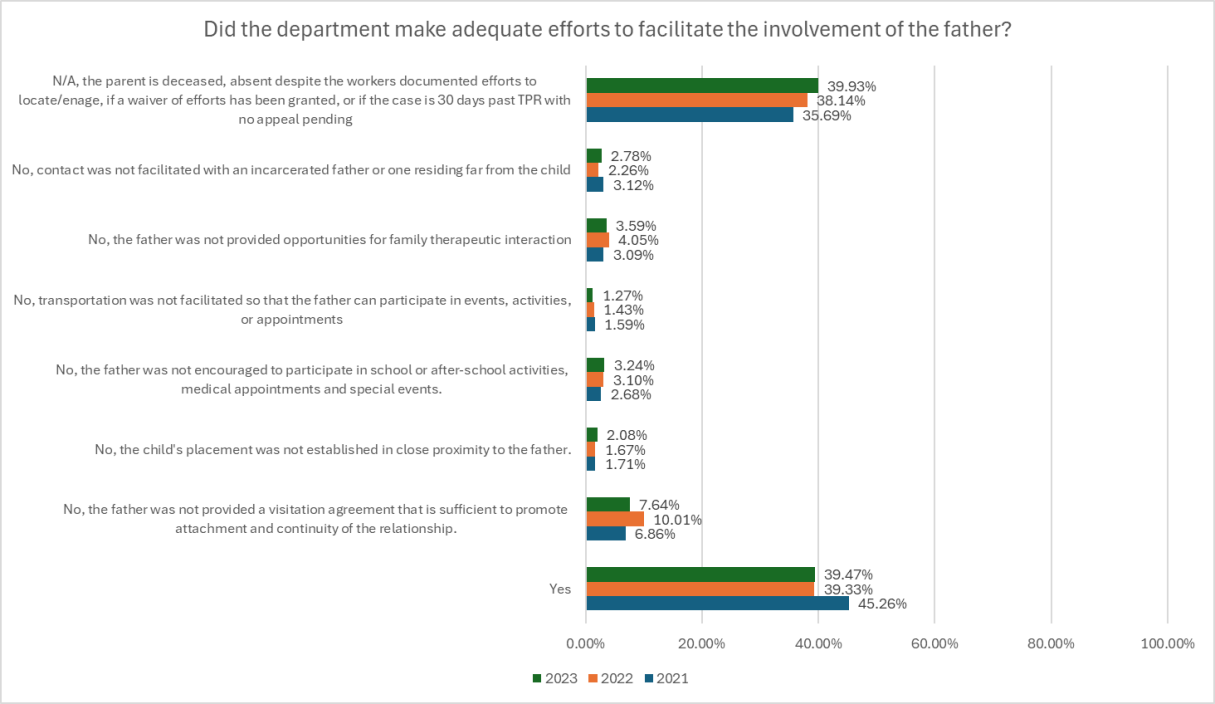


Figure 29 illustrates the case review scores for fathers, and, although yes scores are lower, the barriers are consistent with those for mothers.

Figure 29 Second Level Case Review Data



C. Well-Being

Well-Being Outcomes 1, 2, and 3

Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.

Kentucky is not in substantial conformity with Wellbeing Outcome 1. During CFSR Round 3 (30.77% substantially achieved) and PIP baseline (32.22% substantially achieved), Wellbeing Outcome 1 was not in substantial conformity, requiring PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Wellbeing Outcome 1 in 50.77% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky has a rating of substantially achieved in 48.89% of cases.

Results from the April 2024 CFSP Stakeholder CQI survey, sent to 143 recipients, indicate that of the 45 survey respondents, four respondents (8.88%) strongly agreed, and 19 (42.22%) agreed that Kentucky's child welfare agency can meet the goals for Wellbeing Outcome 1. This measure has an overall 51.10% favorable rating from stakeholders.

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

Item 12, comprised of three sub items, is an area needing improvement for Kentucky. CFSR Round 3 scores showed strength ratings in 33.85% of case reviewed. In the PIP baseline, Kentucky's scores increased, with a strength rating of 40.78%. Kentucky surpassed its PIP goal (45.5%) in the 36th measurement period with a strength rating of 47.78%. Kentucky finished the PIP monitoring period with a strength rating of 53.33%. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 54.44%.

Table 23 KY CFSR OSRI Case Review Data for Item 12

Period Under Review	Strength Rating			
	12	12A	12B	12C
CFSR Round 3	33.85%	67.69%	38.6%	81.08%
PIP Baseline (September 2017-February 2018)	40.78%	64.25%	38.75%	83.05%
PIP Goal Achievement-45.5% (36th MP September 2020-February 2021)	47.78%	62.22%	39.13%	86.96%
March 1, 2021 – August 31, 2021	50.26%	71.43%	44.74%	85.53%
PIP End (April 2021-September 2021)	53.33%	72.31%	48.41%	85.71%
September 1, 2021 – December 31, 2021*	51.67%	64.17%	46.39%	82.61%
January 1, 2022 – February 28, 2022**	56.67%	71.67%	53.19%	95.45%
March 1, 2022 – August 31, 2022	48.33%	65.56%	39.29%	87.5%
September 1, 2022 – February 28, 2023	51.67%	72.78%	49.28%	85.71%
October 1, 2022 – March 31, 2023	54.44%	74.44%	51.75%	86.36%

**End of Round 3 OSRI data*
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Reviews show that assessment of children and foster parents is usually comprehensive. However, parents are not seen frequently enough for comprehensive assessments. Kentucky also struggles with assessing all appropriate family members and appropriately engaging families. This can be attributed to staff shortages and high caseloads, the loss of virtual visits, and lack of training to teach staff the importance of holistic assessments.

Of the three sub items within Item 12, Kentucky performs the highest in Sub Item 12C-Needs Assessment and Services to Foster Parents. However, this is still an area needing improvement for the state. For CFSR Round 3, Kentucky scored a strength in 81.08% of the cases reviewed. For the PIP baseline, scores show a strength rating of 83.05%. Kentucky met the overall PIP goal for Item 12 in the 36th measurement period. Sub Item 12C had a strength rating of 86.96% during the same measurement period. Kentucky finished PIP monitoring strong, with an 85.71% strength rating for Sub Item 12C. Current scores (October 2022 – March 2023) show continued improvement, with a strength rating of 86.36%.

Analysis of Sub Item 12C, which focuses on the needs of the foster parents, was negatively impacted by lack of frequency of contact with the foster parents. This affected needs assessments and did not allow the agency to have an overall understanding of the foster parents' needs related to providing care for the target child. In some cases, the department relied mostly on the PCP to complete needs assessments of private foster families. A lack of comprehensive and accurate assessments made it unclear if services were necessary and/or beneficial to the assist the foster family in caring for the target child. Services were not provided in some cases where there was an identified need to assist the foster parents with managing the target child's behaviors.

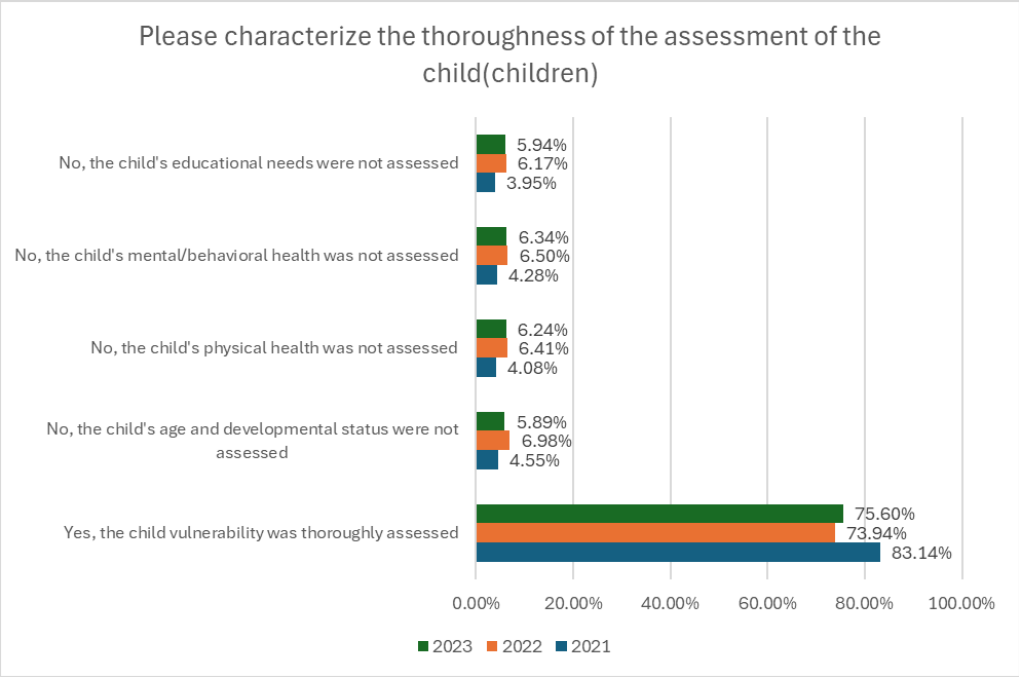
Kentucky's next highest performing sub item, and area needing improvement, is 12A-Needs Assessment and Services to Children. For CFSR Round 3, Kentucky scored a strength in 67.69%

of the cases reviewed. For the PIP baseline, Kentucky saw a decrease from CFSR Round 3 scores with a strength rating of 64.25%. Kentucky met the overall PIP goal for Item 12 in the 36th measurement period. Sub Item 12A had a strength rating of 62.22% during the same measurement period. Kentucky finished PIP monitoring strong, with a 72.31% strength rating for Sub Item 12A. Current scores (October 2022 – March 2023, PUR) show a strength rating of 74.44%, indicating continued improvement.

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

Second level case reviews focus on thorough assessments of the children's needs. Data from the last three years indicates that, overall, the department thoroughly assessed the needs of the children. For cases where a thorough assessment was not completed, reasons for lack of thoroughness are fairly even across the board.

Figure 30 Second Level Case Review



Although much improvement has been made since CFSR Round 3, Kentucky continues to struggle with Sub Item 12B-Needs Assessment and Services to Parents. For CFSR Round 3, Kentucky scored a strength in 38.6% of the cases reviewed. For the PIP baseline, Kentucky maintained consistent scores with a strength rating of 38.75%. Kentucky met the overall PIP goal for Item 12 in the 36th measurement period. Sub Item 12B had a strength rating of 39.13% during the same measurement period, which was only a slight increase from the baseline.

Kentucky finished PIP monitoring with more improvement at 48.41% of cases receiving a strength rating for Sub Item 12B. Current scores (October 2022 – March 2023, PUR) show continued incremental improvement with a strength rating of 51.75%.

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

Drilling further into data for Sub Item 12B shows that Kentucky does a better job of assessing needs and providing services to mothers than to fathers. As demonstrated in figures 31-34 below, although scores are low for both parents, improvements are seen for both each CY. Kentucky has historically struggled with the inclusion of fathers in all aspects of case work. Reviews indicate that the agency fails to provide services to fathers who are incarcerated, does not assess step fathers, and does not make efforts to visit fathers after working hours or to locate absent fathers. An additional barrier noted is that some fathers are evasive, not willing to work with the department.

Figure 31 Sub Item 12B PUR Beginning Month CY 2021

Sub-Item 12B: Needs Assessment and Services to Parents

Practice Description	Data Source(s)	Performance (of applicable cases)			
		Foster Care	In-Home Services	In-Home Services - DR/AR	All Case Types
The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs.	B1 – Yes	44.29% (31) of 70	54.55% (120) of 220	0	52.07% (151) of 290
The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs.	B2 – Yes	41.67% (20) of 48	48.73% (77) of 158	0	47.09% (97) of 206
Appropriate services were provided to meet the mother's needs.	B3 – Yes	43.28% (29) of 67	54.36% (106) of 195	0	51.53% (135) of 262
Appropriate services were provided to meet the father's needs.	B4 – Yes	39.13% (18) of 46	40.31% (52) of 129	0	40% (70) of 175
Concerted efforts were made both to assess and address the needs of mothers.	B1 – Yes and B3 – Yes or NA	44.29% (31) of 70	54.09% (119) of 220	0	51.72% (150) of 290
Concerted efforts were made both to assess and address the needs of fathers.	B2 – Yes and B4 – Yes or NA	41.67% (20) of 48	46.84% (74) of 158	0	45.63% (94) of 206

Source: Online Monitoring System Practice Performance Report

Figure 32 Sub Item 12B PUR Beginning Month CY 2022

Sub-Item 12B: Needs Assessment and Services to Parents

Practice Description	Foster Care—Performance of Applicable Cases	In-Home Services—Performance of Applicable Cases	All Case Types—Performance of Applicable Cases
(Question 12B1) The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs	56.36% (31 of 55)	52.43% (108 of 206)	53.26% (139 of 261)
(Question 12B3) Appropriate services were provided to meet the mother's needs.	57.69% (30 of 52)	50.8% (95 of 187)	52.3% (125 of 239)
(Question 12B1 and 12B3) Concerted efforts were made both to assess and address the needs of mothers.	54.55% (30 of 55)	50.49% (104 of 206)	51.34% (134 of 261)
(Question 12B2) The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs.	47.73% (21 of 44)	39.73% (58 of 146)	41.58% (79 of 190)
(Question 12B4) Appropriate services were provided to meet the father's needs.	50% (19 of 38)	38.17% (50 of 131)	40.83% (69 of 169)
(Question 12B2 and 12B4) Concerted efforts were made both to assess and address the needs of fathers.	47.73% (21 of 44)	38.36% (56 of 146)	40.53% (77 of 190)
Sub-Item 12B Strength Ratings	51.56% (33 of 64)	42.38% (89 of 210)	44.53% (122 of 274)

Source: Online Monitoring System Practice Performance Report

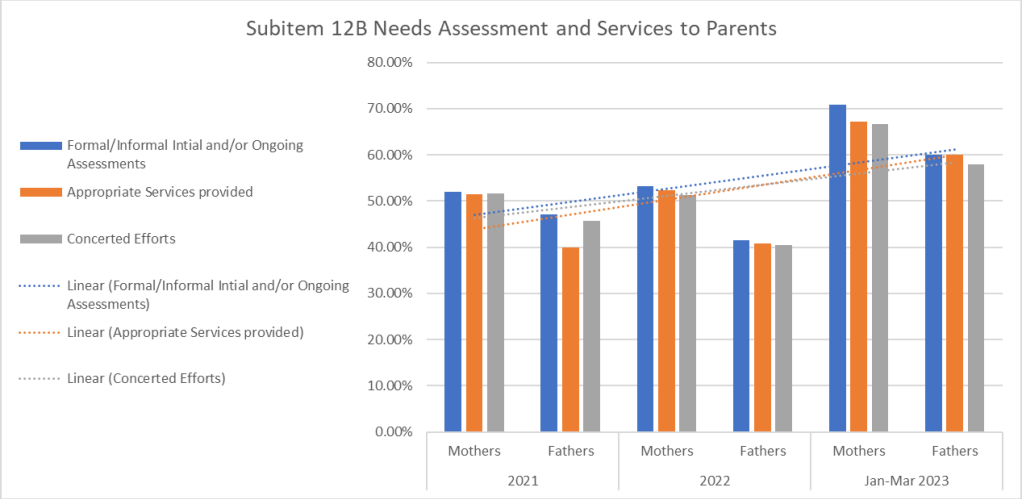
Figure 33 Sub Item 12B PUR Beginning Month CY 2023, Partial Year-January-March

Sub-Item 12B: Needs Assessment and Services to Parents

Practice Description	Foster Care—Performance of Applicable Cases	In-Home Services—Performance of Applicable Cases	All Case Types—Performance of Applicable Cases
(Question 12B1) The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs	80% (16 of 20)	67.31% (35 of 52)	70.83% (51 of 72)
(Question 12B3) Appropriate services were provided to meet the mother's needs.	81.25% (13 of 16)	62.75% (32 of 51)	67.16% (45 of 67)
(Question 12B1 and 12B3) Concerted efforts were made both to assess and address the needs of mothers.	80% (16 of 20)	61.54% (32 of 52)	66.67% (48 of 72)
(Question 12B2) The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs.	58.33% (7 of 12)	60.53% (23 of 38)	60% (30 of 50)
(Question 12B4) Appropriate services were provided to meet the father's needs.	60% (6 of 10)	60% (21 of 35)	60% (27 of 45)
(Question 12B2 and 12B4) Concerted efforts were made both to assess and address the needs of fathers.	58.33% (7 of 12)	57.89% (22 of 38)	58% (29 of 50)
Sub-Item 12B Strength Ratings	73.91% (17 of 23)	51.85% (28 of 54)	58.44% (45 of 77)

Source: Online Monitoring System Practice Performance Report

Figure 34



Source: Online Monitoring System Practice Performance Report

Item 13: Child and Family Involvement in Case Planning

Item 13 is an area needing improvement for Kentucky. CFSR Round 3 scores showed strength ratings in 39.68% of case reviewed. In the PIP baseline, Kentucky's scores slightly decreased, with a strength rating of 37.93%. Kentucky surpassed its PIP goal (42.6%) in the 37th measurement period with a strength rating of 44.91%. Kentucky finished the PIP monitoring period with a strength rating of 52.31% – roughly 10% over the PIP goal. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 54.71%.

Table 24 KY CFSR OSRI Case Review Data for Item 13

Period Under Review	Strength Rating
CFSR Round 3	39.68%
PIP Baseline (September 2017-February 2018)	37.93%
September 1, 2020 – February 28, 2021	40.83%
PIP Goal Achievement-42.6% (37th MP October 2020-March 2021)	44.91%
March 1, 2021 – August 31, 2021	50.27%
PIP End (April 2021-September 2021)	52.31%
September 1, 2021 – December 31, 2021*	53.04%
January 1, 2022 – February 28, 2022**	56.14%
March 1, 2022 – August 31, 2022	50.9%
September 1, 2022 – February 28, 2023	52.38%
October 1, 2022 – March 31, 2023	54.71%

**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Lack of engagement with families significantly contributes to the low scores for Item 13. Staff are not making concerted efforts to include all family members, including developmentally

appropriate children, incarcerated family members, or transient family members. This is especially evident in case planning, as family members were not given the opportunity to provide input into the development of their case plans or choose their service providers and were not aware that they had a voice in the case planning process. As a result, case plan tasks were not appropriate given the circumstances of the case and were not monitored by the agency on a continual basis for progress or completion.

Barriers to full engagement include staff shortages and high caseloads, lack of frequent and ongoing contact with families and children, failure to properly utilize family team meetings, and staff's lack of fully understanding engagement.

Additional department data analyzed for the APSR shows incremental decreases in the number of cases each year since 2021. 2022 saw the lowest number of cases, and the smallest percentage of case plans completed in a timely manner. It should be noted that the data in Table 25 reflects all case plans, regardless the case type (in-home or OOHC case).

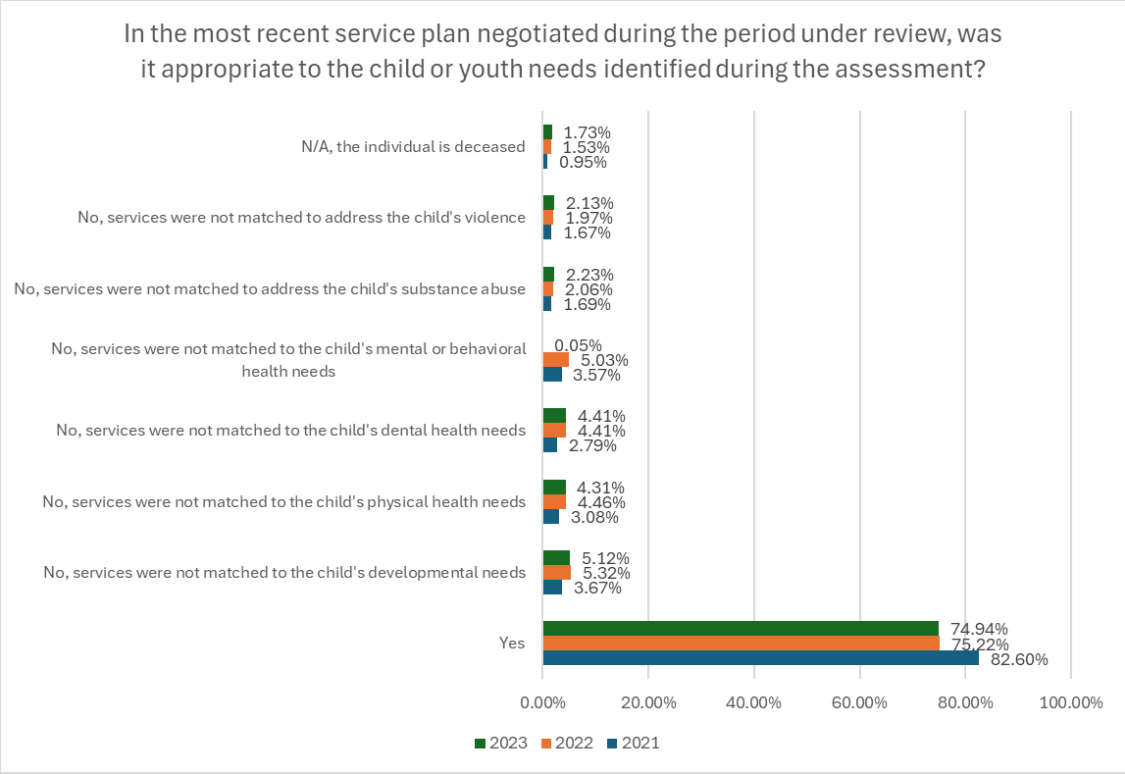
Table 25: Statewide Timely Completion of Case Plans

	04/16/2021*	05/06/2022	5/6/2023
# of Cases (N)	9,681	8,639	8,565
% of Cases with Case Plan Completed Timely	87.78%	80.60%	85.98%
# of Cases with Case Plan Completed Timely	8,498	6,963	7,364

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

Second level case review scores related to the appropriateness of a child's case planning services indicates that, overall, the department is appropriately matching services. When not appropriate, the most frequent cause was identified as services not meeting the child's developmental needs.

Figure 35 Second Level Case Review Data



An in-depth analysis of case planning can be found below in Section IV. Assessment of System Factors B. Case Review System of this assessment.

Item 14: Caseworker Visits with Child

Item 14 is an area needing improvement for Kentucky. CFSR Round 3 scores showed strength ratings in 58.46% of cases reviewed. In the PIP baseline, Kentucky's scores decreased, with a strength rating of 53.33%. Kentucky surpassed its PIP goal (58.1%) in the 37th measurement period with a strength rating of 60%. Kentucky finished the PIP monitoring period with a strength rating of 66.67%, indicating continuous improvement. Current KY CFSR data (October 2022 – March 2023, PUR) shows somewhat of a decrease, with a strength rating of 61.11%. However, Kentucky remains above the PIP goal.

Table 26 KY CFSR OSRI Case Review Data for Item 14

Period Under Review	Strength Rating
CFSR Round 3	58.46%
PIP Baseline (September 2017-February 2018)	53.33%
September 1, 2020 – February 28, 2021	57.78%
PIP Goal Achievement-58.1% (37th MP October 2020-March 2021)	60%
March 1, 2021 – August 31, 2021	65.61%
PIP End (April 2021-September 2021)	66.67%

Period Under Review	Strength Rating
September 1, 2021 – December 31, 2021*	62.5%
January 1, 2022 – February 28, 2022**	63.33%
March 1, 2022 – August 31, 2022	61.67%
September 1, 2022 – February 28, 2023	58.33%
October 1, 2022 – March 31, 2023	61.11%

**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

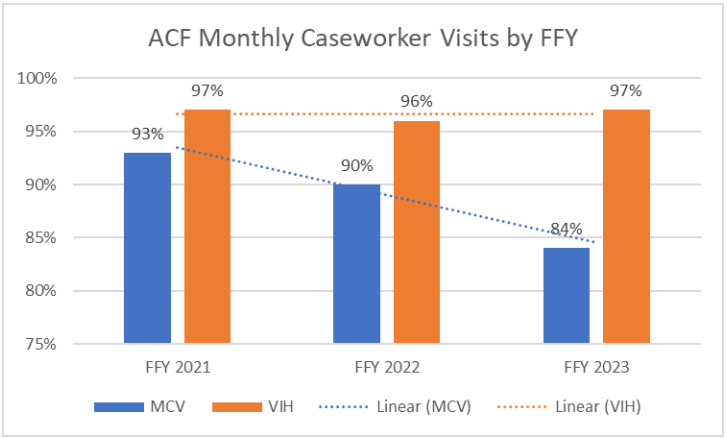
Trends affecting scores for Item 14 include workers not visiting children in private and not assessing other children in the home. The overarching concern is related to the lack of frequent and ongoing contact with children. Additionally, the department is not identifying cases that warrant more frequent contact with the children, for example, visits in high-risk cases with children under the age of four were not occurring frequently enough to assess for safety and well-being.

Staff shortages and high caseload, the perceived notion that children are safe in foster care, and the distance children are placed from the worker are often identified as barriers.

Title IV-B requires yearly FFY caseworker visits submissions to assess two components: (1) Monthly Caseworker Visits (MCV): The total number of visits made by caseworkers on a monthly basis to children in foster care during the FFY must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care; and (2) Visits in the Home (VIH): At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during the FFY must occur in the child's residence.

Kentucky has not met the 95% threshold for MCV over the last three FFYs and has shown a continued decrease in meeting this requirement. However, as noted in Figure 36, the department scores highly in VIH and has remained consistent over the past three FFYs.

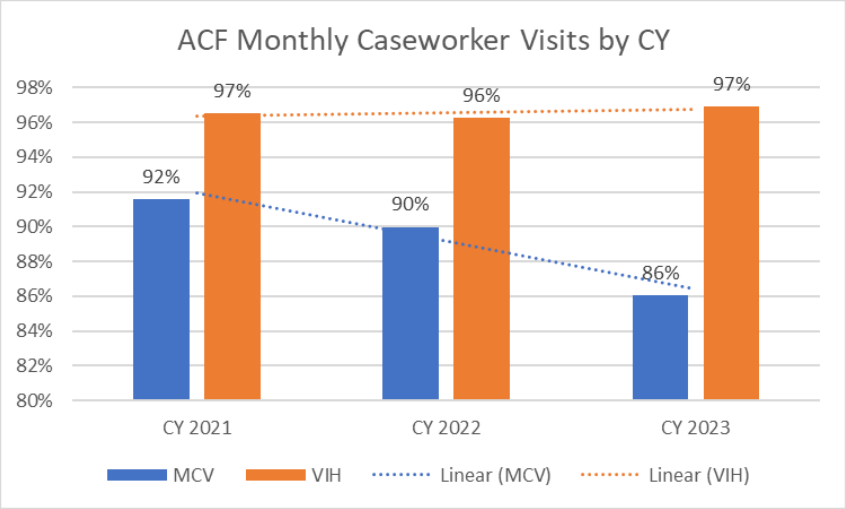
Figure 36



Source: TWS-M280S

Analyzing CY data for consistency throughout the assessment (Figure 37) shows the same trends and almost identical numbers.

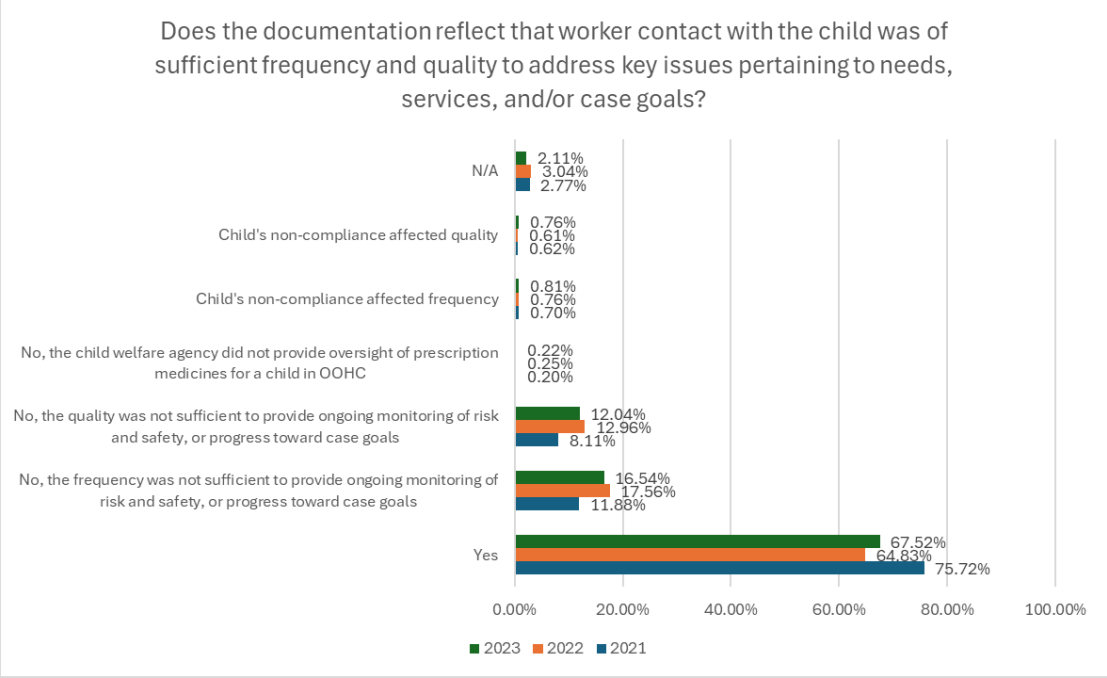
Figure 37



Source: TWS-M280S

Scores from second level case review indicate that in most of the cases reviewed, the frequency and quality of caseworker visits to children were sufficient. When not sufficient, frequency was the primary reason followed by quality.

Figure 38 Second Level Case Review Data



Item 15: Caseworker Visits with Parents

Item 15 is an area needing improvement for Kentucky. CFSR Round 3 scores showed strength ratings in 41.07% of cases reviewed. In the PIP baseline, Kentucky's scores decreased, with a strength rating of 36.94%. Kentucky surpassed its PIP goal (41.9%) in the 41st measurement period with a strength rating of 43.37%. Kentucky finished the PIP monitoring period with a strength rating of 41.92% indicating a slight decrease, but consistent with the PIP goal. Current KY CFSR data (October 2022 – March 2023, PUR) shows a large decrease, with a strength rating of 39.57%.

Table 27 KY CFSR OSRI Case Review Data for Item 15

Period Under Review	Strength Rating
CFSR Round 3	41.07%
PIP Baseline (September 2017-February 2018)	36.94%
September 1, 2020 – February 28, 2021	32.35%
PIP Goal Achievement-41.9% (41st MP February 2021-July 2021)	43.37%
March 1, 2021 – August 31, 2021	40%
PIP End (April 2021-September 2021)	41.92%
September 1, 2021 – December 31, 2021*	40.63%
January 1, 2022 – February 28, 2022**	44.68%
March 1, 2022 – August 31, 2022	28.68%
September 1, 2022 – February 28, 2023	36.84%
October 1, 2022 – March 1, 2023	39.57%

**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

The overall trend affecting scores for Item 15 is that both parents are not being seen. Staff shortages and high caseloads, parents being transient, lack of cooperation of parents, and parents residing out of state often contribute to staff not visiting with parents.

Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs.

Kentucky is not in substantial conformity with Wellbeing Outcome 2, however, has historically scored high in this outcome and continues to show improvement. During CFSR Round 3 (77.27% substantially achieved) and PIP baseline (79.22% substantially achieved), Wellbeing Outcome 2 was not in substantial conformity. However, Kentucky was not required to monitor this outcome during PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Wellbeing Outcome 2 in 79.07% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky has a rating of substantially achieved in 88.61% of cases.

Results from the April 2024 CFSP Stakeholder CQI survey (N=143) indicate that of the 45 survey respondents, eight respondents (17.77%) strongly agreed, and 16 (35.55%) agreed that

Kentucky's child welfare agency can meet the goals for Wellbeing Outcome 2. This measure has an overall 53.32% favorable rating from stakeholders.

Item 16: Educational Needs of the Child

Item 16 is an area needing improvement for Kentucky, however, is an item in which Kentucky scores highly. CFSR Round 3 scores showed strength ratings in 77.27% of cases reviewed. In the PIP baseline, Kentucky's showed improvement, with a strength rating of 79.22%. Kentucky was not required to monitor this item for the PIP, however, finished the monitoring period with a strength rating of 79.07%. Current KY CFSR data (October 2022 – March 2023, PUR) shows even further improvement with a strength rating of 88.61%.

Table 28 KY CFSR OSRI Case Review Data for Item 16

Period Under Review	Strength Rating
CFSR Round 3	77.27%
PIP Baseline (September 2017-February 2018)	79.22%
September 1, 2020 – February 28, 2021	85.07%
March 1, 2021 – August 31, 2021	81.61%
PIP End (April 2021-September 2021)	79.07%
September 1, 2021 – December 31, 2021*	78.43%
January 1, 2022 – February 28, 2022**	96.55%
March 1, 2022 – August 31, 2022	82.67%
September 1, 2022 – February 28, 2023	87.34%
October 1, 2022 – March 31, 2023	88.61%

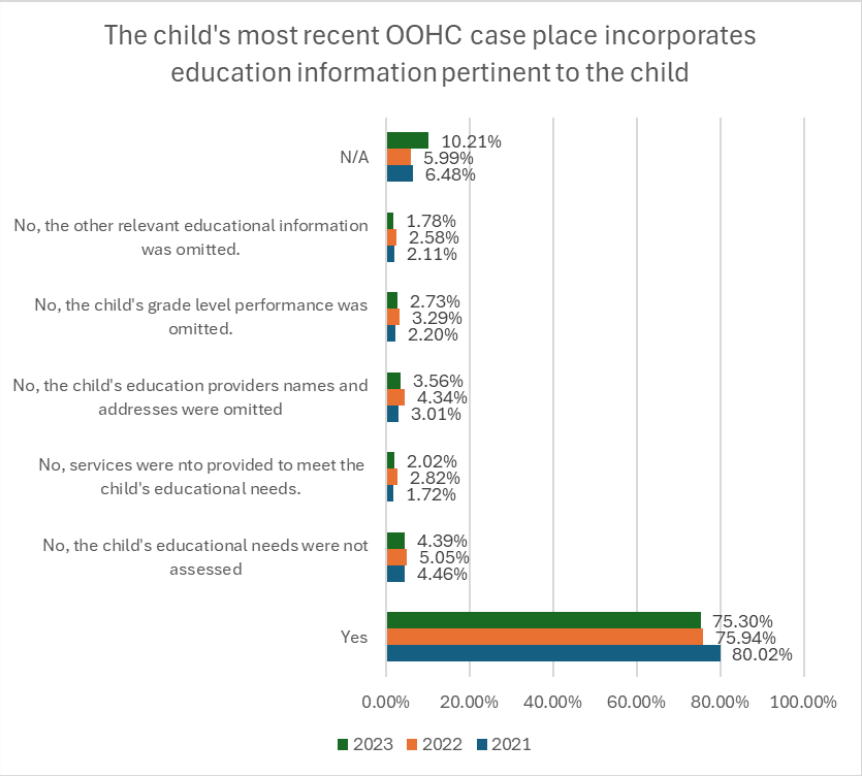
**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Children with higher educational needs, such as individualized education plans (IEPs), truancy, and behavioral issues at school that impact studies, and staff not having collateral contact with the educational system are the main contributors in cases with lower scores. Barriers include staff not seeing children frequently enough and staff not fully understanding the necessary components of Item 16.

Scores from second level case reviews indicate that, overall, the department did incorporate pertinent education information for the child. When not, it was most often due to lack of assessment.

Figure 39 Second Level Case Review Data



Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Kentucky is not in substantial conformity with Wellbeing Outcome 3. During CFSR Round 3 (59.32% substantially achieved) and PIP baseline (70.5% substantially achieved), Wellbeing Outcome 3 was not in substantial conformity. However, Kentucky was not required to monitor this outcome for PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Wellbeing Outcome 3 in 69.39% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky has a rating of substantially achieved in 64.29% of cases.

Results from the April 2024 CFSP Stakeholder CQI survey (N=143) indicate that of the 45 survey respondents, seven respondents (15.55%) strongly agreed, and 16 (35.55%) agreed that Kentucky's child welfare agency can meet the goals for Well-Being Outcome 3. This measure has an overall 51.10% favorable rating from stakeholders.

Item 17: Physical Health of the Child

Item 17 is an area needing improvement for Kentucky, however, is an item in which Kentucky scores highly. CFSR Round 3 scores showed strength ratings in 75.51% of cases reviewed. In the PIP baseline, Kentucky showed improvement, with a strength rating of 78.3%. Kentucky was not required to monitor this item for the PIP, however, finished the monitoring period with a strength rating of 80.19%, demonstrating further improvement. Current KY CFSR data (October 2022 – March 2023, PUR) shows some decrease with a strength rating of 75.25%.

Table 29 KY CFSR OSRI Case Review Data for Item 17

Period Under Review	Strength Rating
CFSR Round 3	75.51%
PIP Baseline (September 2017-February 2018)	78.3%
September 1, 2020 – February 28, 2021	80.2%
March 1, 2021 – August 31, 2021	76.47%
PIP End (April 2021-September 2021)	80.19%
September 1, 2021 – December 31, 2021*	77.46%
January 1, 2022 – February 28, 2022**	80.65%
March 1, 2022 – August 31, 2022	73%
September 1, 2022 – February 28, 2023	73.27%
October 1, 2022 – March 31, 2023	75.25%

**End of Round 3 OSRI data*
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Trends within Item 17 scores include staff not viewing Medical Passports, and not knowing which appointments or medical requirements have or have not been completed. Staff shortages and high caseloads are the main contributor to cases with lower scores on Item 17.

Item 18: Mental Health of the Child

Item 18 is an area needing improvement for Kentucky, however, is an item in which Kentucky scores highly. CFSR Round 3 scores showed strength ratings in 62.79% of cases reviewed. In the PIP baseline, Kentucky's showed improvement, with a strength rating of 72.45%. Kentucky was not required to monitor this item for the PIP, however, finished the monitoring period with a strength rating of 70.91%. Current KY CFSR data (October 2022 – March 2023, PUR) shows some decrease with a strength rating of 72.32%.

Table 30 KY CFSR OSRI Case Review Data for Item 18

Period Under Review	Strength Rating
CFSR Round 3	62.79%
PIP Baseline (September 2017-February 2018)	72.45%
September 1, 2020 – February 28, 2021	66.32%
March 1, 2021 – August 31, 2021	72.97%
PIP End (April 2021-September 2021)	70.91%
September 1, 2021 – December 31, 2021*	59.02%
January 1, 2022 – February 28, 2022**	74.29%
March 1, 2022 – August 31, 2022	73.96%
September 1, 2022 – February 28, 2023	71.96%
October 1, 2022 – March 31, 2023	72.32%.

**End of Round 3 OSRI data*
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Reviews typically indicate, for cases with lower scores, trends related to the increased acuity level for children and staff not addressing substance abuse among children in care. Lack of services and staff shortages and high caseloads are the greatest barriers identified.

D. Outcome Summary – Safety Outcomes 1 and 2, Permanency Outcomes 1 and 2, and Wellbeing Outcomes 1, 2, and 3

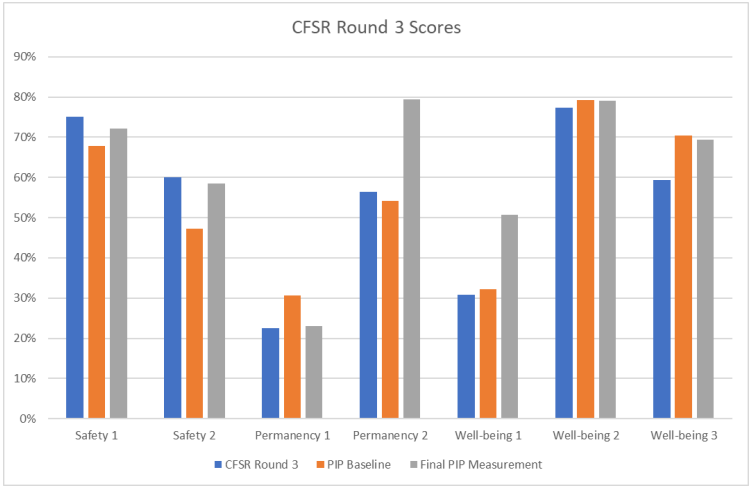
Kentucky has seen some promising improvements since the CFSR Round 3 review in July 2016. As evidenced by scores in Figure 40, Kentucky has shown exceptional progress in Permanency Outcome 2, which has continued through post-PIP cases reviews (Figure 41). If Kentucky continues along this trajectory, it is likely that the department will meet the 95% threshold for Permanency Outcome 2 in CFSR Round 4.

Wellbeing Outcome 2 is another outcome where Kentucky has seen favorable, incremental change over the review periods. Incremental progress leads to lasting change; therefore, the department anticipates continued improvement throughout Round 4.

Kentucky continues to struggle with Permanency Outcome 1, where scores have essentially plateaued across the review periods. The barriers and the long-lasting effects related to the COVID-19 pandemic have contributed significantly, both for the department and the courts.

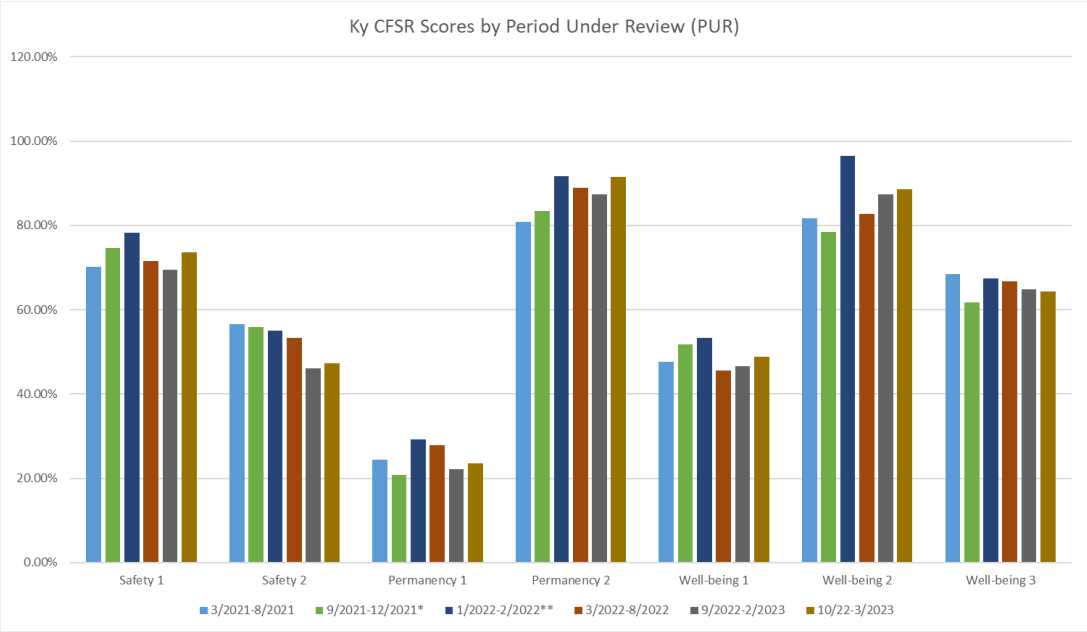
The department has seen an overall decrease in Safety Outcome 2 since Round 3. Although scores have fluctuated slightly, Safety Outcome 1 has consistently hovered between 70% and 80%.

Figure 40



Source: Online Monitoring System Practice Performance Report

Figure 41



**End of Round 3 OSRI data*
***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Although there are many areas in which Kentucky will strive to improve during Round 4, the state will continue celebrate the improvements and success achieved over the past several years.

Section IV: Assessment of Systemic Factors

Information System

Item 19: Statewide Information System

Overview

Kentucky assesses *Item 19 Statewide Information System* as a strength. In CFSR Round 3, Item 19 was rated as a strength. Kentucky began Round 3 with a State Automated Child Welfare Information System (SACWIS) that was in transition to the Comprehensive Child Welfare Information System (CCWIS). Kentucky operated within both the Citrix version of SACWIS and a modernized, web based, Microsoft.NET platform. This was difficult and cumbersome for staff to maneuver back and forth between two systems. Improvements to TWIST continued as the state transitioned away from the dual platforms to a solely web-based platform.

Since Round 3, Kentucky fully transitioned to comply with CCWIS regulations. TWIST operates on a .net platform and is accessible to all staff. TWIST has the functionality that allows the state to readily identify the status, demographic characteristics, location, and goals for the placement of every child currently in foster care, and every child served by foster care since the implementation of TWIST in 1998. This is evidenced through various management reports including the TWS-W058, TWS-M202, and TWS-M272, and queries completed by special request. The accuracy of demographic data collection is demonstrated through AFCARS low error rates, NCANDS bi-annual reports, and TWIST's built-in system stop-points that do not allow the user to proceed without entering required information. Strengths include TWIST's ability to capture a child's demographic characteristics (gender, age, and race), their entry into and exit from OOHC, placement location, plans for services, permanency goal, court activities, title IV-E determinations, service recordings, and ongoing case management activities including adoption placement and finalizations.

TWIST captures time stamps on every table when data is entered into the system for timeliness. TWIST is designed to promote thoroughness through a review and approval process for child welfare functions to ensure accurate data entry. In 2018, frontline staff were issued Dell tablets with cellular data plans to improve their access to case information. Frontline staff have access to all information in TWIST anywhere they have a Wi-Fi connection or cellular data service. On December 15, 2018, TWIST launched a new application module called i-Twist Offline, which allows staff to download cases that are assigned to them. Once downloaded, workers have access to specific case documents (Service Recordings, Case Summary Face Sheet, and assessment summaries) which provide them with vital case information. The Case Summary Face Sheet provides a summary of all case individuals (name, SSN, date of birth, biological sex, human trafficking victim status, and location address) along with a summary of the intakes, assessments, and OOHC placement history in the case. TWIST users can access an individual's demographic and placement information through specific screens.

Demographic Information and Location

Initial demographic data is entered by intake staff within the department's Central Intake Branch when a referral is received, per requirements in Standards of Practice (SOP) 2.1 and 2.6, as soon

as possible but no later than by the end of the worker's shift, confirmed through timestamp. Each child is automatically assigned an Individual Id by TWIST when they are initially entered into the system. Demographic information, including the first two letters of the child's first and last name, date of birth or age, and location of the child, are required to be entered during the intake so the user can proceed to submission. Race can be selected as unknown and updated at any time. Subsequently, caseworkers completing investigations review and update any incorrect demographic details upon conclusion of their assessment. TWIST requires all active case individuals' demographic information to be entered, per NCANDS requirements, before the caseworker can complete and submit the assessment. The caseworker must enter the child's full name, date of birth or age, and address/location before TWIST will allow the case to move into ongoing mode.

The assessment is submitted to and reviewed by the supervisor for accuracy of information and timestamped upon approval. TWIST reports only show point-in-time data for timeliness of entry; timeliness data cannot be shown for 2021-2023. However, due to TWIST's built-in stop points, demographic data for date of birth, gender, race, and location is entered the same day the CPS report is received before the system will allow the intake to proceed to investigation mode, thus ensuring timely data entry. Data quality is maintained using tools and services such as the United States Postal Service (USPS) address verification and Social Security number/Social Security Administration (SSN/SSA) verification, worker/supervisor review, Kentucky's driver's license database, and Family Support's Benefind program. The SSN/SSA verification occurs automatically when demographic information is entered and saved in the individual screens, which contains a person's identifying information.

SOP 4.14 requires the case manager to notify the child's assigned managed care organization (MCO) within five working days of the child entering OOHC and share with the MCO information relevant to the medical and behavioral health care needs of the child. The case manager documents if the child has a diagnosed medical condition requiring special care in the child's OOHC medical screens. AFCARS weekly emails, management reports, and special queries listed above are also utilized to monitor data entry and accuracy. The most recent AFCARS submission for March 2024 showed Kentucky's race error rate as 0.1%. A special query was completed for the three-year timeframe beginning January 2021 and ending December 2023. During that timeframe, TWIST captured demographic information entry completion for 15,908 children. Date of birth, race, and gender were recorded 100% of the time, while ethnicity was recorded in 99.97% of cases. Table 32 shows the data entry for the number of children in OOHC with a diagnosis requiring special care.

Table 31 OOHC Demographics from January 1, 2021 – December 31, 2023

	DOB	Race	Gender	Ethnicity
# of children with data entered	15,908	15,908	15,908	15,904

	DOB	Race	Gender	Ethnicity
# of children that entered OOHC during timeframe	15,908	15,908	15,908	15,908
% of demographic data entered	100%	100%	100%	99.97%

Table 32 Number of OOHC Children with a Documented Disability from January 1, 2021 – December 31, 2023

	Intellectual Disability	Visual / Hearing Disability	Physical Disability	Emotional Disability	Other Medical Disability	Medically Complex
# of children with data entered	409	67	121	3,079	911	150
# of children that entered OOHC during timeframe	3,711	3,711	15,908	15,908	15,908	15,908
% of OOHC children with a disability documented	11%	2%	3%	19%	6%	1%

A focus group was held on March 6, 2024, consisting of 45 CQI specialists, CPS specialists, service region clinical associates (SRCAs), and service region administrative associates (SRAAs) from every region in the state. This focus group reported that most of the demographic case information is present and correct upon review. They reported that most often, race is the piece that cannot really be confirmed as accurate, as it can be based on perception or what a worker is told. Data corrections are expected to be made as soon as possible once the omission or error is found, but no later than one week. Additionally, OSRI data from 432 case reviews from 2021 through 2023 additionally confirm that gender, race, age, and permanency goals have been entered for children in OOHC.

Status and Location of OOHC Children

Placement data is required to be entered into TWIST within two business days of any child's entry into OOHC, regardless of placement type; this includes placement changes. When a child enters OOHC or moves placements, SOP 4.10 requires the worker to complete a DPP-1279 Information for Out of Home Care Placements notification within two business days, and then forward to the billing specialist along with the court order. The billing specialist enters the child's information into the TWIST resource screens to provide placement information including the child's location and date of birth. Resource screens require an address to be entered for each placement, to ensure the child's exact living location is known. The billing specialist reviews the court order for verification of dates prior to completing the entry and/or exit of a child from OOHC. The billing specialist confirms the placement type, billing rate, entry screens, and court order to cross-reference and ensure accuracy.

For children placed with a relative or fictive kin, the worker follows SOP 4.1. The caregiver is given the option, through the Relative Service Array, to complete the steps to become an approved foster home (custody to the department), or to remain a relative caregiver (custody to the relative/fictive kin). Whether the child is placed through a safety or prevention plan or in the custody of the Cabinet for Health and Family Services (CHFS/cabinet), the caregiver has 10 working days to complete the DPP-178 Relative and Fictive Kin Caregiver Acknowledgement Statement indicating their choice. The worker and caregiver complete the Relative and Fictive Kin Caregiver Acknowledgement Statement, which is forwarded to the billing specialist along with the court order. The billing specialist confirms the placement type, billing rate, entry screens, and court order to cross-reference and ensure accuracy. If a child moves placements, new contracts or acknowledgements are completed along with the DPP-1279 and forwarded to the billing specialist within two business days, who confirms and updates the placement screens to reflect the new placement. Once a child is released from OOHC, TWIST will not allow case closure without the child being exited from the placement screens.

The AFCARS submission for March 2024 showed Kentucky's whereabouts unknown error rate as 0.5%. Using data from the TWS-W058 report, the agency identifies how many children are in care each week. While this is a weekly report run, additional queries can be completed, at request, that will show the current number of children in OOHC on any specific date. Figure 42 shows the timely data entry for the number of children that entered OOHC from January 2021 through December 2023, including the number and percentage that were entered into TWIST within three days, as well as those entered by the 30-day AFCARS requirement.

Figure 42 TWS-W058 Timely Placement Data Entry from January 2021 – December 2023

Year	Grand total of children that entered OOHC	# entered <=3 days	# entered <=30 days	% entered <=3 days	% entered <=30 days
2021	5615	2959	5214	53%	93%
2022	5185	2660	4825	51%	93%
2023	5108	2796	4794	55%	94%

Permanency Goal

Department SOP 4.17 and 4.18 require that a new case plan is developed with a permanency goal established within 10 days of the temporary removal hearing. CQI specialists and regional management utilize the TWS-W058 (published weekly) and the TWS-M202 (published monthly) reports to ensure that a permanency goal is recorded for all children in OOHC in their respective regions. Additionally, the CQI team, in collaboration with TWIST staff, maintains the AFCARS email project and sends emails to case managers on a weekly basis for missing elements, including permanency goals. The email is sent to the case manager, notifying them of the missing data and requesting correction as soon as possible, but no later than one week of notification. CQI specialists monitor corrections each week when the new report is released and send a follow-up email if the correction is still not made. The case manager will receive an email every week until the permanency goal is entered into TWIST.

The most recent AFCARS submission for March 2024 showed Kentucky's permanency plan error rate as 0.0% (Figure 43). OSRI data from 432 case reviews from 2021 through 2023 confirms that permanency goals have been entered for children in OOHC in all 432 cases. AFCARS error rates are utilized to monitor timely entry. AFCARS data submissions occur in six-month intervals. No data quality concerns have been evident during submissions. The most recent AFCARS submission for March 2024 showed Kentucky's entry into foster care (removal date) error rate as 0.2%, permanency plan error rate as 0.0%, and exit date rate as 1.5%.

Figure 43 AFCARS Elements Error Rates

Element name	Missing	Out-of-range	Internal consistency	Tardy transactions	Total # of children w/ errors	Subject records	Percent failed	Threshold
E5_date_of_birth	0	0	0	0	0	10,514	0.0%	100.0%
E6_sex	0	0	0	0	0	10,514	0.0%	100.0%
E20_child_race_declined	0	0	6	0	6	10,514	0.1%	90.0%
E69_removal_date	0	0	16	0	16	10,514	0.2%	90.0%
E147_permanency_plan_date	0	0	0	0	0	10,514	0.0%	90.0%
E153_exit_date	0	0	158	0	158	10,514	1.5%	90.0%
E73_whereabouts_unknown	0	0	52	0	52	10,514	0.5%	90.0%

Several data management reports mentioned in the sections above are available to support the CQI process, helping to identify missing or inaccurate data. Kentucky has developed a data quality tool to monitor data quality efforts through the Data Quality Plan as a part of Kentucky's yearly CCWIS advance planning document (APD) submission requirements. In conjunction with TWIST staff, the department developed management reports designed for assessing the quality and timely entry of data through CFSR Round 3 PIP activities. This has been developed for two management reports (TWS-W058 and TWS-M202). The TWS-W058, published and disseminated weekly, identifies disability, medically diagnosed conditions requiring special care, a child's status and placement, gender, location, and permanency goals, and time entry stamp. The TWS-M202 is an out-of-home report published monthly that captures permanency goals, TPR dates, demographic information for children in OOHC, and other information. The TWS-M272, published monthly, includes all individuals, and captures gender, race, ethnicity, date of birth, and location address.

CQI specialists retrieve the management reports listed above on a daily, weekly, and monthly basis for their assigned region to help guide, monitor, and analyze data for state and federal outcomes. Report frequency is identified within the report name. Before the report number, the letter indicates frequency. For example, the W058 indicates weekly and the M202 indicates a monthly run. CQI specialists share the data and data analysis with their respective regions on a continuous basis, dependent upon the frequency of the specific report run. CQI specialists review the AFCARS reports (317 and 926), identify any missing elements, and provide this information to the service regions which include regional leadership, supervisors, and specialists. They review the reports and note any missing data, then regional leadership works with supervisors and frontline staff to ensure missing elements are entered. Corrections are expected to be made upon notification of missing elements, but no later than one week from notification of the missing element. CQI specialists provide this information on a weekly basis and monitor

regional progress as they compare each week with the following week to ensure completion. The case manager and supervisor assigned to the case receive an email with the missing element information (AFCARS Email Project), in addition to reports shared by the CQI specialist. According to data obtained from the focus group described above, regional management and field supervisors review data for accuracy and timeliness on a weekly and monthly basis, dependent on the frequency of the specific management report. This is a shared focus among CQI specialists, regional management, and field supervisors.

Data Analysis and Ensuring Accuracy

TWIST's Business Intelligence (BI) team holds the responsibility for developing and sustaining management reports using TWIST data to complete federal data submissions including AFCARS, NCANDS, National Youth in Transition Database (NYTD), and Title IV-B Caseworker Visits. There are approximately 400 weekly, monthly, quarterly, yearly, and ad hoc reports. These reports are automated and run on a set schedule except for ad hoc reports, which are not scheduled. These management reports are housed on the TWIST BI portal, providing central office and CQI staff with on-demand access for statewide sharing. TWIST extends statewide access to staff and select community partners. There are approximately 2,700 TWIST users with entry or view only access on a 24-hour basis. Community partners and other stakeholders can procure data from TWIST management reports through formal requests and data sharing agreements with the department. These reports play a vital role in ensuring timeliness of data entry and data integrity, subsequently contributing to the provision of high-quality service delivery to DCBS clients and enhancing the quality of data for federal reporting, including AFCARS, NCANDS, NYTD, FFPSA, Title IV-B Caseworker Visits, and PIPs.

Regular meetings are held between TWIST and department leadership to discuss issues from local and regional staff, federal and state statutory and regulatory changes, and new protocols and practices that affect the capturing and analysis of data. In these meetings, work is prioritized and scheduled for future implementation. The TWIST management reports team, consisting of program and information technology (IT) staff meet bi-weekly to discuss identified issues and problem solve for correction. Kentucky identifies data quality and timely entry issues through many avenues, including but not limited to the case review process, federal data submissions, federal requirements, the CQI process, and program/IT staff. Timely entry issues are most frequently identified through the TWS-058 report, which is reviewed weekly. Data quality issues are most frequently identified through AFCARS weekly emails and weekly reviews of management reports.

The Data Analysis & Outcome Sharing team meeting occurs bi-weekly. This team includes the Commissioner's Office resource management analyst, CQI specialists, TWIST staff, and guest speakers, when needed, from other divisions. The meeting focuses on analyzing data pulls from TWIST, any new TWIST management reports, fidelity of the data, and how to measure outcomes for children, families, and vulnerable adults. Ongoing, Kentucky will continue to identify issues through these efforts, through ongoing data monitoring, and use of Kentucky's Data Quality Review Instrument. Issues are prioritized by level of importance when considering

associated financial penalties, timelines of projects, and issues that improve child welfare outcomes across the board. Once an issue is identified, action plans are developed after reviewing associated data, communicating with integral staff/stakeholders, and considering previous strategies that have been proven successful.

Conclusion

Kentucky's TWIST can readily identify the status, demographic characteristics, location, and goals for the placement of every child currently in and served by the state's foster care system. This is evidenced through multiple methods including built-in stop-points for data entry of demographic information at intake, management reports, AFCARS reports, SOP, and data monitoring at multiple levels.

Case Review System

Item 20: Written Case Plan

Overview

Kentucky assesses *Item 20 Written Case Plan* to be an area needing improvement. In Round 3, this item was also an area needing improvement. The review found that parents were not routinely engaged in case planning and engagement varied based on the worker involved. Barriers included worker turnover, high caseloads, lack of available services to offer parents and, in some jurisdictions, punitive court practices that are not family centered. It was often identified that case plans are developed by the agency without parental involvement and prior to case planning conferences. As a result, Kentucky implemented PIP strategies and targeted activities including training for staff regarding quality engagement for case planning, the addition of engagement tip sheets in SOP, and interviewing parents regarding case planning during second level case reviews. Kentucky's PIP strategies proved to be successful, as the agency achieved the PIP goal for Item 13 Child and Family Involvement in Case Planning in the 37th measurement period, and the data has continued to steadily improve. While progress has been made, qualitative data and trends from case reviews show that Kentucky has more room for improvement, as overall, parents do not feel engaged in the case planning process.

Case Plan Development

Following a child's entry into OOHC, the state agency conducts periodic case reviews to ensure appropriate service provision and evaluation of the family's progress. SOP 3.2 requires that the agency negotiate the initial case plan with the family within 15 calendar days of the case assignment by the frontline supervisor. SOP 4.17 and SOP 4.18 outline the timeliness of OOHC case plans, which are due to be completed 10 days after the child enters OOHC and six months afterwards for periodic reviews. Case plans are completed more frequently when situations indicate a necessity to address significant changes during the life of a case. Guidance is provided regarding best practice of concurrent planning, parent engagement, and other areas of casework. SOP also indicates that children six years of age and older should be involved in case planning conferences with allowances made when it is not in the child's best interest to attend. Data from a special query from 2021-2023 shows that 15,908 OOHC plans were completed during that timeframe, with 79% of those completed timely (10 days or less).

Table 33 Statewide Timely Completion of OOHC Case Plans 2021-2023

Yes - Timely	No - Untimely	Grand Total	Percentage
3360	12,548	15,908	79%

Data from management report TWS-M004S reveals that Kentucky's timely completion for all case plans dropped from 87.78% in 2021 to 80.60% in 2022 but did increase to 85.98% in 2023. It should be noted that the data in Table 34 reflects all case plans, regardless of the case type (in-home or OOHC case).

Table 34 Statewide Timely Completion of Case Plans

	*04/16/2021**	*05/06/2022*	*5/6/2023*
# of Cases (N)	9,681	8,639	8,565
% of Cases with Case Plan Completed Timely	87.78%	80.60%	85.98%
# of Cases with Case Plan Completed Timely	8,498	6,963	7,364

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

From 2021-2023, 84% of case plans also had a partnership plan completed. A partnership plan is an agreement developed jointly between DCBS, parents, caregivers, and the child, and is intended to help support engagement and collaboration between the parties. The partnership plan address, at minimum, the following:

- Information about the child's likes, dislikes, fears, strengths, etc.;
- Barriers to child youth action plan objectives and how these barriers will be addressed by the partnership team; and
- Communication plan for the partnership team.

The QA Branch conducted KY CFSR case reviews during the last three years, which includes assessment of *Item 13 Child and Family Involvement in Case Planning*. Item 13 specifically assesses if the agency made concerted efforts to involve the mother and father in case planning (as well as the child). While Kentucky initially received a rating of area needing improvement in Round 3 of the CFSR, Kentucky surpassed its PIP goal of 42.6% in the 37th measurement period with a strength rating of 44.91%. Kentucky finished the PIP monitoring period in September 2022 with a strength rating of 52.31% – roughly 10% over the PIP goal. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 54.71%. While this quantitative data is promising, qualitative data continues to show that improvement is needed in the engagement of families in case planning.

Table 35 KY CFSR OSRI Case Review Data for Item 13

Period Under Review	Strength Rating
CFSR Round 3	39.68%
PIP Baseline (September 2017-February 2018)	37.93%

Period Under Review	Strength Rating
September 1, 2020 – February 28, 2021	40.83%
PIP Goal Achievement-42.6% (37th MP October 2020-March 2021)	44.91%
March 1, 2021 – August 31, 2021	50.27%
PIP End (April 2021-September 2021)	52.31%
September 1, 2021 – December 31, 2021*	53.04%
January 1, 2022 – February 28, 2022**	56.14%
March 1, 2022 – August 31, 2022	50.9%
September 1, 2022 – February 28, 2023	52.38%
October 1, 2022 – March 31, 2023	54.71%

**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

On January 18, 2024, and February 18, 2024, focus groups were held with DCBS and private agency foster homes across the state, respectively. A survey of parents and fictive kin was conducted between March 1, 2024, through March 18, 2024, with 15 participants responding. Eighty (80%) percent reported they were able to provide input into their case plan, however, only 60% felt that their input was sometimes valued. Sixty (60%) percent reported that their case plans were pre-written prior to the case planning conference. Only 40% reported that they felt the objectives and tasks were always/almost always appropriate to their needs, while 40% said sometimes, and 20% said never. A limitation to this data is the low number of participants who responded to the survey.

Family engagement continues to be an area of difficulty. KY CFSR case reviews have consistently identified trends including the agency not making concerted efforts to include all family members in the case planning process and include children when appropriate. Incarcerated family members or family members with whom the state agency had difficulty maintaining contact were often not included in the case planning process. Family members were not given the opportunity to provide input into the development of their case plans. In many cases, needs, services, tasks, and goals were developed by the case worker. The goals and tasks were often pre-written and completed prior to meeting with family members. As a result, tasks were not appropriate given the circumstances of the case and were not monitored by the agency on a continual basis for progress or completion. Lack of frequent, ongoing contact with the family/child prevented the department from actively involving the family and adequately assessing progress.

During the past three years, Kentucky has implemented several measures to help improve outcomes. The QA Branch conducted training with supervisors statewide beginning in September 2021 regarding quality engagement. As a part of the PIP engagement strategy efforts, second-level engagement phone calls were implemented as a routine part of the regional second-level case reviews. Meetings were held with each region to discuss case planning, parental and child engagement, and CFSR expectations. These initiatives may have contributed to the steady

increase in scores, however, there is more room for improvement when considering qualitative data.

Conclusion

In summary, over the last three years, Kentucky has made steady improvement in family involvement in case plans, as well as maintained consistent timely completion scores, confirmed through data monitoring. From 2021-2023, Kentucky's timely completion for OOHC case plans was a 79% strength rating, with 12,548 out of 15,908 being completed in 10 days or less from the child's entry into foster care. Timely completion of all case plans hovered between 88%-86% in the same timeframe. Strength ratings for Item 13 from KY CFSR case reviews also consistently increased in the three-year period, supporting that Kentucky is making progress in its concerted efforts to involve the mother and father in case planning. However, trends from case reviews as well as surveys conducted show that improvement is still needed in engaging parents. Input is not consistently sought from parents, with case plans often pre-written by the caseworker. While progress has been made, improvement is needed to fully engage parents in the case planning process.

Item 21: Periodic Reviews

Overview

Kentucky assesses *Item 21 Periodic Reviews* to be a strength. In Round 3 of the CFSR, Kentucky received an overall rating of area needing improvement based on information from the statewide assessment and stakeholder interviews. Results found that there was no consistent process in place statewide to ensure that periodic reviews of every child in foster care occur no less frequently than once every six months. Currently, Kentucky has a consistent periodic review process in the form of Citizen Foster Care Review Board (CFCRB) reviews.

Kentucky has a total of 172 CFCRBs which conduct case reviews throughout Kentucky's 120 counties. An overwhelming majority of the CFCRBs (161) use Interested Party Reviews (IPR). An IPR is an interactive process in Kentucky's foster care system that involves meeting with family members and other interested parties in the case to conduct a case review which includes discussion of progress made on the case plan. The remaining fraction of CFCRBs (11) review the same information as the boards utilizing the IPR process. These 11 boards exist in counties that also have boards conducting IPRs. These counties have large caseloads which are divided among the teams of CFCRBs. The 11 boards review cases where parental rights have been terminated, or cases where older youth are on extended commitment. The name, phone number, and email of the person assigned to the case being reviewed is provided to DCBS by AOC. A list of cases undergoing review is provided to the department, so any party that wishes to participate can ask to be included in the case file review. The state's goal is to transition all boards to utilizing only IPRs, and that goal is within reach. By the fall of 2024, all boards in Jefferson County, the state's largest and busiest county, will conduct reviews utilizing the IPR process. By the end of CY 2024, all boards are anticipated to be using the IPR process.

The scope of review of local citizen foster care review boards is defined in KRS 620.270 which states a notice of the six month IPR and the right to attend and participate in the six month IPR shall be provided to the child's parents (if parental rights have not been terminated or surrendered), the parent's attorney, the guardian ad litem, the child's attorney, the foster parents/prospective adoptive parents/relative providing care for the child, and the child themself. The cabinet is to provide AOC with contact information for these parties, and the CFCRB is responsible for providing 'adequate, timely notice of the review to these persons.' AOC requests the contact information for the parties for each child through the data interface with DCBS. In turn, DCBS submits this information through the interface. All letters notifying parties of the reviews are sent through the mailroom at AOC's central office in Frankfort. There is currently no mechanism to record quantitative data on notices being sent to interested parties.

Findings and recommendations of the CFCRB reviews are sent to:

1) The judge assigned to the case,
2) Parents,
3) Board chair members, and
4) The state agency.

Data from AOC shows that 95% of children statewide receive a review within six months of the out-of-home placement date and then within six months of the prior review. AOC typically receives notices of children entering care through a data interface with the cabinet. When transmission issues occur with the interface, AOC works with the cabinet and information technology to remedy the situation. The remaining five percent of children receive their review the next month. AOC continually monitors the data and meets regularly with the department to discuss any CQI issues. In FY 2024, there were 47 children out of 11,405 distinct children reviewed, who were transferred from one local CFCRB to another. That means that 0.41% (less than half of one percent) of all the children reviewed in FY 2024 were transferred to a different review board.

Periodic Reviews Frequency

SOP 30.5 Citizen Foster Care Review Board and Interested Party Review requires that children in the custody of the state agency are subject to administrative review by an AOC CFCRB. The CFCRB mission is to ensure that permanency remains a central objective of the courts and the cabinet for at risk children. Administrative reviews consist of IPRs and CFCRB case reviews. An IPR is an interactive process in Kentucky's foster care system that involves meeting with family members. The review focuses on the case plan, current service recordings, ongoing assessment, placement log, and the progress being made towards permanency. The board uses this material to conduct an interactive review that includes the parties involved, as well as other interested parties. The review boards work with court-appointed advocates, social workers, and biological parents. The CFCRB review is required at least once every six months until the cabinet is no longer legally responsible for the child/youth. Findings and recommendations of the CFCRBs are sent to the judge assigned to the case, the parents who participated in the review, board chair members, and the state agency.

In the 2023 Citizen's Foster Care Review Board (CFCRB) Annual Report, Laurance B. VanMeter, Chief Justice of the Commonwealth, commented that the CFCRB is a pivotal component of the Kentucky Court of Justice's Department of Family & Juvenile Services.

> "The program's mission is clear: to ensure the safe, permanent, and timely placement of Kentucky's children in OOHC".

Volunteers play an essential role in achieving this mission. A group of more than 700 volunteers works tirelessly to conduct thorough reviews of children in OOHC. They evaluate each child's unique situation, identify challenges, and provide crucial insights that guide decision-making processes to improve outcomes for vulnerable children. Through the IPR process, CFCRB volunteers meet directly with those involved in the child's life to make plans and follow progress toward permanency for the child. Every county in the state has at least one CFCRB that utilizes the IPR process. Some counties have more than one board, such as Daviess County with three, Warren County with six, and Jefferson County with 13. IPRs begin taking place six months after the date the child enters the custody of the cabinet and continue in six-month intervals. The entry date is provided to AOC by the cabinet through a data interface.

Along with key participants of the case, the professional volunteers conduct in-depth evaluations of the case progress, the child's unique situation, and identify challenges to permanency. CFCRBs overwhelmingly utilized IPRs at a rate of 89% in FY 2023. In FY 2023, 725 CFCRB volunteers conducted 4,264 case file reviews and 15,878 IPRs for a total of 20,142 reviews of 11,905 children. The use of IPRs has steadily increased from 59% in 2015, to 78% in FY 2022, to 89% in FY 2023. See Table 36 below for full details of case file reviews and IPRs conducted during SFY 2023.

Table 36 SFY 2023 CFCRB Reviews

	Case File Reviews		Interested Party Reviews		Totals	
Case Status	**Reviews**	**Children**	**Reviews**	**Children**	**Reviews**	**Children**
Active	2,470	1,521	9,135	5,201	11,605	6,319
Inactive	1,794	1,264	6,743	4,558	8,537	5,586
Totals	4,264	2,785	15,878	9,759	**20,142**	**11,905**
	21.17%	**23.39%**	**78.83%**	**81.97%**		

Active cases reviewed in SFY 2023 totaled 57.62% of all case reviews. The average number of children in these cases for SFY 2023 was 1.88. Inactive cases reviewed in SFY 2023 totaled 42.38% of reviews. Inactive children figures include children released from care as of June 30, 2023. The average number of children in these cases for SFY 2023 was 2.13. Of children in all cases reviewed, 53.08% were inactive. 46.92% of children in all cases reviewed were in inactive cases. Additional details of the reviews conducted by the CFCRBs across Kentucky may be found in the 2023 Citizen's Foster Care Review Board (CFCRB) Annual Report.

A review is required no later than every six months after the date a child enters OOHC. When measuring how long it takes to complete each of the reviews, the clock begins at the DNA case filing date (removal date, not adjudication date), and runs to the first review, and then until the next scheduled six-month review. Child reviews are obtained from the Children's Automated Tracking System (CATS), the case management system maintained by AOC for the CFCRB program. CATS houses information on every child reviewed and all reviews conducted. The data provided in these reports is not an aggregate average, but rather is determined based upon each child's review.

The universe of children included in this measure are children who had a scheduled review in CY 2021 through 07/08/2024. The data excludes children whose DNA case was transferred to or from another county. During SFY 2024, 47 out of 11,405 (0.41%) distinct children reviewed were transferred from one CFCRB to another. Children not in care over six months and not reviewed are also excluded. The measurement indicator used in Figure 44 is ‘Yes” (review was on or before six months); or “No” (review was after six months) to capture the frequency of scheduled reviews. Kentucky conducts reviews monthly in scheduled blocks, rather than on a running case-specific 180-day schedule. Timekeeping begins on the date of removal.

Figure 44 Number and Percentage of OOHC Children Who Received a Periodic Review Within 6 Months

ADMINISTRATIVE OFFICE OF THE COURTS

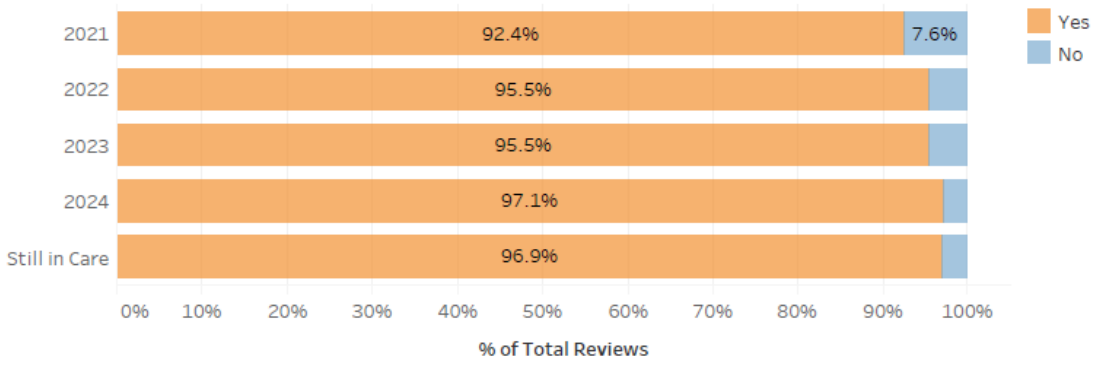
Research & Statistics

Time Between Each Foster Care Review

Includes Children Released January 1, 2021 - July 8, 2024 or Still in Care As of 7/8/2024

STATEWIDE

CY	Review within 6 Months?	Children	Episodes	Reviews	% of Reviews
2021	Yes	4,310	4,332	18,988	21.7%
	No	1,372	1,373	1,551	1.8%
2022	Yes	5,118	5,157	20,096	23.0%
	No	851	851	947	1.1%
2023	Yes	4,305	4,326	18,459	21.1%
	No	747	747	879	1.0%
2024	Yes	1,041	1,041	5,836	6.7%
	No	144	144	177	0.2%
Still in Care	Yes	3,688	3,688	19,868	22.7%
	No	542	542	642	0.7%
Grand Total		18,337	19,029	87,443	100.0%



In Figure 44, an episode refers to the child's episode in OOHC. This data includes both initial reviews and subsequent six-month reviews. AOC provided periodic/administrative review data for 2021-2024 (see Attachment 6). The data supports Kentucky's exceptional performance in frequency of reviews. Figure 44 also shows that over the past four years an average of 95.48% of children statewide, received a review within six months (includes both initial and six-month review). During CY 2021, AOC data was impacted by children in the Central Time Zone not being represented in the interface until they were already in care for six months. This glitch was tied to updates made to the data interface in November 2020. The total number of children (18,337) includes children released January 1, 2021 – July 8, 2024, or were still in care as of 07/08/2024. 96.9% of the children still in care as of July 8, 2024 received a timely review.

Conclusion

Kentucky has a consistent periodic review process in the form of CFCRB reviews conducted by the dedicated volunteers who make up the 172 CFCRBs across the state. This system has evolved into one where quality and standards are high for all parties involved including the cabinet, AOC, and the review boards themselves. Data from AOC shows that 95.48% of cases statewide receive an initial review, or periodic review within six months of the prior review. Kentucky has analyzed the reason for not being at 100%, and the majority are interface issues; the other being situational, such as a child being placed on a month the board does not meet, then having to reschedule.

This includes all types of CFCRB reviews (IPRs and case file reviews). The number of IPRs as opposed to case file reviews have increased steadily, from 59% in FY 2015 up to 89% in FY 2023. This is a strong showing and numbers are expected to increase as all CFCRBs shift to the more intensive and inclusive IPRs by the end of CY 2024. Ensuring that all counties have at least one CFCRB conducting IPRs, as well as CFCRBs assisting with reviewing TPR and extended commitment cases in large and populous counties, as well as the shift over time to only six percent of Kentucky's CFCRBs conducting case file reviews shows the state is committed to continuous quality improvement. All CFCRBs throughout Kentucky are scheduled to conduct only IPRs by the end of 2024, further improving the quality of periodic reviews across the state.

Item 22: Permanency Hearings

Overview

In Round 3, Kentucky received an overall strength rating for Item 22 based on information from the statewide assessment and stakeholder interviews. Based on information gathered and data obtained during this time, Kentucky continues to maintain a strength in both the timeliness of initial permanency hearings and the timeliness of subsequent permanency hearings. The APR is the permanency review held every 12 months by the court. The court is responsible for reviewing the youth's permanency plan. Most permanency goal recommendations are made during the APR; therefore, a timely APR is essential to establishing and promoting permanency.

SOP 11.30 Permanency Hearings requires that a permanency hearing/APR be held no later than 12 months after the date a child is considered to have entered OOHC and then every 12 months thereafter. This is relevant as long as the cabinet retains custody of the child and includes youth 18 years of age or older whose commitment has been extended or reinstated.

Quantitative Data

According to the *TWS-W058WI*, a TWIST management report chronicling timeliness data for APRs, the number of children entering OOHC has steadily decreased from 2019 to 2023 (Table 37 below). Although the number of children with a timely APR initially increased from 2019 to 2020, numbers have decreased each year from 2020 to 2023. Correspondingly, the percentage of children in OOHC with a timely APR also increased from 2019 to 2020 and decreased slightly each year from 2020 (93.64%) to 2023 (88.43%). This data includes children who were in care 14 months and over, as of the report run date. The measurement includes only the time to the

first APR/permanency progress review (PPR)/review (REV) and is based on the date the child entered foster care. Subsequent APR/PPR/REV data are not included.

There were significant delays within the court system during the COVID-19 pandemic that greatly impacted the occurrence and timeliness of hearings. Although most courts have recovered and are back on schedule, staff continue to report that Kentucky has experienced an overall trend of difficulty with court dates being established and/or continued. This matter continues to be discussed with AOC during quarterly meetings. AOC continues to share this information with judges.

Table 37 TWS-W058WI Data 2019-2023

Calendar Year	Children in OOHC (denominator)	Children with a timely APR (numerator)	Percentage of children in OOHC with a timely APR
2019	9,708	8,838	91.04%
2020	9,748	9,128	93.64%
2021	9,193	8,013	87.16%
2022	9,004	7,995	88.79%
2023	8,436	7,460	88.43%

Court Data

(KRS) 610.125 concerns annual permanency hearings for children placed in the custody of the cabinet. In following the guidance provided by the US Department of Justice's *Court Performance Measures in Child Abuse and Neglect Cases Technical Guide*, if the finding of abuse or neglect occurs at the adjudication, as it does in Kentucky, it is recommended to use the earlier of the completion of the adjudication hearing or 60 days after the actual foster care entry date. For purposes of this section, a child shall be considered to have entered foster care on the earlier of:

1. The date of the first judicial finding that the child has been subjected to child abuse or neglect; *or*
2. The date that is 60 days after the date the child is removed from the home.

To maintain consistency in statewide data reporting, the timeliness of the first APR is calculated by utilizing the sixty days after the actual foster care entry date rule.

Data obtained from AOC in Figure 45 was extracted from the electronic case management systems CATS and CourtNet databases by AOC. This report measures the case filing date and then adds 60 days as the basis for the 14-month time measurement. The universe of children included in this measure are children who should have had their first review scheduled in CY 2021 or CY 2022. It excludes children whose DNA case was transferred to or from another county. CY 2021 data includes children who entered care during CY 2020. CY 2022 data includes children who entered care during CY 2021.

AOC data presented in Figure 45 includes all children who entered care during the years indicated, and accounts for children who also exited care during those timeframes. AOC data is on the case level, whereas data collected in TWIST (Table 36) is on the child level. AOC data accounts for children who entered care in either 2020 or 2021, and experienced reviews during 2021 or 2022. For these reasons the data sets do not represent the same population of OOHC children. The TWS-W058 looks at all children who entered care within the specified three-year timeframe and includes some children who exited OOHC during that timeframe.

Figure 45 AOC Research & Statistics, Time in Days from Case Filing Date to First APR

PM4G

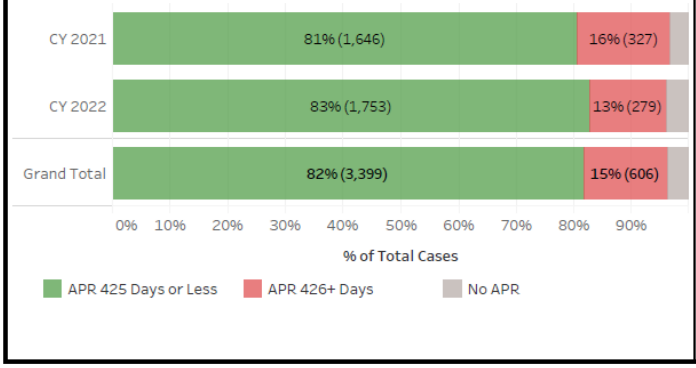
ADMINISTRATIVE OFFICE OF THE COURTS
Research & Statistics
Time (in Days) from Case Filing Date to First Annual Permanency Review (APR/REV)
Reviews During CY 2021 (Entry CY 2020)
Reviews During CY 2022 (Entry CY 2021)
STATEWIDE

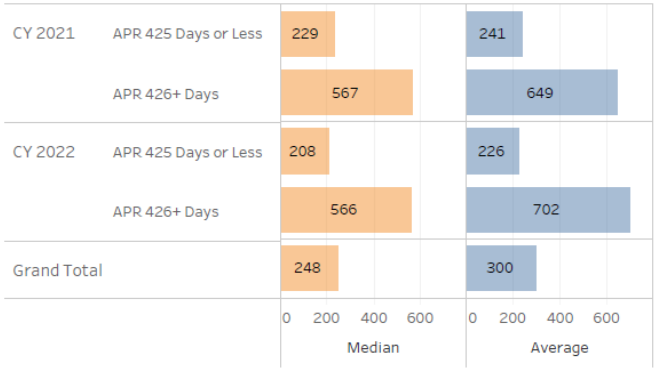
PM4G-1: Percent of Cases with Timely Annual Permanency Review

		Cases	% of Cases	Children
CY 2021	APR 425 Days or Less	1,646	81%	1,645
	APR 426+ Days	327	16%	327
	No APR	66	3%	66
	Total	2,039	100%	2,038
CY 2022	APR 425 Days or Less	1,753	83%	1,752
	APR 426+ Days	279	13%	279
	No APR	83	4%	83
	Total	2,115	100%	2,114
Grand Total		4,154	100%	4,148

PM4G-2: Median & Average Time (in Days) to First APR /REV (Cases with APR/REV)

		Cases	Median Days To Perm Review	Avg. Days To Perm Review
CY 2021	APR 425 Days or Less	1,646	229	241
	APR 426+ Days	327	567	649
	Total	1,973	267	308
CY 2022	APR 425 Days or Less	1,753	208	226
	APR 426+ Days	279	566	702
	Total	2,032	232	291
Grand Total		4,005	248	300





* This data is provided from the electronic case management systems Children's Automated Tracking System (CATS) & CourtNet databases.
* Excludes cases transferred to and from other counties.
* The time measurement used is 425 days (14 months) to capture the children who received a timely APR/REV. An APR/REV is required no later than every twelve (12) months after the date the child is considered to have entered foster care.

Run Date: 7/8/2024
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AOC data indicates that for CY 2021, 81% of cases (1,646) had an APR in 425 days (14 months) or less, 16% had an APR in 426 days (over 14 months) or more, and three percent of cases did not have an APR. For timely APRs in CY 2021, the average number of days in care leading up to an APR was 241 days (eight months) and 649 days (21.6 months) for children who did not experience a timely APR. The data improved slightly in CY 2022 with 83% (1,753) of cases having an APR in 425 days or less, 13% having an APR in 426 days or more, and four percent of

cases not having an APR. For CY 2022, the average number of days in care was 227 days (7.6 months) for timely reviews and 747 days (24.9 months) for untimely reviews.

The median number of days to a timely permanency review held in 2021 was 229 days. Cases that were not reviewed timely had a median time of 562 days in care until the first APR. When considering the difference in median number of days for children who experienced a timely permanency review and those who did not, one would need to consider the unique characteristics of the case, or a practice by a particular court system. For example, in the Eastern Mountain Service Region, some judges do not hold APRs. In other cases when there is a pending criminal charge, some judges will not hold dispositions or APRs until those charges are resolved which consequently causes additional delays.

Improvement was seen in 2022, with the median number of days to a timely permanency review being 209 days. Cases that were not reviewed timely had a median time of 575 days in care until the first APR. The median data does not include children who were released prior to being in care 14 months. Data includes children who were in care 14 months and over, as of the report run date, and timelines are based on the date the child entered care. The measurement includes only the time to the first APR, the six-month PPR, or REV. Subsequent APR/PPR/REV are not included. Please see "*PM4G-2: Median & Average Time (in Days) to First APR/REV (Cases with APR/REV)*" in Figure 45 above for additional numerical details.

Conclusion

Kentucky assesses this item as a strength. The department continues to partner with AOC, CIP, and other court personnel to plan improvements related to timely permanency. Kentucky requires permanency hearings for all children under state supervision and care including those who remain in-home. Kentucky consistently holds initial permanency hearings for children in care within 12 months of placement or disposition.

As a result of CFSR Round 3 and Kentucky's subsequent PIP, Kentucky made several improvements to the case review system to support this item such as enhancing the partnership between Kentucky's department and the court system to support regular data sharing, as well as increasing and expanding training. Recommendations going forward include providing coaching/training to staff on accurate/timely data entry of court dates/outcomes, and continued CQI monitoring of the interface to eliminate data misinterpretations.

Item 23: Termination of Parental Rights

Overview

In CFSR Round 3, Kentucky received an overall rating of area needing improvement for Item 23 based on information from the statewide assessment and stakeholder interviews. It was anticipated that adding data elements in Kentucky's CCWIS to collect data regarding timeliness of TPR, and whether compelling reasons have been documented for an Adoption and Safe Families Act (ASFA) exemption, that case review scores would rise. The state was advised to

work with the service regions to ensure that staff were aware of state policies regarding ASFA exemptions to ensure timely completion.

Information in the statewide assessment and collected during stakeholder interviews in Round 3 showed that the filing of TPR proceedings was not occurring as required and timeliness of filing varied by region. Although pre-permanency conferences were occurring to prepare for permanency decisions, including TPR filing, delays were experienced in some regions. Some barriers included a lack of adequate staffing in OLS to process petitions.

Item 23 Termination of Parental Rights remains an ***area needing improvement*** in the CFSR Round 4 statewide assessment.

State Policies and Practices

Federal ASFA guidelines require that a TPR is filed when a child has been in OOHC for 15 of the last 22 months unless there are compelling reasons not to file. Kentucky's law is more restrictive, as the timeframe is 15 of the last 48 months. SOP 11.36 outlines the review of cases with OLS to assess whether TPR is appropriate at nine months. By staffing cases at nine months, the worker can prepare for the APR by gathering documentation needed for the filing of the TPR petition. In the event of aggravated circumstances, the case should be staffed much earlier so an appropriate permanency plan may be pursued based upon the case's individual circumstances.

In 2017, 21.1% of children in care for more than 15 months had TPR filed timely. In 2018, the percentage was 15.1%. In 2019, the percentage was 21.5%. In 2020, the percentage was 17.6%. In 2021, the percentage was 15.2%. In 2022, the percentage was 13.3%. Data was not available for 2023.

AOC data indicates that time (in days) from DNA case filing date to TPR case filing date is as follows for CY 2021: 11% of cases were filed between seven and 12 months, 16% were filed between 12 and 18 months, and 18% were filed in 18 months or more. In CY 2022, the data had a slight negative trend with 10% of cases filed between seven and 12 months, 19% filed between 12 and 18 months, and 20% filed in 18 months or more.

OLS data focusing on TPR cases from the Office of General Counsel (OGC) tracking system from 1/1/2020 to 11/16/2023 indicates that many of the barriers associated with delays occur before the case is presented to OLS. Factors such as involving parents in case planning, locating and engaging absent parents, and increasing family finding efforts, have been discussed previously in this assessment.

The average number of days from the time the DSS-161 Request for Involuntary Termination of Parental Rights was filed was 39.16. The median number of days from the time the DSS-161 is filed to the time TPR was filed was 25. The maximum number of days was 436 and the minimum was zero (when filed same day as DSS-161 received).

Additional statistics from 01/01/20-11/16/2023:

- 18.5% were filed in less than ten days.
- 58% were filed in 30 days or less, with 39% of those being between 10-30 days.
- 27% were filed between 31-60 days.
- 7% were filed between 61-90 days.
- 6% were filed between 91-200 days.
- 2% were filed more than 200 days.

This data set included 2,104 total entries. Cases where the DSS-161 was received prior to 2020, and those that had no file date, or DSS-161 date were not included. Duplicates in the data were also removed.

Permanency Calls

As a result of Kentucky's PIP, a process for ongoing communication with each service region was developed in Fall 2018. The permanency call process was developed to monitor permanency successes, trends, and barriers. An automated management report to collect regional permanency call data was created in 2021. This eliminated the need for manual filtering of data. The automated report has saved a tremendous amount of staff time, has increased the accuracy of data, and has led to more productive conversations on permanency calls, centered around case work instead of data entry issues/errors.

Permanency calls have evolved, becoming more robust due to the success of the permanency call process. Permanency calls have continued as a strategy beyond the life of the PIP and have led to additional improvements. Kentucky has made many efforts to increase timely permanency including the timely filing of TPR petitions. This includes increased partnership with OLS. OLS often participates in regional permanency calls and many positive changes have resulted from the calls. This includes increased communication between OLS and the local offices and OLS assisting with addressing permanency barriers with the local court systems. The availability of court dates and the frequency of court date continuances continue to be barriers to permanency in Kentucky. The ability to e-file TPR petitions has been overwhelmingly positive for the courts and DCBS staff.

OLS at the central office level has also worked with DPP to develop a consistent statewide process for pre-permanency conferences. Pre-permanency conferences are held no later than nine months after a youth has been in OOHC. The purpose of the conference is to examine the case through a legal lens to determine if adoption is an appropriate permanency goal for the youth, and if the case is ready to move forward with the filing of a TPR petition.

Cases may be staffed prior to the nine-month mark particularly if aggravated circumstances exist. There is a pending customer service request (CSR) request to make modifications in TWIST to help identify cases where aggravated circumstances and/or a waiver of reasonable efforts is present. This will allow for better identification and tracking of these cases to ensure that pre-permanency conferences are held timely, and that the case is progressing toward TPR and

adoption. An additional CSR to identify cases with a court approved ASFA exemption is also pending. Once these CSRs are complete, Kentucky will be better equipped to identify children who meet ASFA criteria, how many children meet other ASFA criteria, and of those two populations, what percentage have a documented compelling reason, or an exception. Currently, Kentucky does not collect data surrounding these areas.

Conclusion

With the work Kentucky has done regarding permanency calls and the planned improvements to identify and tracking potential TPR cases and cases with ASFA exemptions, the state will continue to make progress towards a strength on Item 23. However, due to the current inability to reliably track these factors, this item remains an area needing improvement.

Item 24: Notice of Hearings and Reviews to Caregivers

Overview

Kentucky received an overall rating of area needing improvement for Item 24 in Round 3. Information provided in the statewide assessment indicated that foster parents were not routinely notified of reviews and court hearings, and that their right to be heard in these proceedings was not always guaranteed. Kentucky reported in the statewide assessment that in some jurisdictions caregivers are not allowed to remain in the courtroom or offer information during the hearing. The state did not have a standard statewide process to ensure that caregivers were consistently notified of or invited to participate in periodic reviews or informed of their right to be heard in hearings.

For Round 4, Kentucky assesses Item 24 as an area needing improvement, as the system is not functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are receiving appropriate notification of hearings. Kentucky has requirements clearly outlined in the department's SOP and KRS and relies on the court to issue notices to caregivers. Because the court process does not track foster and adoptive parent notifications, administrative data is unavailable. Documentation of court notification and participation is contained in the case file but would require extensive case reviews to determine frequency. Focus groups and Foster Parent Survey data supported Item 24 remaining an area needing improvement.

Methodology

Kentucky has a well-defined requirement and process for notifying parties, including foster parents, pre-adoptive parents, and relative caregivers of meetings, court dates, visitation schedules, and other important dates and times. KRS 610.125 requires that the court notify caregivers of permanency hearings.

SOP 11.30 describes how the department uses the AOC- DNA- 13 (*Notice of Names and Addresses of Interested Parties to be Noticed by Clerk for Hearings*) form to provide the court with the contact information for caregivers (foster, adoptive, pre-adoptive, relatives/fictive kin), CFCRB, and Court Appointed Special Advocates (CASA) volunteers. Pursuant to KRS 610.125

(3) the court is required to schedule a hearing within 60 calendar days of this notice and notify all concerned parties.

DCBS does not have a mechanism in TWIST to track the notifications described above. This tracking is the responsibility of court partners. The data and information available from AOC do not produce statistics surrounding this issue at this time. Both DCBS and AOC acknowledge there is no formal tracking of notices or hearing involvement that would generate reliable data to further evaluate this item. Both agencies have discussed this issue and probable solutions, however, no viable strategies have been developed.

Foster parent survey results are used to evaluate the success of the notification practice as prescribed in statute and policy. Data from foster parent surveys conducted annually from 2021-2023 indicate that most foster parents *are* receiving notification of court dates. Responses of *Agree/Strongly Agree* were as follows: 2021:54%; 2022: 58%; and 2023: 61%. Responses of *Neutral* were as follows: 2021: 15.59% (111); 2022: 14% (108); and 2023: 21% (150). Responses of *Disagree/Strongly disagree* were as follows: 2021: 30.34% (216); 2022: 28% (216); and 2023: 25% (179). In 2023, PCP foster homes were added to the survey invitees, however, the agencies themselves sent notices directly to their families, therefore, the total number of surveys and overall response rates are not calculable. The number of total survey respondents are listed in parentheses alongside the year of the survey.

Table 38 Annual Foster Parent Survey Results

Agree/Strongly Agree % by Year	2021 (712)	2022 (773)	2023 (715)
Received Adequate Notification of Meetings/Court/Visitation/etc.	54% (385)	58% (448)	60% (429)

In March 2024, foster parents participated in a survey for the purpose of the statewide assessment regarding court proceedings. There were 131 total respondents. Parents, relatives, and fictive kin were also asked to complete the survey. Unfortunately, no survey responses were received from those populations of caregivers.

Table 39 2024 Statewide Assessment Foster Parent Survey

2024 Statewide Assessment Foster Parent Survey (131 total respondents)			
Were you notified of the court hearing?	***Yes:*** 74% (97)		***No:*** 26% (34)
How were you notified?	***Verbal:*** 49% (64)	***Written:*** 26% (34)	***Other:*** 26% (34)
Did you attend?	***Yes:*** 39% (51)	***No:*** 45% (59)	*Sometimes:* **16%** (21)

Conclusion

Based upon annual foster parent survey data for the previous three years, and the statewide assessment survey results for 2024, it appears the department has made improvements in the notification of hearings. This is likely due to a streamlined process of staff utilizing the AOC-DNA-13 form. There are limitations with the data as the planned data interface between the department and AOC remains pending. Additionally, AOC reports that data surrounding court

notifications is not captured in their system, therefore, there is no data to share with the department even if an interface existed. The department will continue to consult with AOC to improve outcomes. Based on available data, this item remains an area needing improvement.

Quality Assurance System

Item 25: Quality Assurance System

Overview

Kentucky assesses *Item 25 Quality Assurance System* functioning to be a strength. Kentucky has implemented QA activities statewide across all jurisdictions including comprehensive case reviews, data collection and analysis, a robust CQI system, stakeholder involvement, policy and practice consistency, feedback mechanisms, and focus on measurable outcomes.

Kentucky's QA system was identified as an area needing improvement during CFSR Round 3, citing the case review process as not effectively identifying strengths and needs of the system. In response, Kentucky instituted PIP activities and modifications that included redesign of the CQI process, restructuring of the department through realignment of all CQI specialists under one manager in DSR to better coordinate and standardize CQI activities, update of the CQI State Plan and Procedures Manual, rollout of the new CQI-Meetings and Issues Tracking System (CQI-MITS), development of the case review team under the QA Branch, the implementation of the KY CFSR case reviews utilizing the federal Onsite Review Instrument (OSRI) as the permanent case review tool for the case review team, debrief meetings as part of the feedback loop of case reviews, regional action planning led by the CQI team, systems mapping, stakeholder quarterly meetings, use of data to guide planning, and embedding CQI into daily practice through processes such as the permanency case review process.

Operating Statewide where Services in the CFSP are Provided

The QA system is operating statewide in jurisdictions with CFSP services – every county throughout the Commonwealth. Kentucky's statewide CQI process is a critical component in ensuring quality service provision. Through the CQI redesign, the CQI state plan underwent significant modifications to include ongoing stakeholder engagement, a framework for structured communication throughout all levels of the department, and a redesign of local CQI teams. The CQI redesign team assessed the capacity and infrastructure of the existing CQI process and its information tracking system through the CQI self-assessment. The self-assessment phase was completed in 2020 and the CQI planning team, in collaboration with the Center, drafted results and recommendations. The agency's CQI process consists of a tiered teaming structure at the local, regional, and state levels inclusive of stakeholder involvement and incorporation of key performance data following guidelines outlined in the CQI State Plan and Procedures Manual. Since CQI is embedded into the everyday processes, the multi-level and stakeholder-inclusive teaming framework allows for the strengthening of the feedback loop and creates a pathway for information flow and solutions to be generated and implemented by all levels of staff within the organization and through engagement of external stakeholders. The feedback loop and communication process include input from multiple levels of the department as issues are advanced through the system in an orderly way that assures a commitment to problem solving

and feedback. Kentucky's CQI process is inclusive of stakeholders and trusted advisors such as birth parents, youth, relatives, fictive kin, foster/adoptive parents, service providers, and community partners. Meetings are held at all levels of the department (local, regional, and state) for the purpose of solution-focused discussions using data to examine trends and identify opportunities for improvement. The inclusion of stakeholders and trusted advisors is crucial to provide the experience-related data to measure the effectiveness of the department's engagement. Local CQI meetings are held generally during staff/team meetings as not to be a separate process but rather embedded in the routine work done daily, thus trusted advisors are not in those particular forums as they are internal. However, trusted advisors and those with living experience are at other local and regional meetings, specifically in these six key core stakeholder groups: foster/adoptive parent groups, youth CQI, Community Collaboration for (CCC), judicial/court, Regional Interagency Councils, and PCP/private child-caring (PCC) meetings. At these community partner meetings, the CQI specialists attend and share data and outcomes, as well as bring back the stakeholder meeting minutes for cross-collaborative CQI. Also, at the local and regional team meetings, the local team and regions bring in community partners to present information and share data for further CQI opportunities.

As a part of the CQI redesign, a CQI application development sub-workgroup was established to identify strengths and limitations of the current tracking system and strategize on how best to proceed with improvements. The sub-workgroup continues to meet monthly. CQI meetings provide a structured approach for tracking action plans and generating new solutions or modifying current strategies where indicated. Whether or not the meeting is labeled as a CQI meeting, where data is presented and solutions are developed presented to improve processes or service delivery, this is CQI embedded into the everyday practice of DCBS. Since not all supervisors and frontline staff can attend regional or state level CQI meetings, their voice can be represented through participation in annual surveys, SOP development through feedback and implementation suggestions in the field draft process, employee suggestions, peer representation at regional meetings, and participation in committees. CQI stakeholder meetings occur on a quarterly basis. The CQI stakeholder survey is sent out once a year in April to all participants in the stakeholder meetings. The survey requests feedback on how the agency is progressing on the state's CFSP goals. The 2023 survey was sent out to approximately 150 participants. The participants include DCBS field staff and field management, DCBS central office staff, foster parents, mental health agencies, service providers, parents, youth, court staff, Department of Juvenile Justice (DJJ) staff, advocacy groups, Kentucky Department for Education (KDE) staff, multiple university staff, and PCC/PCP staff. These participants are representative of the entire state, as they are from Northern, Central, Eastern, and Western Kentucky located in both rural and urban areas. The 2023 CQI stakeholder survey was sent by email to 229 stakeholder participants on April 14, 2023, with a completion date of April 24, 2023. Sixty-two (62) participants responded to the survey. Eighty-two and one third percent (82.3%) of stakeholders agreed/strongly agreed that the agency improved the state's CQI system and increased the number of CQI stakeholder meetings annually, which was a CFSP goal. In follow up, while they felt the agency was making progress, they also stated that the agency could be more engaging during the meetings. Stakeholders expressed that there were too many presentations and not

enough time spent on engaging the group in discussions/solutions. The result of this feedback led to the agency restructuring the CQI meetings to allow engagement of the stakeholders in meaningful conversations.

Second level case reviews are utilized to assess the quality of services being provided by the agency to families and children. The reviews are conducted in every region in the state monthly by regional personnel. Each of the nine service regions are assigned 18 cases for review through the CQI-Case Review Evaluation System (CQI-CARES). This equals 162 case reviews completed monthly, and 1,944 completed annually in jurisdictions with CFSP services. This ensures that the sample is large enough to make statistical inferences about the population served by and stratified to include a proportion of cases that reflect different age groups, goals, and other considerations, such as varying geographic areas of the state. Personnel follow second level case review procedures outlined in Standards of Practice (SOP) 30.6. The period under review (PUR) for second-level case reviews is 12 months prior to the date of the review. Case review instruments include elements comparable to the federal CFSR case review instrument.

The following figures are examples of data available from the second level case reviews. This is only a small selection that includes one example each for safety, permanency, well-being, and engagement data collected. For more examples, please see Section III: Assessment of Child and Family Outcomes, as second level case review data is used in the analysis of CFSR items 1-18, where applicable.

Figure 46 Second Leve Case Review Data: Safety

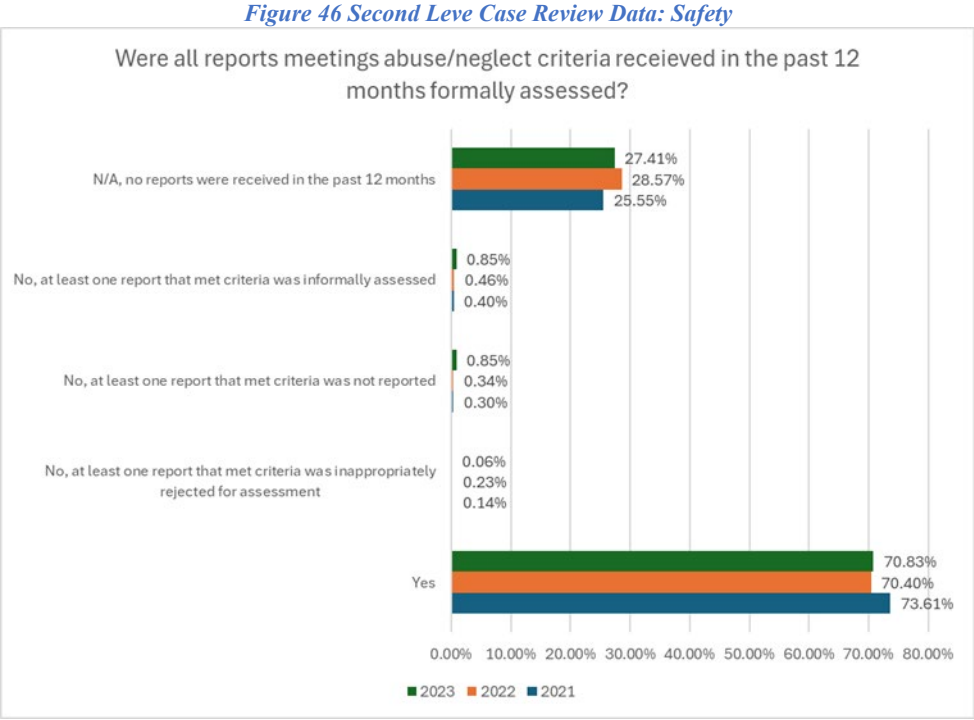


Figure 47 Second Level Case Review Data: Permanency

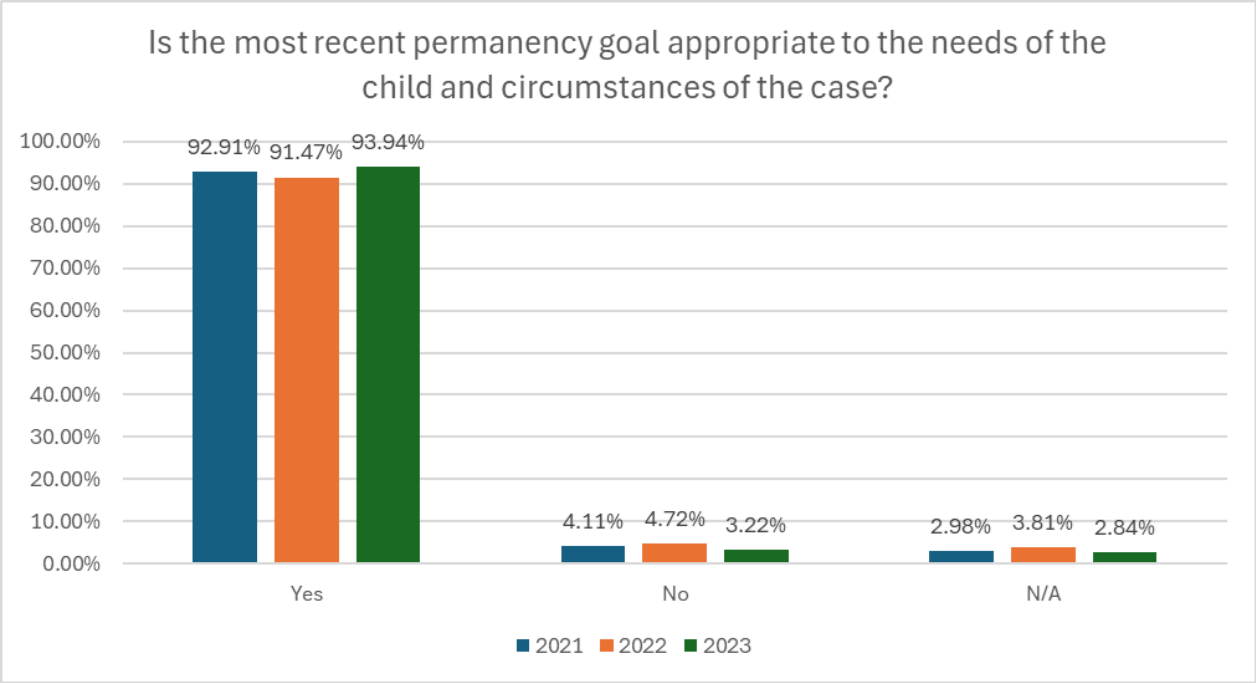


Figure 48 Second Level Case Review Data: Well-being

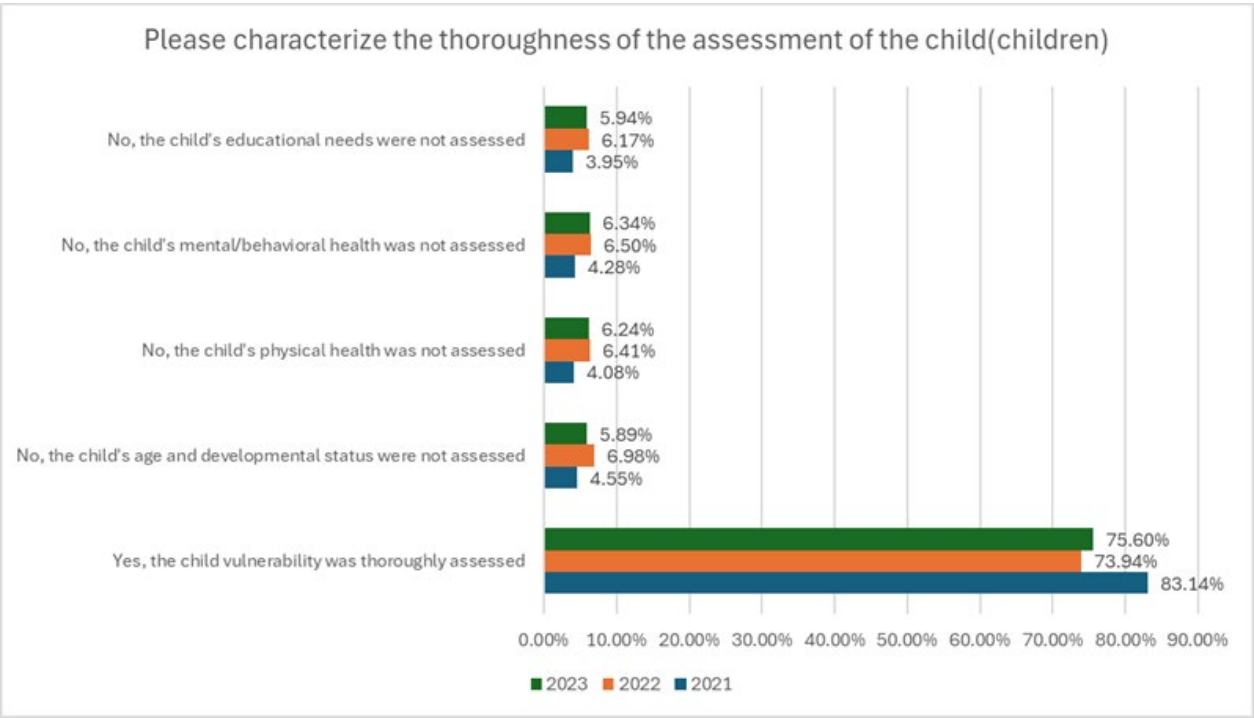
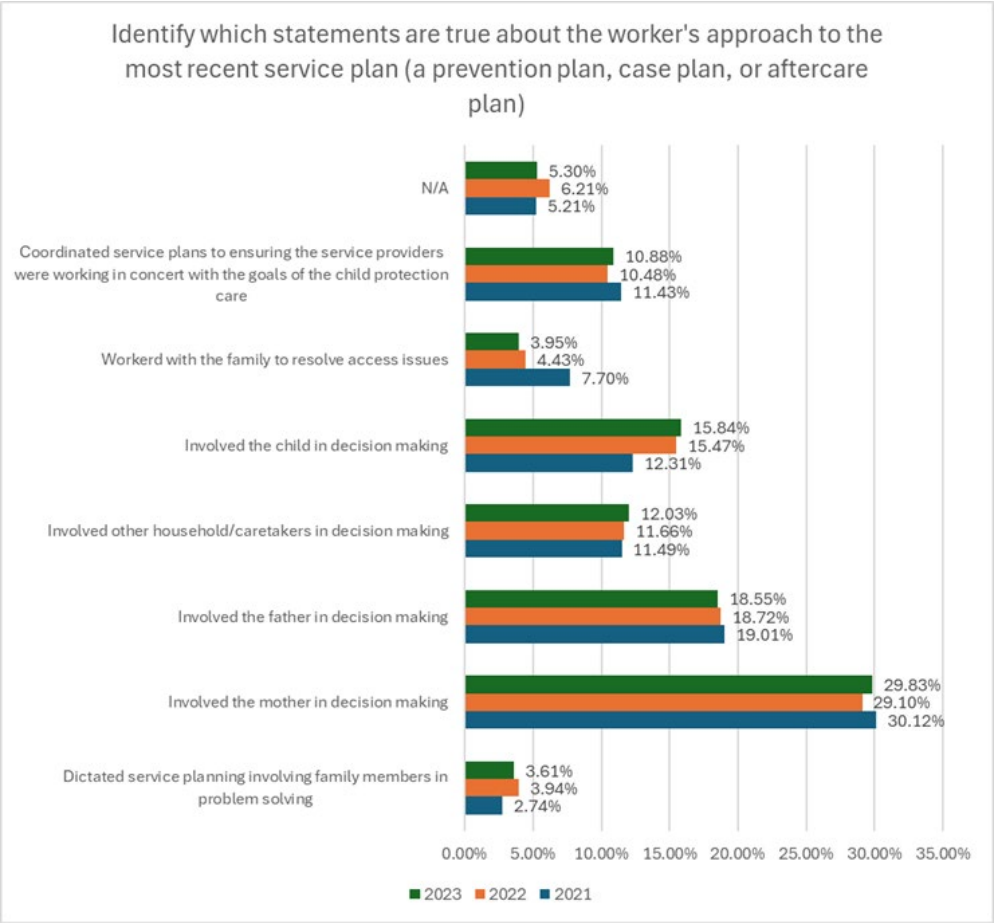


Figure 49 Second Level Case Reviews: Engagement



Evaluation Methods of QA

The agency has numerous programs and initiatives functioning on a statewide basis to evaluate the quality of services being provided to families in the Commonwealth. These include the APSR/CFSP, second level case reviews, the case review team's KY CFSR case reviews, the redesigned CQI process, administrative data reports, surveys, and other QA processes outlined below.

The division's Information and Quality Improvement (IQI) Unit supports QA and evaluation activities statewide. The IQI Unit worked in partnership with the Center to build internal capacity around evaluation and CQI across divisions and within program branches. IQI continues to build capacity internally through its work with other branches and program areas. The unit participates in monthly CQI collaboratives to discuss ongoing initiatives and modifications and/or enhancements to ongoing management reports. The IQI Unit participates in weekly management report meetings to help ensure the quality and accuracy of the report. They served as state evaluation co-lead on CQI MITS Application Development workgroup and sub-workgroup. This collaboration included facilitating discussions with stakeholders and IT staff. Additionally, the co-leads served as program experts who worked directly with IT staff to

develop requirements for the MITS enhancement. IQI also worked with Chapin Hall at the University of Chicago to implement processes and procedures required for FFPSA, including the development of numerous draft dashboards working with program staff to determine product requirements and managed data collection tools for five EBPs approved for FFPSA by the Title IV-E Clearinghouse. The IQI Unit produces the Data in a Glance (DIG). Two DIGs are published regularly based on information from TWIST and the department's case review system. The case review instrument utilized for first and second level reviews statewide is utilized in DIG data. DIGs allow supervisors and leadership to use the data for coaching and the development of program improvements. DIGs allow for comparison of performance between regions and statewide in comparison to federal outcomes.

In 2017, the QA Branch developed the case review team to conduct monthly statewide case reviews (referred to as KY CFSR case reviews) adhering to federal regulations and utilizing the OSRI. The case review team consists of 12 dedicated case reviewers and four dedicated QA staff. The review team has completed training on the OSRI via the E-Training Platform provided by the Children's Bureau website, as well as the most recent Round 4 training modules. The team began reviewing cases statewide in September 2018 and utilized case review data for PIP monitoring. Kentucky's efforts toward the development and successful implementation of the KY CFSR process included the review of 360 cases per year utilizing the OSRI, secondary oversight and monthly consultations by the Children's Bureau. IQI provided the ongoing creation of random sample cases for targeted reviews. From 2021 through 2023, the case review team conducted 1080 case reviews to monitor quality and conformity with federal regulations. Upon finalization of all cases for an area, feedback is sent to all applicable service region administrators (SRAs), regional QA leads, and CQI specialists. This feedback contains the case rating summary and item rating rationale statement directly from the OSRI, as well as a face sheet explaining the KY CFSR. A specialist from the QA Branch analyzes data and narratives from the OSRI for each region and then presents the strengths and trends identified during debrief meetings. Debrief meetings occur for each region upon completion and analysis of their region's case review data, which occurs approximately twice per year, per region. Debrief meetings consists of members of the QA Branch, regional leadership, supervisors, and field staff. Group members are engaged in discussions surrounding trends and provide feedback. The trends and feedback are then used for action planning as part of the CQI process, led by the CQI specialist. Additionally, regions hold focus groups at their supervisory staff meetings, to further analyze the trends and create action plans to address the trends. During these meetings, supervisors and regional staff review the data from KY CFSR case reviews related to areas needing improvement for their region compared to the state data. They pick an area of focus for the action plan and develop a plan to track progress. These action plans are tracked by the CQI specialist. Results are compared to future data to determine the success of the plans. Additional details regarding the debrief process are described in the section titled Identification of Strengths and Needs of Service Delivery.

A focus group was held on March 6, 2024, consisting of 45 CQI specialists, CPS specialists, SRCAs, and SRAAs from every region in the state. Information from the group revealed that

regions have a process in place to review the feedback, strengths, and trends with the case managers and supervisors to improve quality of services. Local team CQI meetings provide staff opportunity to identify barriers and discuss solutions to enhance processes. Data is discussed to inform the teams focus and action planning. Most barriers can be solved by the local team and may include researching the guideline, speaking directly with regional supervisors, or seeking clarification of policy from regional specialists. CQI team meetings, at frontline level are uploaded in MITS, which includes their issues raised, solutions for improvement, and action planning for safety, permanency, and well-being. Issues advanced to the region or state levels for resolution are reviewed by the regional CQI specialist to ensure the concern has been thoroughly assessed and efforts have been exhausted at the orienting level to remedy. For the issues requiring long-term system change and years of work to implement, an update is provided to the originating team, as appropriate. The SRA CQI team reviews the advanced issues from the regions during monthly statewide CQI meetings, except when a central office team would be more appropriate to review the issue for resolution. Resolutions or the status for each issue are sent back to the respective region through the CQI specialist. See page 17 of the CQI State Plan and Procedures Manual for additional details of the process and bidirectional feedback loop.

The following is an example of the CQI process loop. On April 7, 2022, a local team in the Salt River Trail Service Region (SRTSR) identified an issue that could not be resolved at the local level. Staff are required to complete the DPP-1275 Relative Exploration Form at the ten-day conference; however, this form only existed in TWIST as a downloadable, printable form. The completed form was placed in the hard copy case file, making it a more cumbersome process that could only be viewed in the office setting. Local staff suggested to improve the process by adding the form as an editable version into TWIST. This would allow easy data entry direct into the case and could be viewed at any time and location with computer access. This issue was advanced to the regional level to the SRTSR CQI specialist, and then advanced to the state level where it was reviewed on April 12, 2022, at the CQI Collaborative meeting. The CQI Collaborative agreed that this suggestion could be a beneficial change and assigned the task of consultation with TWIST programmers to an assistant director, to see if this change was possible. On April 13, 2022, TWIST programmers were consulted, who confirmed that this change was possible. Notification was sent back to the local SRTSR team on the same date, notifying them that a customer service request (CSR) would be created for the TWIST addition. CSR #2022-0134 Relative Exploration Form was submitted to TWIST on April 13, 2022. Multiple meetings were held with the TWIST team between August and October 2022 to develop the implementation of the form in TWIST. All DCBS staff were notified of the upcoming addition of the DPP-1275 in the TWIST newsletter in January 2024. The newsletter provided instructions for how to input the information into the form in TWIST. The addition of the DPP-1275 was completed in TWIST on January 24, 2023.

To ensure accuracy and consistency amongst KY CFSR case reviews, members of the QA Branch meet monthly with Children's Bureau to discuss case review narratives, ratings, strengths, focus areas, and overall discussions of the case review process. All team members have received formal training through completion of the federal web-based training modules,

manual and review instrument review, individual practice, and updated training for CFSR Round 4. QA Branch's case review team meets bi-weekly to discuss feedback from secondary oversight, information gathered from monthly meetings with the Children's Bureau, case review narratives and ratings to improve interrater reliability. All case review team members adhere to the Kentucky Child and Family Services Review Process Manual. Case reviewers access the CFSR portal for resources during reviews to increase competencies and provide clarification. The QA Branch works closely with the Field Quality Branch and regional CQI specialists to bridge the connection from data to case work application.

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

Collaboration occurs through quarterly meetings with AOC and the agency. The group works to identify court barriers leading to a delay in children receiving appropriate and timely permanency. The agency has built a solid relationship with AOC which has improved relationships with the courts. There is increased frequency and quality of communication and data sharing amongst the department and AOC related to the previous CFSP and PIP goals, among other agency initiatives. A focus groups of judges from across the state held on February 1, 2024, found that regular meetings are held at local levels between the court and agency to openly share concerns, the agency is accessible when needed, and the court has open communication with the agency. A survey was conducted from December 15, 2023, through January 24, 2024. Eighty-nine (89) surveys were sent to court stakeholders statewide, which included judges, guardian ad litem attorneys, parents' attorneys, and CFCRB members. Out of the 89 surveys sent, 49 responses were received. Fifteen (15) of those surveyed identified themselves as judges, two identified as CFCRB, and the other 32 chose not to select their role and remain anonymous. Survey results showed that 59% of participants felt that the agency provided the appropriate services to families. Participants reported some of the services lacking were protective parenting and in-home services, services for non-English speaking clients, virtual services for those lacking transportation, addiction services, and poverty assistance. During open-ended feedback in the survey, participants reported that they felt that they had a good working relationship with DCBS and open lines of communication. AOC also plays an important role in the CQI stakeholder group, actively participating in quarterly meetings. The AOC CFCRB operates on a statewide level and conducts case reviews every six months of children who are in the temporary custody or committed to the agency. This is pursuant to KRS 620.270 and outlined in SOP 30.5. Notice is given to interested parties informing them of the review and inviting their participation. The interested party review (IPR) utilizes the same

information that the local CFCRB uses for case reviews, such as the current case plan, current service recordings, ongoing assessment, and placement log. The IPR board uses this material to conduct an interactive review that includes the parties involved, as well as other interested parties. Findings and recommendations of the CFCRB and IPR are sent to the judge assigned to the case, parent(s), board chair members, and the cabinet. The local CFCRB participates in regional community forums twice per year. Areas of concern are discussed regarding the foster care system and to identify barriers to timely permanency, well-being, and safety for children in OOHC. For example, in the CFCRB Annual Report for 2023, some barriers identified that relative/fictive kin placements often face financial barriers to bringing children in their homes, and some families are not receiving financial assistance, medical assistance, or childcare. A local solution discussed is that foster parents have the option to receive training and become a state foster home to receive financial assistance from the state. In the CFCRB Annual Report for 2022, a barrier to permanency identified that permanency plans were being delayed and extended beyond the control of the parents due to issues including DCBS staff shortage, service closures, and service limitations. In the CFCRB Annual Report for 2021, another permanency barrier identified was delays in TPR hearings are affecting permanency. The court process does not appear to be consistent across counties.

The Race Community and Child Welfare (RCCW) initiative currently operates in 10 counties. Initially, there were only five counties with an RCCW committee, and they were chosen based upon data at that time (2007) where data showed the highest disproportionality and highest disparity. Over time, RCCW committees were increased so that each region in the state had a RCCW committee in one county, again based on the highest disproportionate numbers. There are nine regions, but one region has selected two counties to have RCCW committees, thus resulting in 10 operating committees. The committees service their respective regional area for statewide coverage. Each committee meets monthly with community partners to discuss data, develop strategic goals, and collaborate to address disproportionality and disparity. As a result of the committees, improvements are being made such as the Boone/Kenton RCCW updated their visitation room with diverse materials, books, and toys to create an inviting and culturally diverse visitation room. Boone/Kenton RCCW also secured 31 hair care products for African American (diverse hair types) children in OOHC. They are also partnering with faith-based churches and organizations to increase and diversify the foster parents. Committees have identified a disproportionate amount of child protection reports being made on African American families. As a result, committees have completed outreach into the community to share the importance of unbiased reporting to address equity. Racial Disproportionality Quarterly (RDQ) Reports provide data tables and illustrations focusing on racial disproportionality and disparity and different points on the child welfare continuum. Disproportionality and disparity data is distributed on a quarterly basis to all RCCW committees for review and is used for implementing strategic goals. Racial disproportionality quarterly reports were re-shared with CQI specialists that may not have been familiar with the data or RCCW efforts. Feedback received from RCCW members and CQI specialists indicated that the current RDQ reports are not user friendly, making it difficult to interpret and use the data. As a result, the department is incorporating suggestions for improvement to redesign these reports to meet the needs of the users. It is

anticipated this report will be available no later than the end of CY 2024. Reports will be retroactive to ensure data is provided for quarters that were not provided to the users during the redesign.

Identification of Strengths and Needs of Service Delivery

Through the evaluation methods listed above, strengths and needs are identified to initiate any needed system-wide changes. Kentucky utilizes data collected from the OSRI as part of the state's ongoing QA/CQI process to analyze strengths and needs, and then present at monthly debrief meetings. These debriefing meetings are a product of the Regional Engagement CQI Core team. They are held in each region twice a year and present an overview of each region's case reviews. The debrief meeting provides a broad overview of trends and data identified during the most recent case reviews and allows staff an opportunity to discuss casework with QA staff. A specialist from the QA Branch completes an in-depth review of the data and information identified through the OSRI, identifying both strengths and factors leading to ratings of areas needing improvement. The information is then shared during the debrief meeting. Regions are encouraged to invite all staff who have had a case reviewed during the recent pull as well as any other interested staff that leadership would like to invite. For frontline staff that are not able to participate in person, field supervisors and regional leadership share the information with the staff to ensure they understand the ratings, feedback, strengths, and areas for improvement. The debriefings provide opportunities to discuss strengths and challenges with the region, based on data obtained from case reviews. Review data is then incorporated into existing CQI activities to ensure that findings and trends are reviewed at the local, regional, and state level and used to inform action planning. The partnership between the CQI specialists and QA reviewers provides additional infrastructure to support staff and build capacity to understand data, connection to everyday practice, and the role in improving outcomes for families and children through data informed decision-making. Trends garnered through debriefings are shared with CQI specialists. After data is presented at the debriefing, the CQI specialist leads their region in a deeper discussion and strategizing to create action planning. CQI specialist and the QA leads are responsible for disseminating and monitoring QA activities and action plans within their respective regions. QA lead duties include interfacing with their regional leadership and collaborating directly with the divisions' QA staff to facilitate practice improvement across the state. Monthly QA lead calls are held with the QA Branch hosting and leading these calls. The calls are utilized to implement and monitoring QA activities/initiatives across the state. According to the focus group previously mentioned above, regions use the feedback provided in the debrief to present at supervisory staff meetings, where they brainstorm improvement initiatives, implement change, and then track progress through management reports and future KY CFSR case reviews to close the loop. For example, in February 2024, Northeastern Service Region took the case review data and created a PowerPoint to review and analyze at a recent supervisory staff meeting. The information included their region's strengths and trends, regional and statewide data, and a focus on the data from items 13 and 15, which needed improvement. They compared the OSRI data with data from second level case reviews and management reports and found consistency among the sources that confirmed the trends. They created an action plan that targeted these two items. For item 13, their plans included adding case planning to their

OOHC consult log to ensure case planning is occurring with all parties, and to add a reminder to ensure the family is invited to the conference. For item 15, their plans included that the specialist will develop training tipsheets regarding visits to parents, to be reviewed at the supervisory staff meeting and then will be shared with local team, and regional management will review a new management report for home visits and will determine how supervisors can utilize that report during monthly case consults to ensure visits to parents are completed. They are currently monitoring the plan to determine if it is successful. The action planning during debrief meetings is a relatively new process that was implemented in December 2023, so there has not yet been ample time to evaluate the effectiveness of these plans and the impact on data trends. Action plans, such as this one described above, are shared across all CQI teams in the region and field staff are encouraged to provide feedback. The CQI specialist and regional management then tracks progress on the plans through future data.

DCBS has identified a statewide issue impacting many facets of the child welfare system throughout the state, which has prompted a CQI approach described below as an example. Kentucky is currently experiencing a placement crisis in which DCBS has taken an all-hands-on deck approach to mitigate. Specifically, Kentucky has seen an increase in high acuity youth (youth with significant mental and behavioral health needs) for whom DCBS cannot find appropriate placement. As such, these youth are often placed in non-traditional placements such as DCBS offices, hotels, state park lodges, etc. Since this issue affects the entire state, bi-monthly, in-person CQI meetings are held with regional and central office leadership to brainstorm creative ideas to address the crisis. CQI specialists attend and assist with notetaking and action planning. Participants leave the meetings with "quick wins" to implement within regions and at the state level. Other short- and long-term action items are captured in action planning. During the months with no in-person meetings, calls are held to discuss progress on action items since the last in-person meeting. As a part of this effort, the DCBS Commissioner and other central office leadership meet with state level stakeholders, including but not limited to AOC, DJJ, etc., to discuss system-wide challenges that need addressed related to the placement crisis and high acuity youth. Additionally, meetings are held daily to discuss youth in or at risk of being in non-traditional placements to identify barriers, problem solve, and action plan.

The QA Branch developed a systems mapping process that rolled out in 2023. The QA systems mapping team is a multi-disciplinary team (MDT) comprised of representatives from different levels and disciplines within DCBS and community partners. The QA systems mapping team is utilized to analyze factors contributing to identified trends found during the KY CFSR case review process. The focus is upon identifying systemic challenges or vulnerabilities that impact work and identify any other concerns. In preparation of the mapping process, the QA Branch analyzes data upon the completion of the KY CFSR case reviews in each area prior to the debrief meeting. The analysis identifies specific trends that contributed to area needing improvement ratings. Trends identified are presented to the regional mapping team. The mapping teams work to identify systemic issues influencing practice using the System Safety Mapping Tool, which encourages analysis across multiple levels. Factors identified are scored using the Systems Analysis Tool to create consistency in statewide trends presented to the MDT for consideration

of advancement to DCBS leadership. Those factors are then presented to the MDT for consideration of advancement to DCBS leadership. According to the focus group previously mentioned above, they utilize management reports in conjunction with KY CFSR case review data to identify strengths and areas needing improvement. Information revealed that they observe the same patterns of strengths and trends when comparing the two different data sources, indicating validity and consistency. They utilize these reports to assess progress with improvement initiatives, as well as to help identify areas where new initiatives are needed to improve quality casework.

Relevant Reports, Data Analysis and Evaluation of Improvement Efforts

To collect data for evaluation and monitoring, the department, through the collaborative efforts of department personnel, the IQI Unit, and providers, have established multiple data collection processes and systems. The goals of the reports described below provides quantitative information that is analyzed to determine areas needing change and monitor improvement projects.

- Executive data dashboard
- Facts Sheets
- CQI Cares
- Data in a Glance (DIG)
- AFCARS and NCANDS compliance reports
- CQI-MITS
- Primary Prevention and Event Tracking (PP-MET)
- KSTEP Case Management System
- Administrative data reports including TWS-M004, TWS-M391

The IQI Unit designs research and evaluation activities and utilizes information from established systems to provide the department tangible evaluative information on the quality and effectiveness of department programs and services. They provide consultation regarding ongoing information and/or data requests with respect to any known history, terminology, and methodological changes in data collection and/or reporting that may have occurred to inform the organizational knowledge base. Data collection and analysis activities are filtered back through department organizational layers and levels, particularly through the CQI process. IQI staff collaborated with department and division leadership to develop an executive dashboard, which is published monthly to include point-in-time and trend data on areas of interest identified. This includes statewide and regional data on the OOHC population, youth entering vs. youth exiting OOHC, recurrence of maltreatment, re-entry into OOHC, and timeliness of permanency for youth exiting OOHC to reunification and adoption. This information assists the agency in identifying trends, to focus improvement efforts. Additionally, the IQI staff have developed fact sheets that capture specific aspects of program service delivery, including adult protective services, foster care, investigations, etc. Fact sheets are disseminated monthly and are available to personnel. CPS facts sheets and foster care facts sheets for each region are available on the DCBS website for easy access. The fact sheets also meet many data requests from the public and legislators. System modifications to TWIST often affect fact sheets, so IQI, along with QA staff

and the TWIST management reports team, continuously redesign the CPS intakes factsheet. The IQI team continues to provide ongoing testing and data validation against comparable administrative data to reconcile and improve accuracy. The IQI team conducts screening threshold analysis on intakes with allegations of child abuse and/or neglect to explore decision-making processes and potential errors occurring at data entry to determine true positives, false positives, true negatives, and false negatives. IQI then conducts screening of criteria in SOP to see if it can be adjusted to reduce error regarding false positives and false negatives, in addition to exploration of other SOP changes to reduce error rates.

The CQI-CARES captures data entered directly by reviewers from protection and permanency personnel. Case review data is published to all protection and permanency personnel quarterly for identifying practice performance areas and coaching purposes. The CQI-MITS tracks the minutes and issues generated through CQI meetings. The Primary Prevention and Event Tracking (PP-MET) is utilized by community partners to enter their primary prevention meetings and events. Data from the system informs the understanding of community-based services supporting child welfare. KSTEP Case Management System – The system provides KSTEP workers a web-based, single point of entry for all their case information and assessments. This system includes the Family Preservation-Case Tracking System which supports Family Preservation, Diversion, and CCC programs which allows data entry of information about children and families served. Data collection informs program evaluation efforts. During 2019, work occurred to consolidate two information systems into one larger system. This work continued into 2021 to include training of application of users and system migration. Migration was completed in 2022 with program staff and providers fully trained.

Administrative data reports are one method utilized by leadership at all levels to assess service provision. The TWS-M391 is a report that is disseminated monthly that tracks contact information for children in every open case. The report shows the date, type, and locations of last contact in the case, service activity, and who entered the contact. Leadership utilizes the report to ensure visits are being made to children with adequate frequency, address any gaps, and ensure supervision consultations are occurring. A focus group was held on March 6, 2024, consisting of 45 CQI specialists, CPS specialists, SRCAs, and SRAAs from every region in the state. According to the focus group, they most often utilize the monthly TWS-M004 report to help them inform decision making in cases. Participants felt this report was a useful tool to track contacts with the child and family, ensure case plans are entered time, and that the consultation between the supervisor and case manager are occurring monthly. Participants reported they address missing pieces and gaps through supervision, performance planning, follow-up, and monitoring the next report.

QA Branch members, program staff, and IT staff meet weekly to discuss analysis of management reports to evaluate data quality. NCANDS and AFCARS reports are reviewed regularly by leadership to identify and analyze trends and patterns to help inform decision making and create program improvement initiatives. Leadership utilizes DIG reports based upon information

gathered from the data profile. The DIG is used along with data from CFSR case reviews as well as management reports to track trends and evaluate effectiveness of improvement efforts.

Conclusion

In conclusion, Kentucky has implemented numerous QA activities statewide, including comprehensive case reviews, data collection and analysis, a robust CQI system, stakeholder involvement, policy and practice consistency, feedback mechanisms, and focus on measurable outcomes. Kentucky implemented an entire redesign of the CQI process which included department restructuring through realignment of all CQI specialists under one manager to better coordinate and standardize CQI activities. Kentucky additionally updated the CQI State Plan and Procedures Manual and rolled out the new CQI-MITS. Kentucky developed a case review team within the QA Branch which included the implementation of the KY CFSR case reviews utilizing the federal OSRI as the permanent case review tool for the case review team, debrief meetings as part of the feedback loop of case reviews, and regional action planning led by the CQI team. Additional statewide QA activities include systems mapping, quarterly stakeholder meetings, use of data to guide planning, and embedding CQI into daily practice through processes such as the permanency case review process.

Staff Training

Item 26: Initial Staff Training

Overview

Kentucky assesses *Item 26 Staff and Provider Training* to be a strength. In CFSR Round 3, this item was determined to be an area needing improvement for the state, as there was concern around the quality of initial training and questions regarding the amount of preparedness it provided to staff. Since Round 3, Kentucky has revised the entire onboarding training program, through collaboration among the DCBS Training Branch and Eastern Kentucky University (EKU). Prior to July 2021, all new staff attended the Academy, which was a six-month training series that included four master's level classes. Due to the college classes, training included extensive writing, assignments, and grading. Overall, staff were frustrated with the cumbersome training and expressed this in training feedback. Staff desired training that would teach them the foundational skills needed to complete their job duties instead of college credit courses. Based upon trainee feedback and in efforts to decrease the percentage of exiting staff, an overhaul of the initial training series occurred. The new Foundations training is a four-month program that incorporates shadowing and hands-on experience paired with a field training specialist (FTS). PCC and PCP case managers receive initial training provided by their host agency. Each contracted agency has their own policies and procedures that outline their training requirements. The contracted agency is required to ensure these policies align with 922 KAR 1:310 and the PCC/PCP agreement with DCBS. To ensure compliance, DCBS partners with the Office of Inspector General (OIG), Division of Regulated Child Care. OIG monitors the compliance of the agencies training administration.

Training Received by DCBS Staff

The DCBS Training Branch provides quality, comprehensive training, mentoring, facilitation, and professional development to department employees so they can effectively serve and empower families and children in Kentucky. The DCBS Training Branch consists of both department employees and EKU contract employees working together to serve department employees throughout the state. Training is provided in the department program areas of protection and permanency and family support, as well as other ancillary trainings. The training program provides pre-service, in-service, and advanced skill level training opportunities for prospective, new, and tenured employees.

Initial training is required and provided to all new Protection and Permanency staff. New staff first attend the New Employee Orientation (NEO) with their regional learning specialist (RLS). Staff meet with their RLS to receive their Staff Training Checklist and to be registered for all required trainings. The DCBS P&P Required Training Checklist for Staff outlines trainings required for new and tenured staff. The training checklist includes a comprehensive list of the initial training provided to new staff, as well as ongoing training requirements. Some service regions establish a timeframe of 30 days for completion of initial training, but it must be completed by the end of the 4-month Foundations series (discussed below). Completion is monitored by the new employee's supervisor and RLS and reviewed to ensure compliance upon completion of Foundations. New employees are evaluated at the end of their nine-month probationary employment period. New employees must have all initial training requirements completed by the end of their probation period. If their initial training is not complete, they do not pass their probationary period and their employment is terminated. In July 2021, the new initial training series, Foundations in Child, Family and Adult Services, was implemented which provided onboarding staff with the foundational skills required to complete their job duties. Currently there are 25 web-based initial training courses in addition to the seven course Foundations series (dependent on job duties) that new staff are required to complete upon hire.

All trainings are tracked through EKU's Training Records Information System (TRIS). TRIS records are used to verify completion of all new staff's required training. Initial training is tracked and monitored via the Staff Training Checklist by the RLS. Any training that is developed and required is disseminated by the DCBS Training Branch, leadership, and regional training coordinators. Required trainings are listed on the staff development plans. The figure below shows the completion rates of DCBS staff for Foundations, from February 2022 through December 2023, since the program rolled out in July 2021.

Figure 50 Foundations Courses completion rates of DCBS staff Feb 2022 – Dec 2023

Title	Completed	Not Completed	Total Started	Completion Rate
Social Work Principles	547	8	555	99%
Intake Process Systems: Part I	188	2	190	99%
Intake Process Systems: Part II	190	0	190	100%
Intake Process Systems: Part III	429	19	448	96%
Medical Indicators	415	0	415	100%
Child Protective Services Assessment Skills and Policies Part I	567	11	578	98%
Child Protective Services Assessment Skills and Policies Part II	550	21	571	96%
Case Management Part I: Case Planning	509	17	526	97%
Case Management Part II: Out of Home Care	494	26	520	95%
Child Sexual Abuse in Child Welfare	470	23	493	95%

The unique number of participants that completed at least one Foundations course within the above timeframe was 647. The number of participants that completed all Foundations courses within the above timeframe was 339. When considering factors for why all participants did not complete the entire series, some courses are not required by all job categories including Public Child Welfare Certification Program (PCWCP) staff, central intake staff, adult protective service workers, and recruitment and certification (R&C) workers. It is also important to note that the completion rate is also impacted due to some participants currently being active participants in Foundations who will not complete the program until 2024. Additionally, there were some course changes that impacted the participation numbers. From February 2022 through August 2022, Medical Indicators was part of Intake Process Systems Part I and Part II. From August 2022 through current date, Intake Process Systems combined Part I and Part II. Medical Indicators was separated into a distinct course. Completion of Foundations is monitored by the RLS and the new employee's supervisor. The average timeframe to complete Foundations is four months, however, if a class is missed, the employee can make up the course at the next available scheduled class. The RLS and supervisor track progress to ensure all trainings are completed and missed trainings are made up as soon as possible. New staff generally complete their initial training within four to six months (including time needed to complete potential make-up training sessions), but do not pass probation if their training is not completed at the end of their nine-month probationary period and are terminated from employment with the state agency.

In conjunction with the Foundations training program, the FTS program rolled out regionally beginning in March 2021. The FTS program bridges the gap between skill-based learning and field demonstration of the behavior anchors. Caseworkers classified as social service clinician II (SSCII) and social service clinician I (SSCI) were selected as FTSs in three pilot regions (Northern Bluegrass, Salt River Trail, and Two Rivers). These regions were selected for the pilot due to having an ample number of staff with the SSCII and SSCI classifications in their region, as well as the staff having strong leadership, coaching/mentoring skills, high performance in casework, engagement, verbal/written skills, and the ability to stay caught up on documentation. There is currently now FTS in every region of the state. In the FTS program, new workers are assigned a veteran worker who has been trained to be a coach and mentor to new workers in their regions. The FTS is assigned to the new worker at the beginning of the Foundations training

program and coaches until the new worker completes the Foundations series. The FTS reinforces the concepts and skills covered in Foundations in between the new worker's online and in-person training sessions. FTS' job duties include supporting, coaching, and mentoring new front-line workers so that the transfer of learning occurs once the new worker returns from each portion of the training. The FTS are also case managers and allow the new worker to shadow them during their own casework activities. Mentoring the trainee occurs simultaneously as the FTS is managing their own cases. This provides new workers the opportunity to observe the FTS making case decisions in real time. As new workers are assigned as case managers of their own cases, the FTS will evaluate the new workers' knowledge utilizing a Foundations skills chart and anchors (see Attachment 7) that address every aspect of casework activities from case opening to case closure. Coaching and mentoring continues to occur throughout the entire time the FTS is assigned to the new worker. The FTS and new worker also meet with the worker's supervisors to go over the ratings to show where a new worker may need more coaching as they transition from the training months to being coached and supervised by the supervisor alone. In addition, the FTS remains a source of advice, input, and coaching to previous staff they have worked with, which helps staff process new types of cases they may encounter after the training period.

There is not a written statewide defined process for assigning cases to new workers and the assignment process varies by region; however, the expectation is that new employees will have completed initial training prior to caseload assignment. Most regions have an internal policy that requires that staff complete training prior to being assigned cases. A statewide survey of supervisors from all nine regions conducted in 2024 supports this expectation as 81% percent of the 107 responding supervisors reported that they are required to wait until the caseworker has completed all mandatory new hire training (Foundations) before they are permitted to assign any cases. This is done to ensure that the worker has the foundational skills and knowledge to make appropriate case assessments/decisions. In regions without specific policies, supervisors work with the FTS to determine the caseworker's readiness prior to case assignment. Based upon the new employee's skill level, the supervisor (and FTS when applicable) makes decisions about appropriate case types to assign to the employee for their initial case management. Their casework is then monitored by the supervisor and FTS to ensure their application of skills and policies with families.

Training received by Contracted Case Managers

PCC and PCP case managers are contracted with Kentucky and training is provided by their host agency. Each contracted agency has their own policies and procedures that outline their training requirements. The contracted agency is required to ensure that these policies align with 922 KAR 1:310 and the PCC/PCP agreement with DCBS. To ensure compliance, DCBS partners with the OIG's, Division of Regulated Child Care. OIG monitors the compliance of the agencies at minimum on an annual basis. This monitoring includes but is not limited to review of staff training records, background checks, and other staff requirements. If it is determined there are deficiencies, then the agency would be issued a citation. As a part of this citation, the contracted agency must provide a corrective action plan. DCBS and OIG staff meet monthly to discuss any concerns regarding contracted agency staff. Kentucky currently has contracts with 25 PCC and

27 PCP agencies that serve children and families statewide. The five agencies listed below are located throughout Kentucky and serve the families involved with private providers in every region of the Commonwealth.

- StepStone PCC and PCP require initial new employee training within the first 14 days of hire. They monitor all staff training completion through a company-wide data base. They report a 100% completion rate for new trainings in 2023.
- Heritage PCC reports that their agency requires 40 hours of on-the-job training prior to case assignment. Initial trainings must be completed within 90 days. Ninety (90%) of staff completed the training within the required timeframe. In person trainings are recorded on a training sign in sheet and filed in a training binder.
- Benchmark PCP report that staff training is tracked through an orientation log for new employees and an annual training log for ongoing employees. Orientation logs are tracked by the Human Resources (HR) Department to ensure completion and appropriate documentation of required trainings prior to placement in the personnel file. New staff attend two days of orientation, followed by virtual trainings. After completion of virtual trainings, staff shadow an experienced employee for a minimum of two weeks before they are permitted to carry a case load completely by themselves. The training log is verified by HR staff to ensure certificates or sign-in sheets are complete and the employee has completed the required 15 hours of annual training. Training records show 100% completion rate for 2023.
- NECCO PCP reports that new case managers are required to shadow a seasoned case manager for 30 days and complete their case manager support plan. This plan serves as a tracking log for the mandatory trainings, also required in the first 30 days.
- Sunrise PCC and PCP tracks and monitors new staff training completion through an NEO checklist and placed in the employee's personnel. Employees must complete NEO and any training required by regulation prior to being assigned cases or working directly with clients. Initial and ongoing training is completed within Sunrise's Learning Management System (LMS), Relias. For training that is completed outside of Sunrise, the training is logged into Relias as an external course so that all training (internal and external) is recorded in the LMS.

Quality of Training to Address Basic Skills Needed

TRIS is used to keep training records DCBS staff and is a resource to ensure that training is completed. Behavioral anchors were developed and incorporated to ensure all basic knowledge and skills are captured in the training. Foundations training is evaluated using the comprehensive Kirkpatrick Model and includes four levels of evaluation: participant's reaction, what they learned (learning), how they applied what they learned (behavior), and outcomes (results). Level 1-4 quantitative and qualitative data are collected after each module of Foundation training, outlined below. Data is additionally gathered during a new employee's time with the FTS in the field, via a survey six months after training ends.

Level 1 evaluation is the participant's reaction to the training. At the end of each module, participants complete a short questionnaire. EKU and DCBS training staff review ratings and any open-ended comments.

Level 2 evaluates the participant's gains in knowledge and skills from before to immediately after training completion. From 2020 through early 2022, participants completed a pre-post knowledge and skill test consisting of multiple-choice items that were assessed periodically for reliability and validity. Since early 2022, at the beginning and end of each module, participants complete a pre-post knowledge and skill test (seven tests) consisting of multiple-choice items that have been assessed for reliability and validity twice since the new Foundations training began in early 2022.

These data are analyzed by the external evaluation team at UofL and pre to post comparisons are made and submitted in quarterly reports. From 2020-2022, 600 pre-and post-tests were administered. From 2022-2023, 350 pre- and immediate post-tests were administered. Pre-post analyses showed a significant increase from pre to post scores with an average pre-test score across modules of 65% and an average post-test score across modules of 74% (a nine percent increase, $t(349) = 8.32$, $p < .05$). Thus, trainees leave training with more knowledge than when they entered. The next assessment of learning occurs six months after the conclusion of Foundations training and FTS reinforcement.

Table 40 Pre-Post Test Scores for New Worker Training

	Pre-Test Mean Percentage	Post-Test Mean Percentage
2020-2022 On-Line	66%	75%
2022-2023 On-Line Revised	65%	74%

Level 3 evaluation assesses the transfer of training knowledge and skills in-between online Foundations training, when new employees are paired with an FTS. The FTS assesses the skills of the new employee through 41 behavioral anchors. The anchors are rated on a zero to three scale from zero (does not demonstrate the knowledge or skill at all, is unaware of the area or engage in unacceptable behavior), one (the knowledge and skill is emerging and is partially or sometimes utilized), two (the knowledge and skill is proficient and is often utilized- enough to meet policy standards), or three (the knowledge and skill is exemplary and is utilized proactively and consistently). The goal is for new employees to reach a rating of 2.0 or higher to be minimally competent. Minimally competent is considered to have knowledge of policy and able to apply it to practice, do no harm, and build upon skills learned through practice with supervision. When the FTS program was first conceptualized, an agreement was made among trainers, administrators, supervisors, and client-facing staff that because it takes two years of child welfare practice for most people to be fully competent in the job, during the half year being trained, they leave that experience with minimal levels of competence- meaning they know policy and practice enough to follow standards, to do no harm and to have a foundation to build

on as they practice further with close supervision. In February 2021, 24 FTS were trained on the model in three pilot regions. Meetings were held quarterly to gain insights and to tweak the on-line behavioral anchor tool. In March 2022, 23 FTS were trained on the model in three additional pilots. In March 2023, the final group of 35 FTS were trained in the remaining three regions. Across dozens of ratings for new employees across the 41 behavioral anchors grouped into eight areas of practice over the past year, there is evidence to suggest that, on average, new employees grow in their skills over time and exceed minimal levels of competence in each area. The goal rating is to achieve a 2.0. The table below shows the anchor rating change average among the 35 FTS in 2023, for 35 out of 127 new hires who had an FTS assignment. Results show improvement in six out of the eight skill areas, surpassing the goal rating of two. These results indicate increased skills by new employees through coaching and mentoring with an FTS. Although the skill area of implementation decreased slightly (0.06), the decrease is not significant and could be caused by measurement error or a reflection of the difficulty experienced by new caseworkers when adding additional assignments to practice. All ratings are completed by the FTS based upon their observations and experience with the caseworker.

If the FTS believes a staff person is not understanding concepts, they recommend additional training. So far this has not been necessary. Supervisors are aware that if they identify that a staff person needs additional training, that option is always available to them.

Table 41 Change in Behavioral Anchor Ratings by FTS During Coaching Period 2023

Area	Average Ratings (0-3 scale) Early in the FTS Coaching Period	Average Ratings (0-3 scale) Later in the FST Coaching Period
Foundation	1.91	2.24
Engagement	1.88	2.18
Assessment	1.86	2.31
Planning	1.75	2.07
Implementation	2.02	1.96
OOHC	1.94	2.04
Court	1.39	2.00
Case Closure	1.70	1.86
Overall	**1.80**	**2.08**

Level 4 assesses the knowledge and skills of the new worker, six months post-training (see Attachment 8 and Attachment 9). Staff are sent online surveys by the UofL evaluation team to complete. One of the measures captures their perceived competence in the eight key areas (detailed in the FTS behavioral anchors) and about their attitudes, workplace dynamics, and

supervisor behavior to capture both training transfer and variables that affect learning uptake. Follow-up data is reported to the DCBS Training Director, Leadership at the TRC at EKU who oversee developing and implementing the curriculum and other DCBS leadership quarterly. They then share results with curriculum developers and trainers.

As part of CQI, trainers make any necessary modifications to the curriculum that need further clarification, because of these four sets of data reports (participant reactions, pre-post test scores, FTS ratings and follow-up self- reports of perceived competence). The table below shows that ratings on all the behaviors are above the mean of 3.0 on a five-point Likert-type scale. On the scale, one represents not at all competent, two represents a little competent, three represents somewhat competent, four represents mostly competent, and five represents very competent. These findings in the table below show that staff exceed minimal competence on the key practice behaviors in child welfare and have transferred their learning from the online modules to the field. Assessment results show that the overall level of confidence 10 months on the job (Foundations training is four months and survey is sent out six months later) is significantly higher for the N = 61 new employees who had an FTS assigned to them versus new employees without an FTS. These data were combined across a one-and-a-half-year period, June 2022-December 2023, while the FTS program was being rolled out across the state. At any given time, three to six regions were not engaged in FTS yet or had just begun.

Table 42 Comparison of New Employees from the FTS Program vs. Those Who Did Not Participate on Perceived Competence 6-Months Post Foundations Involvement, June 2022-December 2023

Work Behaviors:	FTS (New employees from the FTS Program) (n=61)	Other Staff Mean (New employees who did not participate in FTS) (n=180)	Overall Mean (n=241)
Foundational Behaviors	3.99	3.83	3.87
Engagement Behaviors	4.10	3.87	3.93
Assessment and Investigation	3.90	3.72	3.77
Case Planning and Implementation Behaviors	3.90	3.60	3.68
Out-of-Home Care	3.74	3.38	3.46
Court and Case Closure	3.85	3.66	3.71

Additional comments provided by the participants reflected that those in the FTS program vs. new staff without an FTS viewed leadership more positively, thought there was a shared vision among staff, and saw the organization as more supportive. They viewed their supervisor as more supportive and offering more quality supervision, and their team as more cohesive. The data above is from the early implementation phase of the FTS program. As the FTS program was being built in 2021, it was being simultaneously rolled out by regions. Now that all regions are utilizing FTS, more new employees are participating in the FTS program. While numerous FTS were trained, turnovers and promotions created a challenge for keeping the program fully staffed.

The regions have continued choose additional caseworkers to train and become FTS as they experience turnover. Eventually, the goal is to have an FTS on every team so that all new caseworkers will have this experience.

A survey conducted in early 2024 captured data from 299 field staff across the state who completed initial training. Fifty-eight (58%) of participants felt they were prepared to carry out their job duties when they completed Foundations. Of the 42% who felt that they did not have the skills necessary, a common theme of feedback was that more field training with tenured staff was needed. A limitation to this survey is that it was sent to both new and tenured staff, so some participants did not experience the new Foundations training series and pairing with an FTS. Only 32% reported that they were mentored by an FTS. Of the survey participants reporting they were paired with an FTS; it was reported to be very beneficial for shadowing and discussing training learning points. Survey results showed additional training is needed surrounding court training and preparation and TWIST.

A focus group conducted on January 17, 2024, consisting of 10 field staff from various counties statewide reported that Foundations training was helpful, but not as effective as hands-on training. The consensus agreed that shadowing an experienced caseworker was the most effective method to gaining the skills necessary to complete the job requirements, thus supporting the FTS program. The group felt that the training checklist was helpful, as they were able to follow along with completion and knew when they had finished the program. Staff who have gone through the FTS component reported that they met with their FTS anywhere from several times a day to several times a week. They noted that FTS were intentional about reviewing material from the Foundations training to reinforce important aspects. They reported the FTS assisted them with documentation, interviewing skills, and using TWIST. Feedback given by their FTS was perceived helpful and encouraging. They particularly enjoyed shadowing for hands-on experience. Their ratings on helpfulness, importance, satisfaction with and commitment to continuing the program were all 5.0 on a five-point Likert type scale. New employees did note that a barrier to learning is having to work a caseload during the initial four-month training period and desired to take on only a few cases for context. Although the FTS program includes meetings that include the supervisor, participants report that meetings do not consistently happen as frequently as desired.

A survey was sent to eleven PCC/PCP agencies for their staff from May 1, 2024, through May 24, 2024. Thirty-eight (38) PCC/PCP caseworkers responded. The survey assessed the caseworkers' perceptions of the transfer of knowledge of initial trainings, providing them with the skills necessary to complete their job duties. Sixty-three (63%) percent felt that they had received initial required training, while 23% were neutral. Only 13% of caseworkers disagreed. Seventy (70%) percent of caseworkers felt that the trainings helped enhance their skills as a caseworker. Twenty-six (26%) percent of caseworkers were neutral, while only 4% disagreed. Survey results showed that the larger percentage of caseworkers at PCP/PCP agencies receive mandatory training and transfer of knowledge occurs to provide them with necessary skills.

Conclusion

Kentucky's staff and provider training system is functioning statewide and ensures that staff receive training that addresses the basic skills and knowledge needed to carry out their duties. The DCBS Training Branch and EKU contract employees work together to serve department employees throughout the state. Kentucky revamped the entire initial training system in 2021 to a four-month Foundations series that incorporates shadowing and hands-on experience paired with an FTS. New employees also complete 25 web-based initial training courses in addition to Foundations series. All trainings are tracked through EKU's TRIS and monitored by field supervisors and RLS. Training is evaluated using the Kirkpatrick Model and includes four levels of evaluation including the participant's reaction, what they learned (learning), how they applied what they learned (behavior), and outcomes (results). Evaluations show that staff feel moderately competent after completion of training and results are promising that the FTS program is boosting the competence level further. The goal is to continue growing the FTS program to have an FTS on every team statewide, so that all new caseworkers will have this experience. PCC and PCP case managers receive initial training provided by their host agency. PCC and PCP agencies must adhere to policies that outline their trainings, congruent to 922 KAR 1:310 and the PCC/PCP agreement with DCBS. To ensure compliance DCBS partners with OIG's Division of Regulated Child Care. OIG monitors the compliance of the agencies training administration.

Item 27: Ongoing Staff Training

Overview

Kentucky assesses Item 27 Staff and Provider training as a strength. In CFSR Round 3, this item was determined to be an area needing improvement for the state, as concerns were noted regarding Kentucky's lack of ongoing training requirements for staff and no clear process to ensure that staff were provided appropriate access to relevant, ongoing training to support them in carrying out their duties. Since the last CFSR, improvements have been made to the training system. Kentucky provides a considerable amount of both required and optional ongoing training opportunities for staff, as well as the ability to track individual worker completion. All staff have access to the training course catalog to review and register for upcoming trainings. Kentucky employs an adequate notification system to staff through automated emails, when annual and biannual required trainings are due. New trainings are developed based on initiatives.

Completion is tracked through documentation provided by TRIS. Quality of ongoing and supervisory series training was found to be sufficient and addresses the skills and knowledge required to carry out their duties, evidenced by pre and post test scores, training evaluations, surveys, and focus groups. PCC and PCP case managers receive initial training provided by their host agency. Each contracted agency has their own policies and procedures that outline their ongoing training requirements. The contracted agency is required to ensure that these policies align with 922 KAR 1:310 and the PCC/PCP agreement with DCBS. To ensure compliance DCBS partners with the OIG Division of Regulated Child Care. OIG monitors the compliance of the agencies training administration.

Ongoing Training received by DCBS Staff

Kentucky contracts with EKU for quality training provision. EKU staff create and teach course material to DCBS staff in accordance with their contract. The comprehensive professional development and training system includes the elements of providing learning opportunities to new and tenured DCBS staff, foster/adoptive parents, and community partners, encouraging field-based application and training reinforcement at the regional level, and developing a training/educational course catalog with prior approval by DCBS. EKU develops training schedules based on the hiring and training needs of regions and changes in federal or state regulations. EKU updates the Training Educational Course Catalog to reflect changes and/or additions in courses. EKU coordinates and delivers training/educational courses essential to support and improve the performance of new and tenured DCBS staff in the conduct of their duties and responsibilities serving families and children of the Commonwealth. EKU reviews mandatory training and provision of recommendations for web-based and/or distance-learning enhancement. They promote learning reinforcement, coaching, mentoring, and monitoring activities in the service regions for management, supervisors, and field staff. EKU provides technical assistance and consultation and/or assists in development of new training curricula in conjunction with appropriate programmatic partners, when indicated.

Following completion of the initial Foundations training, staff continue to receive ongoing training as new initiatives are released, as well as refresher trainings on an annual to bi-annual basis. All staff must complete Ethics Awareness, Safety: Preventing and Reporting Dog Attacks during Home Visits, Targeted Case Management, Preventing Disease Transmission, Using Narcan Nasal Spray for Opioid Overdose Emergencies, I-TWIST: Health Information Data Sharing, and Quality Engagement for Successful Partnerships on a yearly basis. Bi-annually, staff are required to complete Equal Employment Opportunity, Domestic Violence: Biennial Continuing Education, Elder Abuse: Continuing Education, Using Non-Physical De-Escalation with Children and Youth, Screening and Identification of Human Trafficking, and PAPSS- Post Adoptive Placement Stabilization Services (required for Recruitment &Certification staff). This can be found on the DCBS P&P Required Training Checklist for Staff. The annual trainings are required to be completed online one year from completion date of the last training. Biannual trainings are required to be completed online two years from completion date of the last training. Staff are sent automated email reminders from TRIS at the time their training is due. Automated e-mail reminders are sent on a weekly basis until the training is complete. While supervisors do not receive the same automated e-mail notification for ongoing trainings of their staff, they can log into the EKU TRIS page and view the training records for their staff at any time. In addition to consistent access to their staff's training records, supervisors are required to review staff training records during interim employee evaluations in July each year, as well as the year-end performance evaluation. Supervisors assess training compliance and staff are penalized on their evaluation for failure to complete required trainings. This can result in performance improvement plans and disciplinary actions. Make-up training opportunities are provided for staff who miss a required in-person training.

Additionally, each region has an assigned RLS, who works with the staff within the region and the training branch to coordinate any needed trainings. The RLS have a vital role in dissemination of information regarding trainings regionally. The RLS notifies their region of new trainings, both optional and required.

When a training need is identified by a region, the RLS assists with gathering information including the specific training needs, outcomes, and objectives of the training. The training need can be identified through data analysis, recurring trends, new initiatives, or by request from the field. The information is then sent on a request form to EKU for assistance with development of the training, as well as for tracking purposes through TRIS. All trainings developed are available for state leadership to review and provide feedback prior to implementation and presentation. For example, Two Rivers Service Region (TRSR) identified case planning as a training need, so they discussed this need with their RLS. In turn, the RLS contacted Training Resource Center (TRC) to coordinate this training development. From there a refresher was developed by the TRC and provided to the region and state. The regional training occurred in December 2022. KY CFSR case review data showed that for TRSR cases reviewed pre-training from July 2022 through December 2022, the region's strength rating for Item 13 Child and Family Involvement in Case Planning was 23.08%. Post training scores from case reviews completed from July 2023 through December 2023 showed a significant increase in scores to 42.86% strength rating (nearly a 20% increase). According to data from the monthly TWS-M004 management report, TRSR scored an 81.9% rating for timely completion of case plans in December of 2022, while improving their scores to 87.3% in the December 2023 report. These data results show that the training was effective and improved both quality and timeliness of case planning with families. There is a standardized form that regions utilize to highlight the needs of the staff, what staff need the training, and the goals and objectives of the training. Training evaluations are continually monitored, and updates are completed as needed. An additional example of the training identification and development process recently occurred when the Cumberland Service Region identified that field staff needed to gain better understanding of the CFSR process, as case workers were having questions about the case review process and the reasoning behind it. Regional management developed training curriculum and submitted the documentation, along with request for review and approval of training credit. EKU and regional management worked with the QA Branch to ensure the training presentation contained accurate information. EKU finalized the training, scheduled multiple training dates in February and March 2024, added registration to the course catalog, and maintained TRIS records showing staff completion. As this training was just recently completed, there has not been ample time to analyze the training's effectiveness and outcome. When applying training credit, as in the example above, the training can be developed by an outside source such as regional staff or outside providers and then sent to EKU to receive training credit. Additionally, at times EKU staff develop materials in coordination with the content expert. The process for training content development can vary by training need and specific requests.

Specialized and advanced trainings are offered to staff to increase skills in service delivery and are offered on an ongoing basis. This includes, but it is not limited to Implicit Bias and Forensic

Interviewing. Other program-specific training is offered on special topics at a regional and statewide level as requested. A full list of ongoing trainings can be found in the Course Catalog - DCBS-TRIS (eku.edu). Between 2021-2023, there have been 153 various training courses, both web-based and synchronous, that have been offered as optional training opportunities and/or refreshers for tenured staff. Out of the 153 different trainings, 33,722 courses were completed by staff.

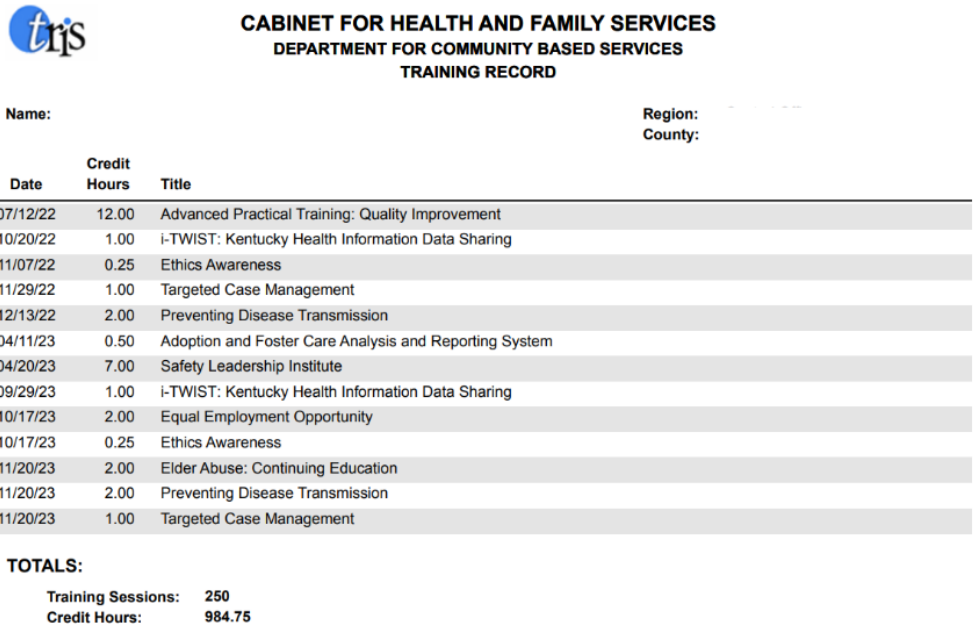
Required Leadership Training for all Supervisors

Kentucky requires all new supervisors to complete the five-month P&P Leadership Series upon promotion or hire. The curriculum was designed for P&P supervisors utilizing the Family Services Office Supervisors' Developing a Curriculum (DACUM) results which identified priorities and best practices in the field of child welfare supervision. DACUM is a process that incorporates the use of a focus group in a facilitated storyboarding process to capture the major duties and related tasks included in an occupation, as well as the necessary knowledge, skills, and traits for a leadership role. The leadership series consists of five two-day core training sessions (total of 10 sessions) with one core being held per month, with series completion occurring in five months. Make-up options are available if a session is missed, but the expectation is for the series to be completed in the five-month timeframe. Non-completion is reported regional management. Regional management in the direct line of supervision for the supervisor can view their staff's training record at any time on the EKU TRIS website, to track and ensure training completion. As the supervisory series is considered mandatory, this is also assessed during interim and year end performance evaluations, which can result in performance improvement plans and disciplinary action. The training is designed to provide management skill development opportunities essential to ensure a close integral link to the job as a frontline supervisor. This includes a focus on effective leadership habits and personnel management training to improve employee job performance. Topics in the leadership series include foundations of supervision practice, principles of effective supervision, ethics, adult learning, self-care, coaching, leadership pillars and domains, leading, mentoring, and trauma. Supervisors are also required to complete synchronous and web-based training based on new initiatives within the state. Specific training for DCBS frontline supervisors in all program areas is available through the leadership training series. This training series is delivered by EKU staff through the TRC.

DCBS and EKU maintain training checklists all staff within the department, including staff within DPP and the Division of Family Support (DFS). TRIS maintains the DCBS online training registration system (ORS) and training tracking system of all DCBS staff and foster/adoptive parents. TRIS provides aggregate data and special reports on training events, training hours, participants, prerequisite notification, compliance with training requirements, staff demographics, information for training needs assessment and budgetary analysis, and other related information. Both active and historical training files are maintained in TRIS. Supervisors can view the transcripts of their staff training through TRIS. Supervisors monitor required training completion twice per year, once during interim evaluations (held in July) and then at year-end performance evaluations, as this is a required assessment field on staff evaluations.

Currently, there is no data tracking increase or decrease in required training completion and timeliness. The regional RLSs receive a weekly outstanding training list from TRIS that includes staff with missing training requirements. The RLS sends notification to the supervisor of the staff, so they are aware and can ensure training is completed. On an as requested basis, the RLS will also send training records, which include outstanding training, to the DCBS supervisor, if the training needs to be addressed outside of the staff's evaluation period. The region can also request a list of who has not completed a specific training, which is retrieved and sent by the RLS.

Figure 51 Example Staff Training Record



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
TRAINING RECORD

Name: **Region:**
County:

Date	Credit Hours	Title
07/12/22	12.00	Advanced Practical Training: Quality Improvement
10/20/22	1.00	i-TWIST: Kentucky Health Information Data Sharing
11/07/22	0.25	Ethics Awareness
11/29/22	1.00	Targeted Case Management
12/13/22	2.00	Preventing Disease Transmission
04/11/23	0.50	Adoption and Foster Care Analysis and Reporting System
04/20/23	7.00	Safety Leadership Institute
09/29/23	1.00	i-TWIST: Kentucky Health Information Data Sharing
10/17/23	2.00	Equal Employment Opportunity
10/17/23	0.25	Ethics Awareness
11/20/23	2.00	Elder Abuse: Continuing Education
11/20/23	2.00	Preventing Disease Transmission
11/20/23	1.00	Targeted Case Management

TOTALS:

Training Sessions: 250
Credit Hours: 984.75

Ongoing Training received by Private Agency Staff

PCC and PCP case managers are contracted with Kentucky and training is provided by their host agency. Each contracted agency has their own policies and procedures that outline their training requirements. The contracted agency is required to ensure that these policies align with 922 KAR 1:310 and the PCC/PCP agreement with DCBS. To ensure compliance, DCBS partners with the OIG's Division of Regulated Child Care. OIG monitors the compliance of the agencies at minimum on an annual basis. This monitoring includes but is not limited to review of staff training records, background checks, and other staff requirements. If it is determined there are deficiencies, then the agency would be issued a citation. As a part of this citation, the contracted agency must provide a corrective action plan. DCBS and OIG staff meet monthly to discuss any concerns regarding contracted agency staff. Kentucky currently has contracts with 25 PCC and 27 PCP agencies that serve children and families statewide. The five agencies listed below are located throughout Kentucky and serve the families involved with private providers in every region of the Commonwealth.

- StepStone PCC and PCP monitor all staff annual mandatory training completion through a company-wide data base. They report a 100% completion rate for annual trainings in 2023.
- Heritage PCC reports that their agency utilizes the Relias system for tracking ongoing training requirement. In person trainings are recorded on a training sign in sheet and filed in a training binder. Ninety (90%) percent of staff completed the training within the required timeframe.
- Benchmark PCP reports that ongoing training is tracked through logs, monitored by HR Department to ensure completion and appropriate documentation of required trainings prior to placement in the personnel file. Annual training is tracked on the employee's annual training log and submitted to HR with the employee annual evaluation. The training log is verified by HR staff to ensure certificates or sign-in sheets are complete and the employee has completed the required 15 hours of annual training. Training records show 100% completion rate for 2023.
- NECCO PCP reports that yearly required trainings are uploaded into the Relias Database where employees log in and are assigned courses to complete. A training log record is uploaded into the employee file where it is tracked for meeting annual requirements. Staff complete ongoing trainings at a rate of 75% within the required timeframe.
- Sunrise PCC and PCP tracks and monitors ongoing training completion within Sunrise's Learning Management System (LMS), Relias. For training that is completed outside of Sunrise, the training is logged into Relias as an external course so that all training (internal and external) is recorded in the LMS. Staff training requirements are reviewed annually during the employee's annual evaluation to determine if employees have met the annual training requirements.

Effectiveness of Ongoing Training at addressing Basic Skills and Knowledge

DCBS, through its partnership with the University Training Consortium (UTC), measures new and experienced staff skill development through multiple methods. Evaluation activities focused on assessing P&P employee knowledge and skill development are incorporated into the new employee training academy, and continuing education programs, such as the Advanced Supervisory Series, P&P 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 the effectiveness of the learning process. The level one evaluation instrument is "learner-centered" and administered online. DCBS, through a contract and/or subaward with UofL measured Levels 2, and 3 related to the impact of P&P training and two additional continuing education programs.

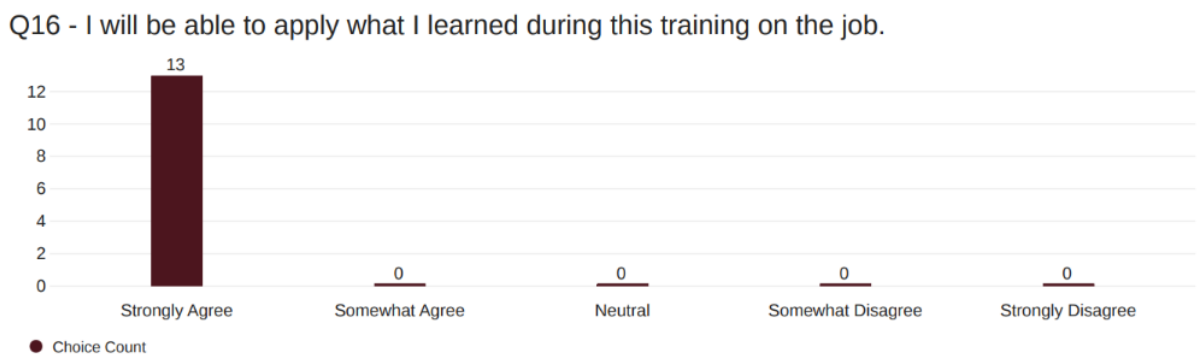
Level two evaluation involves measuring knowledge and skills acquired during the training (measured with pre and post-tests), with results of the evaluation serving as a basis to evaluate the translation of knowledge and skills gained in training to actual job performance. Level three evaluation measures the impact of training on job performance (to what extent the learning which occurred as a result of training 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. Response rates on the surveys range from 65% to 77%, indicating the results are representative. Responses on surveys are also linked to turnover data to see what predicts turnover and the results have maintained consistency for over a decade. Training evaluation results/reports are regularly shared with DCBS leadership through quarterly UTC evaluation workgroup meetings in reports and presentations. Periodically, an overview is given to leadership of results across a longer period. For example, in December, results were shared with leadership regarding implications for retention interventions.

Following each training, whether in-person or online, staff are surveyed regarding their training experience and if their learning was aided from their participation. The figures below show examples of survey feedback from staff after they have completed ongoing trainings. Results of this data support that most staff feel confident in that that they will be able to apply the knowledge obtained from the training into their job requirements, supporting that the training is appropriate and effective.

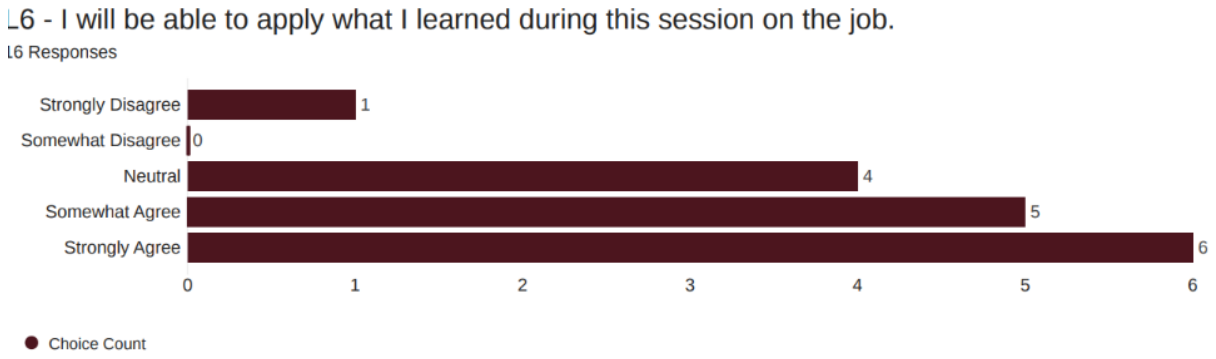
Fifteen (15) staff completed the survey following training in December 2023. Thirteen responded to the following question and all responses strongly agreed they will be able to apply what was learned to the job.

Figure 52 Ongoing Training Series, Forensic Interviewing



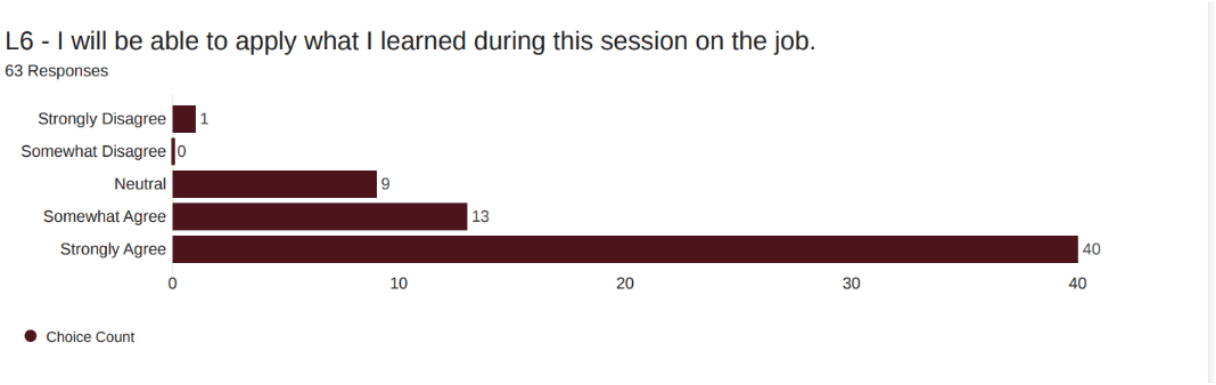
Fifteen (15) staff responded to the survey who completed this refresher between December 2022 and August 2023. Most responses strongly agreed/agreed that they will be able to apply what they have learned to their job.

Figure 53 Writing Case Plans: A Refresher for Tenured Staff



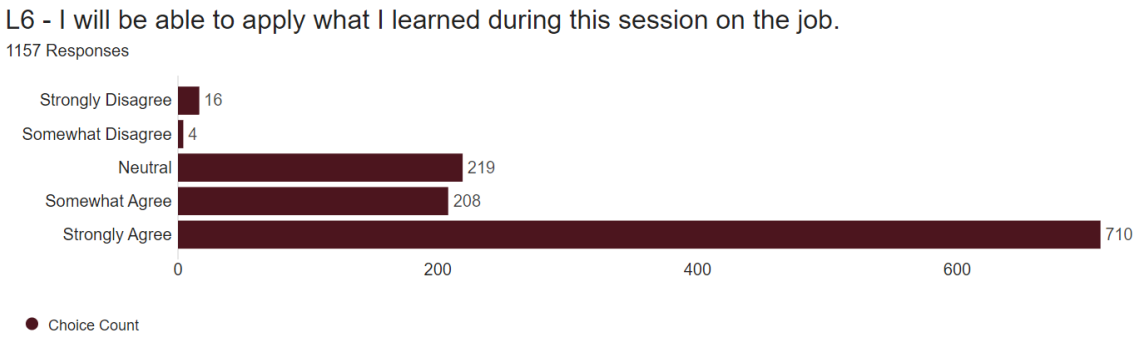
Seventy (70) training participants completed the survey between August 2021 and June 2023. Most responses strongly agreed/agreed that they would be able to apply what they learned in the training.

Figure 54 Web Based Trainings: LGBTQIA+ Mental Health: The Trauma of Coming Out



Nearly 80% of participants surveyed strongly agreed/agreed that they would be able to apply knowledge gained during the training to their jobs.

Figure 55 Domestic Violence: Biennial Continuing Education



The P&P Leadership series consists of five “Cores”. Pre and Post knowledge checks are completed for each of those cores. The test questions need to be created/improved to accurately assess learning. The pre and post knowledge checks have been evaluated by the UofL evaluation team and it has been determined that the content of the training is sound, but the knowledge checks need to be updated to accurately test whether the participant has made knowledge gains. UofL is contracted to complete evaluations and work with knowledge checks. Dr. Anita Barbee is an expert in evaluating training in Kentucky and nationwide. She has been working with Kentucky's training branch for over 25 years. EKU works with UofL to ensure that the questions accurately assess learning. Currently, the evaluation team is updating the questions, and these will be implemented in the upcoming fiscal year. There were limitations to evaluating the test scores due to differences in the number of completing the pre and post-test in the timeframe. The current questions have the following results:

- Core A: Improvement was shown on 8 of 19 questions.
- Core B: Improvement shown on all 9 questions.
- Core C: Improvement was shown on 6 of 7 questions.
- Core D: Improvement was shown on 3 of 9 questions. Others were unable to be tracked due to variance on test completion.
- Core E: Improvement was shown on 1 of 9 questions. Others were unable to be tracked due to variance on test completion.

Field supervisors also complete training evaluations (separate from pre and post knowledge checks) upon completion of the leadership series. A limitation of the evaluations is that they are not mandatory for completion of the course. However, the completed evaluations that were received for P&P Leadership Series over the last year shows that most supervisors felt the course prepared them for their supervisory duties, as demonstrated in the tables below. In Core A, 15 out of 18 respondents strongly agreed/somewhat agreed that they understood how the series was preparing them for supervision. Only two respondents were neutral, while no respondents disagreed. In Core B, 11 out of 15 respondents strongly agreed/somewhat agreed that they understood the connection between the training and job preparation. Three respondents were neutral, only 1 disagreed and no one strongly disagreed. In Core C, nine out of 10 respondents strongly agreed/somewhat agreed that they understood how the series was preparing them for supervision. Only one respondent was neutral, while no respondents disagreed. In Core D, 12 out of 15 respondents strongly agreed/somewhat agreed that they understood the connection between the training and job preparation. Two respondents were neutral, only 1 disagreed and no one strongly disagreed. In Core E, seven out of eight respondents strongly agreed/somewhat agreed that they understood how the series was preparing them for supervision. Only one respondent was neutral, while no respondents disagreed. This shows that most supervisors strongly agree or agree that they understood the connection between the training material and job performance, as no one strongly disagreed. This data shows that overall, participants understand the connection between training and their job duties and helps to prepare them with skills necessary to perform their job, supporting that the training is appropriate and effective. Below are the corresponding sections of the evaluation results described above:

Figure 56 Protection and Permanency Leadership Training Series: Core A

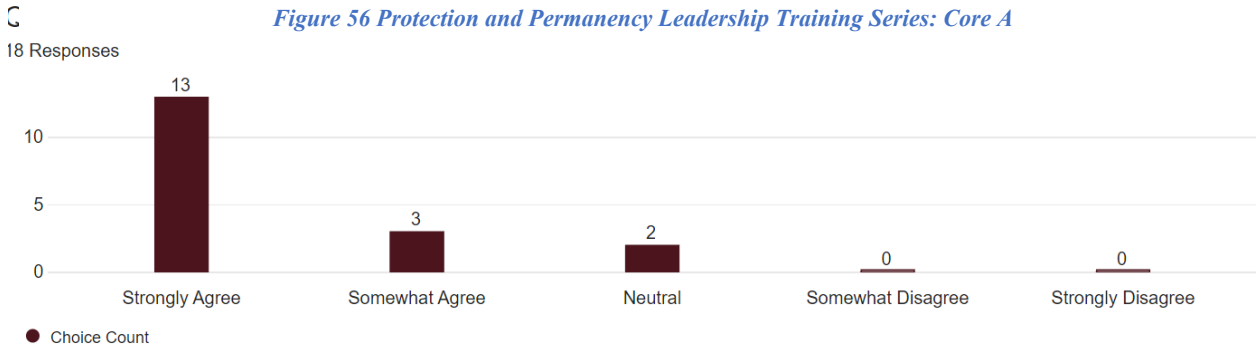


Figure 57 Protection and Permanency Leadership Training Series: Core B

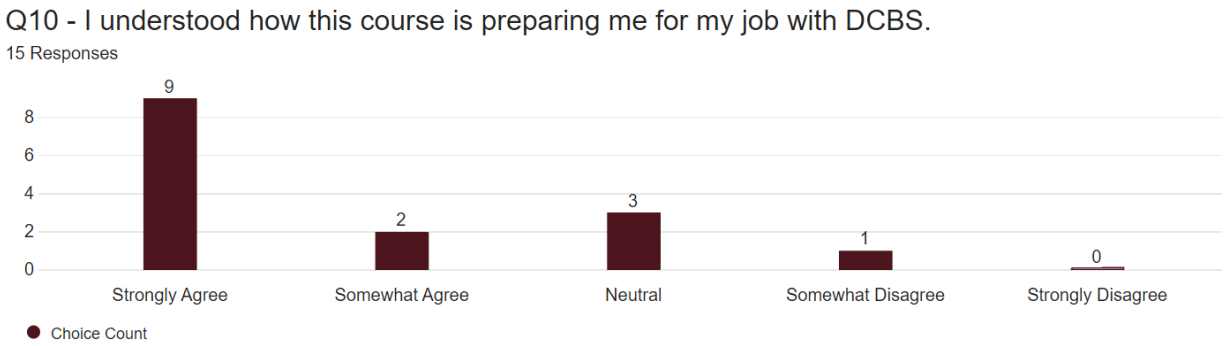


Figure 58 Protection and Permanency Leadership Training Series: Core C

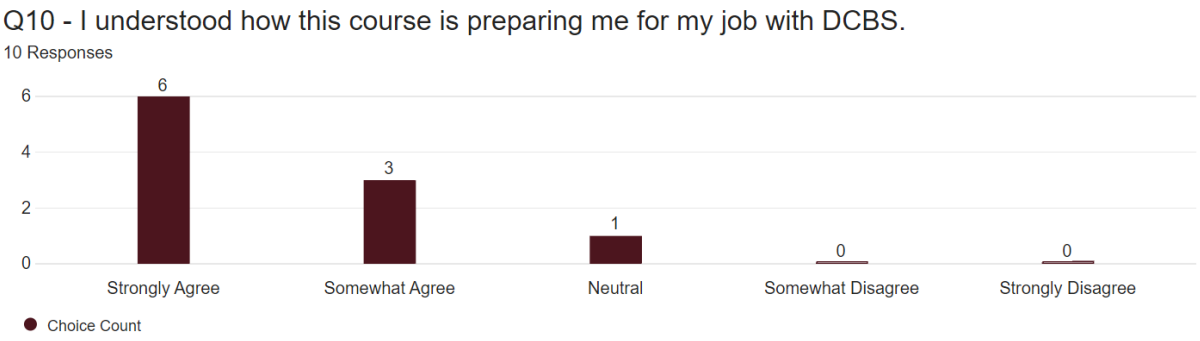


Figure 59 Protection and Permanency Leadership Training Series: Core D

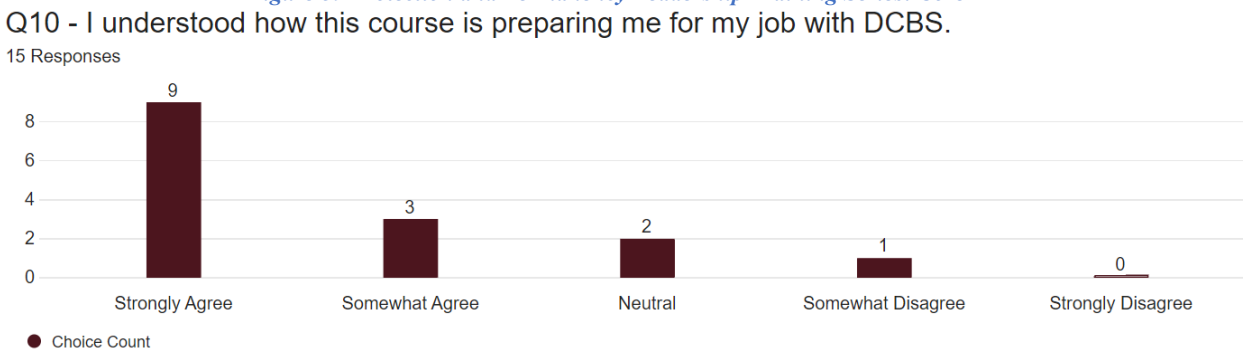
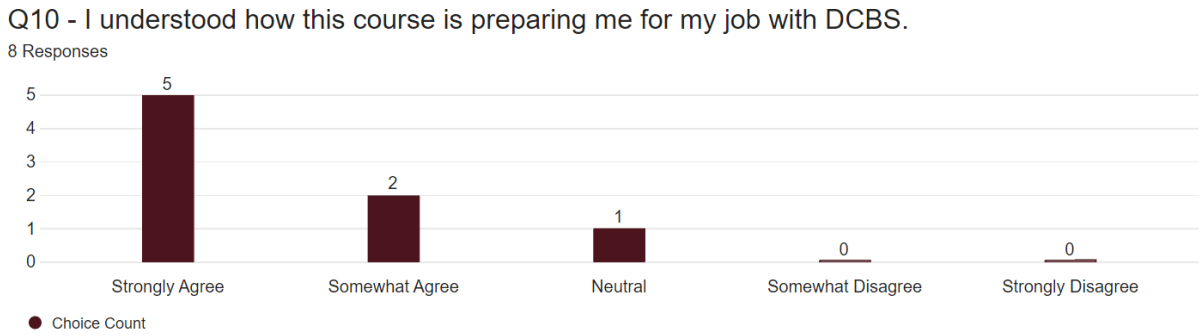


Figure 60 Protection and Permanency Leadership Training Series: Core E



A survey was conducted December 15, 2023, through January 24, 2024, with 107 field supervisors who participated. Some questions were posed to determine the participants' perception of their skill level and knowledge post-training. When asked if they felt they were prepared to be a supervisor after completing the leadership series, 76% of participants felt prepared to supervise their staff. When asked if they felt that they possessed the skills and knowledge to carry out their job duties as a supervisor, 91% of participants answered yes; however, this question was inclusive of their overall skills and knowledge and not solely limited to their training experience. In a small focus group held on January 17, 2024, of 11 field supervisors from across the state, participants reported that they felt the training needed to cover topics such as HR/disciplinary actions, use of forms, and other managerial type duties.

A survey was conducted of PCC/PCP staff from May 1, 2024 – May 24, 2024. Eleven (11) agencies were sent the survey statewide and 38 individual responses were received from their staff. When asked if the mandatory trainings and additional ongoing training they have received enhanced their skills within the agency they worked, 63% strongly agreed/agreed, 24% were neutral, and only 12% disagreed/strongly disagreed. These results indicate that the larger percentage of PCC/PCP staff feel their training addresses the basic skill and knowledge required to perform their job duties.

Conclusion

Kentucky's ongoing staff and provider training system is functioning statewide to ensure that training addresses the skills and knowledge needed for staff to carry out their job duties. Kentucky, through partnership with EKU, provides both required and optional ongoing training opportunities for staff to enhance their skills. All staff have access to the training course catalog to review and sign up for upcoming trainings. Kentucky also utilizes an automated email notification system to notify staff when annual and biannual required trainings are due. Quality of ongoing and supervisory series training was found to be sufficient and addresses the skills and knowledge required to carry out their duties, evidenced by pre and post test scores, training evaluations, surveys, and focus groups.

Item 28: Foster and Adoptive Parent Training

Overview

Kentucky assesses Item 28 Foster and Adoptive Parent Training to be a strength. In CFSR Round 3, this item was determined to be a strength. The state's foster and adoptive parent training is a robust training that utilizes the National Training Development Center's (NTDC) pre-service curriculum and meets the extensive training requirements for foster parents. Although there is variation in practice across private agencies that license foster parents, the department approves each agency's training curriculum to ensure uniformity. 922 KAR 1:300 requires that full-time direct child-care staff have at least forty hours of training specific to the tasks to be performed, as well as annual training requirements. Monitoring mechanisms are in place for state and private agency foster homes and state licensed facilities to ensure training is completed. The Training Resource Information System (TRIS) tracks foster parents' compliance with timely completion of training, and OIG actively monitors compliance of private agency foster homes and state licensed facilities. OIG reports that approximately 84% of the private foster home agencies met initial and ongoing training requirements for the most recent three years. State licensed facilities provide initial and ongoing training to their staff to equip them with the skills needed to provide care to foster and adoptive children. In 2023, OIG found that 76% of state licensed facilities met initial and ongoing training requirements.

Statutory Requirements for Current and Prospective Foster and Adoptive Parent Training

DCBS-approved foster homes are required by 922 KAR 1:495 and SOP 12.5 to complete a minimum of 15 preservice hours prior to placement of a child in their home. Additionally, SOP 12.15 identifies ongoing training requirements for foster parents, adoptive parents, and respite care providers for children in the custody of the cabinet.

In Figure 61, KAR are clearly defined for each type of foster home. Foster home types include:

- Basic foster homes
- Child-specific foster homes
- Respite providers
- Medically complex foster homes – for children with medical challenges
- Specialized medically complex homes – for children with medical and emotional challenges
- Care plus foster homes – for children who have emotional or behavioral challenges
- Therapeutic (PCP) foster homes

Training requirements are the same for all DCBS approved foster homes. In Kentucky, foster/adoptive parents may receive approval through DCBS or through private agencies (PCP). Private agency (therapeutic) foster homes are approved by their respective private agencies and have additional training requirements. The private agencies are required by 922 KAR 1:310 to provide a minimum of 24 hours of orientation and preparation to a prospective foster parent.

Figure 61

Kentucky Foster / Adoptive Parent Training Requirements Chart

Type of foster home	Group training prior to approval	Web-Based Trainings (WBTs) prior to approval (Cabinet Curriculum)	Within 2 years of initial home approval**	Each subsequent year	Every five years	Additional initial training requirements prior to approval	Additional annual training requirements
Basic (DCBS)	**2** hour informational meeting plus **15** hours of pre-service training required in a group setting, unless documented otherwise	1) Pediatric Abusive Head Trauma (PAHT) 2) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Foster Adoptive Support & Training (F.A.S.T.) Resources 6) Reasonable and Prudent Parenting Standards	**30** hours from the following topics: 1) Trauma Informed Care 2) Psychotropic Medications 3) Sexual Abuse 4) Behavioral Management and Skill Development**	**10** hours of approved training	Pediatric Abusive Head Trauma (WBT)	None	None
Child Specific (DCBS)	**2** hour informational meeting plus **3** hours of pre-service training required in a group setting, unless the Cabinet identifies an unmet need that necessitates additional training	1) Pediatric Abusive Head Trauma (PAHT) 2) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Foster Adoptive Support & Training (F.A.S.T.) Resources 6) Reasonable and Prudent Parenting Standards	May be waived unless the Cabinet identifies an unmet need that necessitates additional training	None	Pediatric Abusive Head Trauma (WBT)	None	May be waived unless the Cabinet identifies an unmet need that necessitates additional training
Non-Foster Home Respite Providers* (DCBS)	None	**2** hours of Cabinet provided respite training	None	None	None	None	None
Care Plus (DCBS)	**2** hour informational meeting plus **15** hours of pre-service training required in a group setting, unless documented otherwise	1) Pediatric Abusive Head Trauma (PAHT) 2) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Foster Adoptive Support & Training (F.A.S.T.) Resources 6) Reasonable and Prudent Parenting Standards	**30** hours from the following topics: 1) Trauma Informed Care 2) Psychotropic Medications 3) Sexual Abuse 4) Behavioral Management and Skill Development**	**10** hours of approved training	Pediatric Abusive Head Trauma (WBT)	**3** hour Care Plus WBT component **AND 9** hours Cabinet provided Care Plus group training	**12** hours of training in the following topic areas approved in advance by R&C: 1) Specific requirements and responsibilities of a therapeutic foster home; 2) Crisis intervention and behavior management; 3) De-escalation techniques; 4) Communication skills; 5) Skill development; 6) Cultural competency; 7) Dynamics of a child who has experienced sexual abuse or human trafficking; and 8) Effect of substance use, abuse, or dependency by either the child or the child's biological parent

Kentucky Foster / Adoptive Parent Training Requirements Chart

Type of foster home	Group training prior to approval	Web-Based Trainings (WBTs) prior to approval (Cabinet Curriculum)	Within 2 years of initial home approval**	Each subsequent year	Every five years	Additional initial training requirements prior to approval	Additional annual training requirements
Basic Medically Complex* (DCBS)	2 hour informational meeting plus 15 Hours of pre-service training required in a group setting, unless documented otherwise	1) Pediatric Abusive Head Trauma (PAHT) 2) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Foster Adoptive Support & Training (F.A.S.T.) Resources 6) Reasonable and Prudent Parenting Standards	30 hours from the following topics: 1) Trauma Informed Care 2) Psychotropic Medications 3) Sexual Abuse 4) Behavioral Management and Skill Development**	10 hours of approved training	Pediatric Abusive Head Trauma (WBT)	5.25 hours of Cabinet provided medically complex WBT components AND 6.75 hours of Cabinet provided medically complex group training; AND current certification in infant, child, adult CPR and First Aid	12 hours of Cabinet provided ongoing training related to the care of children with medical complexity; or if approved by the DPP Director, professional continuing education related to pediatrics; AND current certification in infant, child, adult CPR and First Aid
Medically Complex* & Care Plus (DCBS)	2 hour informational meeting plus 15 hours of pre-service training required in a group setting, unless documented otherwise	1) Pediatric Abusive Head Trauma (PAHT) 2) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Foster Adoptive Support & Training (F.A.S.T.) Resources 6) Reasonable and Prudent Parenting Standards	30 hours from the following topics: 1) Trauma Informed Care 2) Psychotropic Medications 3) Sexual Abuse 4) Behavioral Management and Skill Development**	10 hours of approved training	Pediatric Abusive Head Trauma (WBT)	5.25 hours of Cabinet provided medically complex WBT components AND 6.75 hours of Cabinet provided medically complex group training; AND current certification in infant, child, adult CPR and First Aid; AND 3 hour Care Plus WBT component AND 9 hours Cabinet provided Care Plus group training	12 hours of Cabinet provided ongoing training related to the care of children with medical complexity; or if approved by the DPP Director, professional continuing education related to pediatrics; AND current certification in infant, child, adult CPR and First Aid; AND 12 hours of training in the following topic areas approved in advance by R&C: 1) Specific requirements and responsibilities of a care plus foster home; 2) Crisis intervention and behavior management; 3) De-escalation techniques; 4) Communication skills; 5) Skill development; 6) Cultural competency; 7) The dynamics of a child who has experienced sexual abuse or human trafficking; and 8) The effect of substance use abuse, or dependency by either the child or the child's biological parent
Therapeutic (PCP)	15 hours of pre-service training required in a group setting, unless documented otherwise	1) Pediatric Abusive Head Trauma (PAHT) 2) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Reasonable and Prudent Parenting Standards	30 hours from the following topics: 1) Trauma Informed Care 2) Psychotropic Medications 3) Sexual Abuse 4) Behavioral Management and Skill Development**	10 hours of approved training	Pediatric Abusive Head Trauma (WBT)	12 hours of private agency-sponsored training or training approved in advance by the child-placing agency in the following topic areas: 1) Specific requirements and responsibilities of a therapeutic foster home; 2) Crisis intervention and behavior management; 3) De-escalation techniques; 4) Communication skills; 5) Skill development; 6) Cultural competency; 7) Dynamics of a child who has experienced sexual abuse or human trafficking; and 8) Effect of substance use, abuse, or dependency by either the child or the child's biological parent	12 hours of private agency-sponsored training or training approved in advance by the child-placing agency in the following topic areas: 1) Specific requirements and responsibilities of a therapeutic foster home; 2) Crisis intervention and behavior management; 3) De-escalation techniques; 4) Communication skills; 5) Skill development; 6) Cultural competency; 7) Dynamics of a child who has experienced sexual abuse or human trafficking; and 8) Effect of substance use, abuse, or dependency by either the child or the child's biological parent

Additionally, SOP 12.17 Foster or Adoptive Home Reviews requires that when an adult moves into an approved foster or adoptive home where a child is already placed by the agency, the child may remain and additional children may be placed if the new adult household member completes training within six months of entering the home, and meets all other requirements for a foster or adoptive home parent. This is monitored by the foster home's R&C worker to ensure training completion.

Foster Parent Training Curriculum

In 2023, Kentucky launched the National Training and Development Curriculum (NTDC) pre-service curriculum. NTDC is comprehensive curriculum designed to prepare and equip foster and adoptive parents with the information they need to successfully foster and/or adopt and has been integral in moving the training away from lecture learning to a more skill-based learning program. It is based on research and input from experts and families who have experience with fostering and adopting youth. Prior to launch in Kentucky, this curriculum was modified to meet Kentucky's statutory standards. The changes were made in collaboration with stakeholders, foster parents, field staff, leadership, supervisors, and contracted universities.

Through 2023, private agencies could choose to use the NTDC preservice curriculum, or they could submit their own curriculum for pre-approval by the OOHC Branch. At the end of 2023, four PCP agencies were fully utilizing NTDC preservice curriculums. Fourteen (14) agencies continue to use the Building Foundations curriculum but will fully transition to NTDC preservice curriculum by the end of 2024. Only six private agencies use outside preservice curriculum. For example, Kumila Care and Home of the Innocents utilize Pressley Ridge PR PTC Pre-Service Training for their private foster homes.

Access to Training

In March 2020, Kentucky launched the Just in Time (JIT) website for foster parents www.jitkentucky.org. The site averaged over 2,700 unique views in the first three months. This platform allows foster parents to take approved training courses through the website. Through the Learning Management System, foster parents can register and attend trainings based on their individual needs. Some examples of training offerings include Grief & Foster Care, LGBTQIA+ Foster/Adoptive Parent Support Group, Kinship Families Impacted by Substance Use, Stress Management for Caregivers, Understanding and Managing Youth's Challenging Behaviors, and many more. Kentucky provides group training opportunities for foster parents through the Network, Adoption Support for Kentucky (ASK), and medically complex contracts. Kentucky currently allows all training opportunities to be offered via Zoom or on Microsoft Teams. Prior to COVID-19, all training was completed in-person; however, to meet training requirements during COVID-19, SOP was modified on 07/25/2022 to allow foster parents to complete training online versus in-person.

In addition to formal training, Kentucky participates in ASK, an award-winning program that has served foster and adoptive parents for nearly two decades through adept peer-led support groups and training initiatives. ASK utilizes seasoned facilitators and trainers who have lived experiences with fostering and adopting. These services are expressly designed to meet the unique needs of caregivers in an inclusive, safe, and compassionate environment. ASK support groups and trainings are available virtually.

Monitoring Compliance with Foster Home Training: DCBS Approved Foster Homes

DCBS tracks the training of every foster home in Kentucky through the TRIS. TRIS, described previously in this narrative, houses every training completed, date completed, description of skills learned, and is individualized for each foster/adoptive parent.

Foster parents are required to complete 30 hours of training from four specific topics (see Figure 61 above). Data reports that contain completion rates of these trainings can be found by clicking the following links: Caring for Children Who Have Experienced Trauma Series, Child Sexual Abuse Series, Psychotropic Medications, and Trauma Focused Behavior Management Parts I and II. If a foster home does not complete their mandatory training, SOP 12.17 requires the R&C worker to complete a resource home review. This can result in a foster home being placed on hold for future placements. If there is continuous non-compliance with meeting training needs, it can also result in the foster home being closed.

Monitoring Compliance with Foster Home Training: Private Foster Home Agencies

In July 2023, Kentucky launched the PCP-TRIS system which allows private foster agencies to utilize TRIS to track their training compliance. Prior to the implementation of PCP-TRIS, OIG audited 100% of private agency foster homes among all agencies licensed by the state. These foster homes are located throughout Kentucky, in every service region. Table 43 shows a compliance rate of 84% over the past three years. Compliance means that the agency was

compliant with their foster homes completing initial and ongoing trainings within required time frames.

Table 43 Private Agency Foster Home Training Compliance for 2021-2023

Foster Home Agency Reviews conducted by the Office of the Inspector General			
	2021 Reviews	**2022 Reviews**	**2023 Reviews**
Total Homes	2,222	1,985	1,898
Total Agencies Reviewed	74	79	82
# of Agencies Compliant	62	66	69
% of Agencies Compliant	84%	84%	84%

Effectiveness of Training: Demonstration of Skills and Knowledge Base Addressed by Training

A Foster/Adoptive Parenting Training Steering Committee was re-established in October 2019. Committee members include department staff, DCBS Training Branch, University of Kentucky (UK) training partners, and Murray State University training partners. The committee's goals were to develop a logic model to utilize in the assessment of training effectiveness and ways to evaluate training and identify strengths and barriers. The committee continues to work to reevaluate and identify measures/ways to evaluate the outputs and outcomes of the department's foster parent training.

In 2023, a survey was sent by email to 2,277 DCBS foster parents statewide. The survey was also sent to PCP agencies to forward to their private foster homes, but it was the responsibility of each PCP to forward the survey. The purpose of the anonymous survey was to gain a better understanding of the effectiveness of foster parent trainings, and 577 DCBS foster parents and 249 PCP foster parents responded. Highlights of this survey are in the table below.

Table 44

	Strongly Agree/Agree	**Neutral**	**Disagree/ Strongly Disagree**
Trainers were actively engaged in the training process	93.0%	N/A	7.0%
Adequately notified of on-going training opportunities?	85.5%	8.8%	5.7%
Content of mandatory trainings helped enhance skills	74.9%	17.6%	7.5%
Additional, ongoing trainings helped enhance skills	72.5%	20.1%	7.4%

EKU conducts foster parent satisfaction surveys regarding trainings. Annual survey participants include responses from DCBS foster parents located in all nine service regions across the state. The December 2020 - February 2021 survey received 1,235 responses. The December 2021-

February 2022 survey received 856 responses, and the January-March 2023 received 792 responses. These surveys request suggestions for improvements to the pre-service classes and home study process. DCBS utilized the following feedback as a component of CQI. Kentucky has used foster parent surveys to develop new trainings each year to meet the needs of families. DCBS receives feedback from the Foster Parent Network trainers (current/former foster parents) and Adoption/Support Network trainers (current/former foster parents) in quarterly meetings. These two groups reported that foster parents wanted more scenario-based learning over information gathering learning. For example, minimizing statistics and instead providing a child's scenario with a particular behavior and working through possible solutions in a group setting. This gives a more hands on approach to learning through scenario-based learning. From the surveys and training collaborative, Kentucky has launched additional trainings on autism, LGBTQIA+, transitioning teens, behavioral modification trainings, self-care trainings, supporting education, and medical trainings.

Licensed Facility Direct Care Staff: Statutory Training Requirements

922 KAR 1:300 Section 3 Subsection 6 requires that full-time direct child care staff (state licensed facilities shall have at least 40 hours, and part-time direct child care staff shall have at least twenty-four 24 hours of training specific to the tasks to be performed and annual training in the following:

- Emergency and safety procedure;
- Principle and practice of child residential care;
- Behavior management, including de-escalation training;
- Physical management for a child-caring facility using the technique;
- First aid; and
- Personnel orientation.

Related 902 KAR 20:430 requires facilities to have an annual training program for staff, which must include detection and reporting of abuse, neglect, or exploitation; as well as training covered under 922 KAR 1:300, including behavioral management including de-escalation training; physical management procedures and techniques; and emergency and safety procedures. This regulation further requires a personnel record to be kept on each staff member that contains the verification of all training and experience, including licensure, certification, registration, or renewals.

All state licensed facilities that use Safe Crisis Management (SCM) utilize the JKM Training Inc.'s Safe Crisis Management as part of their training requirements. The staff complete 16 hours of SCM training annually. SCM is a comprehensive training program focused on preventing and managing crisis events and improving safety in agencies and schools. SCM has a trauma-sensitive approach with emphasis on building positive relationships with individuals. JKM's program is designed to assist staff with responding to the needs of all individuals and particularly with the needs of the most challenging individuals. JKM provides onsite training of trainers (TOT) facilities to effectively train their onboarding staff. OIG's state licensed facilities audits

include protocols to monitor this 16-hour training requirement when they audit facilities using SCM.

Licensed Facility Direct Care Staff: Monitoring Compliance with Training

State licensed facilities track their own trainings individually; however, OIG also conducts robust audits with every state licensed facility to monitor staff compliance with training requirements. Table 45 shows a training compliance rate ranging from 64% to 78% over the past three years. It is important to note that any deficiencies found by OIG were addressed prior to the new license being issued to the agency. Although the percentage of facilities each year found to be non-compliant could be viewed as somewhat high, the monitoring system is effective at detecting those deficiencies and ensuring completion of training. This is evidenced by no forced closures in the three-year reporting timeframe.

Table 45 State Licensed Facility Training Compliance for 2021-2023

State Licensed Facility Training Audits conducted by the Office of the Inspector General			
	2021 Audits	**2022 Audits**	**2023 Audits**
Total Facilities	47	45 (Two facilities closed)	46 (One facility opened)
# Citations	10	16	11
% Compliant	79%	64%	76%

A survey of licensed facility staff was conducted from May 1 – May 15, 2024. Ninety-three (93%) percent strongly agreed/agreed that they have received the required training to perform their duties in the facility where they work, while seven percent were neutral. No one disagreed. Ninety-six (96%) percent strongly agreed/agreed that they are adequately notified of ongoing training opportunities, while four percent were neutral. When asked if the content of the mandatory trainings and additional ongoing trainings helped enhance their skills as a facility worker, 85% strongly agreed/agreed, while 15% were neutral. No one disagreed with this statement. Based upon results from this survey, staff at licensed facilities feel that they receive training needed to carry out their job duties.

Conclusion

In conclusion, DCBS foster homes, private agency foster homes, and state licensed facility staff receive required extensive initial training, to provide them with the skills necessary to complete their caregiving responsibilities to foster and adoptive children. Biannual training is required for foster parents, while staff at state licensed facilities must receive annual ongoing training. The agency monitors compliance through the TRIS system, as well as OIG audits.

Service Array

Item 29: Array of Services

Introduction

Kentucky received an overall rating of Area Needing Improvement (ANI) for Item 29 based on information from the statewide assessment stakeholder interviews in CFSR Round 3. Information collected showed that the state's array of services was not adequate or accessible to children and families in all political jurisdictions covered by the CFSP. Stakeholders reported service gaps for families that included 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.

Although some of these services were available in parts of the state, waitlists were extensive. In some jurisdictions, courts required parents to pay for their own services, which was a barrier for many parents. Many stakeholders noted that substance abuse was a significant concern across the state and additional services are needed to adequately support families struggling with addiction. Kentucky does have a statewide interagency council (SIAC) and regional interagency councils (RIAC) for addressing service array issues; however, improvements are needed to proactively assess gaps in services and quality of services.

Kentucky assesses Item 29 Array of Services as an ANI for Round 4. Although service expansion has occurred since Round 3, some services are still not available to all families due to geographic disparities or partner agency staffing issues. The state continues to make progress in assessing gaps and quality of services through the expansion of programs. Partnerships with universities and other agencies providing technical assistance have continued, which has allowed for Family First services to multiply, fictive kin services to amplify, and the SDM® to continue to roll out as planned.

The following programs highlight a Kentucky service array capable of 1) Assessing the strengths and needs of children and families and determining other service needs; 2) Addressing the needs of families in addition to individual children to create a safe home environment; 3) Services that enable children to remain safely with their parents when reasonable; and 4) Helping children in foster and adoptive placements achieve permanency:

- In the summer of 2022, the SDM® Intake Tool, an evidence-based tool created by Evident Change, was implemented by DCBS. The department utilized the CFSP to fully implement, assess, and make needed modifications to the safety model, including the implementation of the SDM® intake, safety, and risk assessments, updating policy and practice guidance around those tools, and providing training to all staff and stakeholders. The SDM® tool has restructured the way in which new reports are accepted, classified, and measured.
- Family First Prevention Services (FFPS) in Kentucky include Family Preservation and Reunification Services (FPRS), KSTEP, START, Functional Family Therapy (FFT), Homebuilders, Motivational Interviewing (MI), MST, Parent-Child Interaction Therapy (PCIT), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), all of which are

used to assess family/child needs and strengths, to enable a safe home environment, and to maintain children safely in their homes/expedite permanency.

- The state has expanded its array of fictive kin caregiver services and supports. As of January 2023, all kinship programs administered by UK are accessible statewide (KY-KINS, KIN-VIP, and Kinship Catalogue). Trends indicate reductions in caregiver stress, perceived support, and caregiver sense of competence.
- RIACs operate as the regional locus of accountability for the SOC, providing a structure for coordination, planning, and collaboration of services and supports to children and transition-age youth with or at risk of developing behavioral health needs and other challenges, and their families.

Structured Decision Making® (SDM®)

During the CFSR Round 3 PIP implementation period, the department finalized a contract and scope of work with Evident Change to implement the SDM® intake assessment for child welfare on March 1, 2020. A large portion of the department's safety model was implemented in late June 2020. Definitions of safety threats and risk factors, new safety plans and prevention plans and corresponding policy, and replacing the utilization review consultation with the new safety and risk consultation process were introduced.

The department utilized the CFSP to fully implement, assess, and make needed modifications to the safety model, including the implementation of the SDM® intake, safety, and risk assessments, updating policy and practice guidance around those tools, and providing training to all staff and stakeholders. The department incorporated evaluation tools, and Evident Change's fidelity evaluation continued for up to 18 months after the implementation of each tool.
The department continues to struggle with conducting quality safety assessments that address the immediate needs of families served. Reported explanations for this include lack of staff capacity due to large caseloads, as well as the skillsets of the workforce, particularly when differentiating between safety threats and risk factors. Another barrier within the department surrounds the large number of reports accepted for investigation which are subsequently unsubstantiated. This leads to larger caseloads for an already overburdened workforce and takes time and attention away from families who truly need to work a case plan with individualized services. The introduction of Alternative Response is expected to reduce the number of unsubstantiated reports and increase the amount of appropriate service connections for families.

Automation certification of the SDM® Reunification Assessment Tool and SDM® Risk Reassessment Tool will be scheduled in Spring 2025 following training for all frontline staff. This timeframe is due to additional support around refresher trainings for the first three SDM® assessments. To determine whether the implementation of SDM® has been successful in improving outcomes for families and children in Kentucky, the department will monitor the rates of repeat maltreatment within the state, as well as entry into OOHC.

Family Preservation and Reunification Services (FPRS)

The state offers a variety of interventions including KSTEP, START, Targeted Assessment Program (TAP), as well as multiple EBPs. The title IV-E EBPs approved for use with FPRS statewide include FFT, Homebuilders Model, MI, MST, PCIT, and TF-CBT.

KSTEP: The department implemented KSTEP to address caretaker substance use that places children at risk. This program was designed to be a resource to prevent unnecessary removals of children and to reduce the number of children in OOHC. The program places emphasis on quick access to services, the removal of barriers, and increased collaboration occurring between DCBS, and community partners to assist families.

START: START is an intensive intervention model for parents struggling with substance use and families with young children involved with the child welfare system that integrates substance use disorder (SUD) and recovery services, family preservation, community partnerships, and best practices in child welfare and SUD treatment. The program aims to address systems issues that result in barriers to families being able to access services in a timely manner. It requires an approach to service delivery that involves cross-system collaboration and flexibility to meet the unique needs of this population.

TAP: TAP provides intensive services to parents involved in the state's child welfare and Temporary Assistance to Needy Families (TANF) systems. Over the past 20+ years DCBS has collaborated with UK to provide TAP services. The TAP model co-locates professional targeted assessment specialists (TAS) in public assistance and child protective services offices in Kentucky counties designated by DCBS. TAP helps participants overcome barriers to self-sufficiency, stability, and family safety through a holistic and multidimensional approach, enhancing DCBS capacity to respond effectively to the families it serves. TAP interventions help the department to increase participant engagement, service access, and treatment retention and completion.

FFT: FFT has been used in residential programs with at-risk juveniles who struggle to live at home or are dealing with abusive situations. It is a form of therapy where all members of a family are involved in the treatment. This way, the burden of resolving issues in the group does not fall to the one person who has received therapy; the responsibility belongs to the whole family.

Homebuilders: Homebuilders is an intensive, in-home EBP designed to strengthen families, keep children safe, prevent unnecessary OOHC placement, and safely reunify children and families using intensive reunification services. For a family to be eligible for Homebuilders the child must start a trial home visit or be returned to the home within seven days of the referral.

MI: MI is a person-centered, goal-directed method for engagement and building up motivation to change one's behavior by focusing on their ambivalence. MI is a complex, advanced skill that requires consistent monitoring to remain dedicated to the practice model.

MST: MST is an intensive treatment process that focuses on diagnosed behavioral health disorders and environmental systems which contribute to or influence an individual's involvement or potential involvement in the juvenile justice system. MST focuses on strengths to promote positive coping and works with caregivers to reinforce positive behaviors, reduce negative behaviors, and increase family accountability and problem-solving.

PCIT: PCIT is a behavioral intervention for children and their caregivers that focuses on decreasing externalization of child behavior problems, increasing child social skills and cooperation, and improving parent-child attachment. The target population is children ages two to seven, and their caretakers.

TF-CBT: TF-CBT is a child-parent psychotherapy model for children experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles. The target age is three to 18 years old.

Kentucky continues to explore the use of High-Fidelity Wraparound and other EBPs to expand the in-home services continuum. An amendment to add Intercept® as an EBP was approved in September 2022. FPRS services are available statewide in all 120 Kentucky counties through contracts with non-profit agencies, however, not all services are available in every county.

During CY 2021, FPRS services were still divided into several categories: Intensive Family Preservation Services (IFPS), Family Reunification Services (FRS), and Families and Children Together Safely (FACTS), which included a preservation function and a reunification function.

- IFPS cases: 97% (789/814) children remained safely in the home.
- FRS cases: 89% (819/917) remained safely in the home.
- FACTS preservation cases: 94% (2,085/2,211) children at risk remained safely in the home.
- FACTS reunification cases: 87.8% (244/278) children remained safely in the home.
- For all, 93% (3,937/4,220) of children participating in one of the Family Preservation Program (FPP) services were reunified with their families or remained home safely at closure.

During CY 2022, FPP services were consolidated under the umbrella of FPRS with 2,123 of 2,624 families (80.9%) completing services. Of 3,936 children at imminent risk of placement, 3,631 (92%) were reunified with their families or remained safely in the home.

In CY 2023 1,668 of 1,918 families (87%) completed FPRS. Of 3,977 children at imminent risk of placement, 3,519 (89%) were reunified with their families or remained safely in the home. Families and children who have completed FPRS services receive follow-up at three, six, and 12 months after services to determine if the child who was at risk of placement (or was reunified) remains in the home. The six month follow up contact is a face-to-face visit with the family and

child if possible and includes a review with the family of the maintenance of safety and family functioning goals. For CY 2023, 87% (1,097/1,258) of children who were at risk remained in home at the six-month follow-up. Furthermore, 95% (37/39) remained at the 12-month follow-up. For CY 2022, 91% (2,232/2,443) of children at risk remained in home at the six-month follow-up. Furthermore, 90% (2,682/2,987) remained at the 12-month follow-up. Data collected is used to closely monitor service provision and to evaluate overall program improvement and QA.

The implementation of FFPSA and increased funding for prevention services has allowed Kentucky the opportunity to expand the array of services and build capacity to continue to serve kinship caregivers. With children meeting foster care candidacy eligibility and increased focus on the challenges and needs of underserved families caring for LGBTQIA+ children, Kentucky can identify service gaps and to explore EBPs that specifically target this underserved population. In addition, the PSSF funds will go towards statewide provider training to ensure providers incorporate specific standards, policies and practices that reflect and promote the equitable treatment, inclusivity, support, and advocacy for clients in underserved populations.

Kinship Navigator

The state used Kinship Navigator funding to establish a Relative and Fictive Kin Service Array. With the creation of the service array, Kentucky can now offer kinship caregivers options for legal permanency and access to benefits. As a part of the service array, relative and fictive kin caregivers now have a pathway to become approved foster homes.

Kentucky's Kinship Navigator (KY-KINS) launched April 1, 2021. Kentucky partnered with the University of Kentucky Training and Resource Center (UK-TRC) to implement the KY-KINS peer support program. Peer Support Specialists offer support one-on-one services to relative/fictive kin caregivers. The evaluation scheme includes a time-series design where participants are assessed for several outcomes, (i.e., perceived support, caregiver stress, and program satisfaction) beginning at baseline, and each quarter thereafter.

Regarding data quality, the state made improvements to limited data fields which previously prevented information-gathering related to relative and fictive kin placements in TWIST. In April 2020, TWIST began tracking placements with relatives and fictive kin, whether the caregiver had custody, or the child(ren) was placed informally on a prevention plan. In addition, TWIST tracks services being provided to the relative or fictive kin to maintain the placement.

Table 46

KY-KINS Peer Support System participants reported the following during 2021 (*16* unique participants)	
100% of participants (*16*) rated the quality of support as *good* (**31%** [*5*]), or *excellent* (**69%** [*11*]).	
88% of participants (*14*) reported that the program helped them to meet all or most of their caregiving responsibilities related to their kinship situation.	• **50%:** Almost all my needs were met (*8*) • **38%:** Most of my needs were met (*6*)
100% of participants (*16*) reported *yes*, they would recommend the program to other caregivers.	

Table 47

KY-KINS Peer Support System participants reported the following during 2022 (*60* unique participants**):**	
97% of participants (*58*) rated the quality of support as *good* (**22%** [*13*]) or *excellent* (**75%** [*45*])	
97% of participants (*58*) reported that the program helped them meet a few, most, or almost all their caregiving responsibilities related to their kinship situation.	• **52%:** *Almost all* my needs were met (*31*) • **37%:** *Most of* my needs were met (*22*) • **8%:** Only *a few* of my needs were met (*5*)
98% of participants (*59*) reported *yes* they would recommend the program to other caregivers.	

Table 48

KY-KINS Peer Support System participants reported the following during 2023* (*73* unique participants):	
90% of respondents (*66*) were *satisfied* with the services they received through KY-KINS.	• **64%:** *Very satisfied* (*47*) • **26%:** *Mostly satisfied* (*19*)
95% of respondents (*69*) felt KY-KINS helped them deal with issues related to their kinship children more effectively.	• **74%:** *Yes, helped a great deal* (*54*) • **21%:** *Yes, helped somewhat* (*15*)
92% of respondents (*67*) felt that KY-KINS provided information and support that readily assists caregivers in the placement stability of their children.	• **45%:** *Strongly Agree* (*33*) • **47%:** *Agree* (*34*)
90% (*66*) of respondents felt that KY-KINS has helped them feel more competent as a kinship or fictive-kin caregiver.	• **48%:** *Strongly Agree* (*35*) • **42%**: *Agree* (*31*)
99% of respondents (*72*) indicated that *yes*, they would recommend KY-KINS to a friend who was a kinship/fictive kin caregiver.	

*The survey for KY-KINS peer supporters was updated in late July 2023 with new questions regarding the program.

As of January 2023, all of the kinship programs, administered by UK, (KY-KINS, KIN VIP, and Kinship Catalogue), are available statewide. Trends indicated reductions in caregiver stress,

perceived support, and caregiver sense of competence. Preliminary findings indicated the longer one participates in the program, the more improvement was seen in the assessment of variables under study.

In May 2022, DCBS, in partnership with the Bair Foundation and UK, created The Kindred Roots program to address the needs of kinship caregivers, the children in their care, and their biological parents by providing comprehensive reunification and support services. Utilizing a trauma-responsive understanding of multi-generational experiences, this program builds parenting capacity and skills for kinship caregivers and biological parents. The EBPs assist families in successfully completing their case plans and preparing for the future. They help alleviate transportation barriers, mental health referrals, housing assistance, connection to legal aid, co-parenting support, and help with food and clothing. This program currently only supports families in Scott and Fayette counties.

Regional Interagency Councils (RIAC)

In each region, the RIAC operates as the governing body of the SOC, providing the structure and the space for coordination, planning, and collaboration of services and supports. The SOC is not a model or a program that can be replicated, but instead an organizational framework that supports sustainable system change. The SOC philosophy specifies that the SOC should be:

- Youth and family-driven;
- Community-based;
- Culturally and linguistically responsive; and
- Trauma-informed.

Membership: There are a total of 18 RIACs across the Commonwealth and each meets monthly at minimum. Each council is composed of members representing the following:

- Regional community mental health centers (CMHC)
- AOC
- DCBS
- FRYSCs
- Office of Vocational Rehabilitation (OVR)
- Kentucky Education Cooperatives/Special Education Services (Co-op)
- DJJ
- Local health departments
- Parents (biological, adoptive, or relative caregivers with permanent legal custody) who are raising or have raised a child with mental health or co-occurring mental health and substance use challenges who has been or is a client of at least one service to address these challenges, prior to the age of 21.
- Transition-age youth (16-25 years of age) who have a behavioral health disorder and who are receiving or have received a service to address mental health, substance use, or co-occurring mental health and substance use disorder before the age of 21.

- Collaboration is encouraged with other local public or private agencies that provide services and supports to children and transition-age youth with health needs.

Table 49 RIAC Data February 2024

July – December 2023 Data by Region	Regional Areas of Focus	Membership vacancies	Mandated member representation	Agencies below 80% membership
Purchase	Trauma-focus, service referral timelines, prevention, communication	0	76% (8% increase from January-June 2023)	FRYSC, OVR, local health department
Pennyrile	Truancy	0	83% (3% increase from January-June 2023)	FRYSC, OVR
Green River	Bullying, youth resilience	0	72% (7% increase from January-June 2023)	Special education, co-op, FRYSC, DCBS
Barren River	Vaping education, substance abuse awareness	0	77% (5% decrease from January-June 2023)	FRYSC, OVR
Salt River	Connecting to supports, identifying service gaps	0	78% (1% increase from January-June 2023)	DJJ, FRYSC, local health department, OVR
Jefferson	Violence prevention	0	78% (10% increase from January-June 2023)	Special education, co-op, DJJ, FRYSC, OVR
Lincoln Trail	Lack of needed services	0	62% (20% increase from January-June 2023)	Special education, co-op, DJJ, local health department
Northern Ky	Communication and partnership between families and education systems	0	60% (2% increase from January-June 2023)	AOC, special education, co-op, DJJ, FRYSC, OVR

July – December 2023 Data by Region	Regional Areas of Focus	Membership vacancies	Mandated member representation	Agencies below 80% membership
Buffalo Trace	Strengthening families, promoting resilience, food security	Local health department	70% (13% decrease from January-June 2023)	DJJ, FRYSC, OVR, local health department
Gateway	Improving communication between educational agencies and caregivers	Youth representative, parent representative, local health department	40% (17% decrease from January-June 2023)	AOC, special education, co-op, FRYSC, local health department, DCBS
FIVCO	Mental health education	Youth representative, OVR, DCBS	65% (18% increase from January to June 2023)	OVR, DCBS
Big Sandy	Grandparents as caregivers, respite, resources, teen suicide prevention	Parent representative	54% (26% decrease from January-June 2023)	CMHC, AOC, DJJ, special education, co-op, OVR, DCBS
Kentucky River	Crisis stabilization	Special education, co-op, parent representative, youth representative, local health department	35% (7% decrease from January-June 2023)	Special education, co-op, DJJ, FRYSC, OVR, DCBS
Cumberland Valley	Suicide prevention and awareness, promotion, outreach, and education through social media, support the development of a mental health	0	68% (5% decrease from January-June 2023)	AOC, DJJ, FRYSC

July – December 2023 Data by Region	Regional Areas of Focus	Membership vacancies	Mandated member representation	Agencies below 80% membership
	informed community, increase resource sharing, engagement, outreach, and collaboration			
Lake Cumberland	In progress	0	68% (4% decrease from January-June 2023)	Special education, co-op, FRYSC, local health department, OVR
Bluegrass East	Community awareness programs, training opportunities on bullying and cyber-bullying, violence prevention	0	63% (7% decrease from January-June 2023)	CMHC, special education, co-op, DJJ, FRYSC, local health department, OVR
Bluegrass West	Suicide prevention, mental health promotion	Special education, co-op, FRYSC, local health department, youth representative	43% (9% decrease from January-June 2023)	Special education, co-op, FRYSC, local health department, OVR
Bluegrass South	Vaping	Special education, co-op, youth representative	40% (16% decrease January-June 2023)	CMHC, AOC, special education, co-op, FRYSC, local health department, OVR

Selected statistics:

- 61% of RIACs had zero membership vacancies indicating an engaged community of agencies dedicated to problem-solving.
- 62.9% average mandated member representation indicating consistency with the previous statistic.
- The average decrease of mandated member representation was 10.9% and the average increase of mandated member representation was 15.25%. Considering the increase outnumbers the decrease, membership appears steady and engaged.
- The top issues identified by regions were vaping, communication, suicide prevention, violence prevention, mental health, and resilience. Only one region listed service gaps as an agenda item, indicating most regions feel they have a strong service array.
- The most represented agencies below 80% membership included: Co-op, FRYSC, local health departments, OVR, and special education services. There appears to be missing links when it comes to representation from education personnel. The department will take this into consideration when planning for the future.

In affiliation with Kentucky Partnership for Families and Children (KPFC), volunteer parents are paid a small stiped and reimbursed for mileage when serving on a local, regional, or state interagency council. They are also provided training opportunities and support from KPFC and the CMHCs. Some of the RIAC parent representatives can be hired as family liaisons or peer support specialists over time, where they become CMHC employees and receive support from the Legislative Research Commission.

Conclusion

Kentucky has successfully expanded and improved upon many services available to families and children across the state. Large projects such as the addition of SDM® intake, safety, and risk assessments to the safety model, have improved the department's ability to assess the strengths and needs of children and families and determine service needs. FPRS are adept at addressing the needs of families, in addition to individual children, to create a safe home environment. FPRS services also enable children to remain safely with their parents when reasonable. The rate of reunification and children remaining in the home with FPRS services has been at 89% or above for the past 3 years. Some FPRS services are available in all service regions across the state, however, not all FPRS services are available in all regions.

Along with FPRS services, the range of improvements to the Kinship Navigator array of services is helping children in foster and adoptive placements to achieve permanency. Satisfaction rates for Kinship Navigator services have remained very high (89%) or above for the past three years and except for the new Kindred Roots program, Kinship Navigator services are available statewide.

Checks and balances within the service array are carried out by the SIAC and RIAC across the state. With RIACs meeting monthly and reviewing data every six months, all involved agencies, including DCBS, can assess their challenges and barriers. Not only do RIACs address issues on the regional level, but they can also take the concerns of the regional councils to the state council

for consideration and further action planning. A wealth of additional services and supports available to families and children in Kentucky are described in detail in the *APSR Attachment 11. Service Array Index*.

Item 30: Individualizing Services

Introduction

Kentucky received an overall rating of Area Needing Improvement (ANI) for Item 30 in Round 3. Information provided in the statewide assessment and collected during stakeholder interviews showed challenges in individualizing services in many areas of the state. Challenges noted included unavailable resources, providing families with services that are *available* rather than *needed* services, waitlists, and the use of standardized case plans that do not consider the unique needs of families. Stakeholders also noted that relatives caring for children could not access the same services or supports that foster parents and birth parents did.

Kentucky has an expansive 120 counties with a population of over 4.5 million. More than half of the state's residents (2,692,457) live in one of Kentucky's 415 incorporated cities, and around 41.3% of the population (1,833,697) live in rural areas. This reflects a significant rural demographic despite the overall trend of urbanization in the state. A variety of programs and resources with the capability to be individualized are available to families and children across Kentucky's nine service regions now more than ever. Rural areas of Kentucky traditionally have fewer services and more barriers to accessing existing services, (i.e., transportation, childcare, hours of operation, location of programs). Some difficulties with individualizing services in rural areas include services for individuals with disabilities and services without the capacity to meet cultural or language needs. The state's most urban region has access to numerous services with a high concentration of provider agencies with the ability to be tailored to a family or individual's needs. Service offerings in urban regions, especially Jefferson County, include services which are sparse in other areas such as disability services, immigration and refugee services, and language access services. As many services are still not accessible statewide, Kentucky assesses Item 30 as an ANI for Round 4.

Service Individualization

To move away from requesting that families complete predetermined or "cookie cutter" case plans, the state has invested in building its FFPSA service array and adding programs, especially those based on EBPs throughout the state. Department staff have undergone training on service individualization. This training helps staff choose the most appropriate service for a family or individual's needs and strengths. Staff receive reminder education, or refreshers, from regional staff several times a year. Service customization options have been expanded across the state as FFPSA options have increased. Issues with waitlists have been reduced, and now occur most often due to staffing levels at partner agencies.

Goal 2 of the 2020-2024 CFSP was to ensure that appropriate services which expanded the prevention continuum were available to meet the needs of families and children in Kentucky.

The department set an aim (Goal 2.1) to expand prevention services statewide 12% by 2024. The strategy included the following steps:

1. Analyze FFPSA provider readiness assessments;
2. Identify evidenced-based practices in the five-year FFPSA Prevention Plan; and
3. Identify where growth and capacity building is necessary.

During 2020, the department conducted a service array analysis to determine which services were needed, and where the greatest need existed within the state. Data from this analysis showed that although in some areas of the state many families and children were receiving contracted in-home services, there were still many gaps in service provision.

The data from the service array analysis showed the variety of contracted services available within each region varied. START and KSTEP, both of which have shown high rates of success, are only available in select areas within the state. Additional service gaps identified during the analysis led to expansion of EBP models of TF-CBT, PCIT, and FFT.

During 2023, the department continued to collaborate with Chapin Hall on Family First's CQI infrastructure, CQI processes, case reviews, and data use. Measurement framework continued with implementation and evaluation of Family First prevention services, including capacity, reach, fidelity, and outcomes. Framework activities occurring in CY 2022 included identifying capacity needs from the DCBS survey that occurred in CY 2021, and the focus group with contracted providers facilitated by Chapin Hall in CY 2022, implementation of broader CQI, and the development of the Reach report.

The broader CQI infrastructure included continued quarterly case reviews for one year, exploration and integration of CFSR items relevant to Family First, formalizing an improvement process for case review that captures strengths and needs during debriefings with providers, Prevention Branch attendance at monthly CQI specialist meetings, and regional CFSR outcome meetings on items relevant to Family First CFSR. DCBS worked with TWIST to streamline the Prevention Service Referral and the integration of the SDM® tools.

The Reach report will help to identify trends from the Family First case reviews. The Reach report will provide assessment of eligible children, actual children referred, gatekeeper and provider response to referrals, the type of EBP the family was referred to, and what services were ultimately received. The Reach data will be disaggregated by race, ethnicity, age, and region to assess for access for capacity and trends.

Race and Equity Audit

In SFY 2022, the department completed a race and equity audit. DCBS partnered with Dr. Brandy Kelly-Pryor of Brandy Kelly-Pryor (BKP) Strategies, the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and the SOC Five grant to assess the design and implementation of FFPSA, ensure cultural responsiveness, and avoid disproportionality and disparity in services. Moreover, BKP facilitated a small workgroup on the

Racial Equity Impact Assessment (REIA) including the *Five Whys to Implementation Practices* at the January 2022 Family First Quarterly Stakeholder meeting.

BKP completed the qualitative pieces of the assessment but was unable to incorporate recommendations into the FFPSA CQI process or build capacity within staff to review data potentially indicative of disparate outcomes. BKP drafted a scope of work to share outcomes from the REIA in the SFY 2023 contract. A data sharing agreement was finalized in December 2022, and the data was shared in February 2023. The institutional review board (IRB) approval occurred in February 2023. In SFY 2023, Dr. Kelly-Pryor shared data on strategies for integrating and implementing findings from the Racial Equity and Health Equity Audit assessment into the DCBS Framework for the new DPCW and developing a more comprehensive data infrastructure building use of data points in daily division work. Dr. Kelly-Pryor conducted trainings on collecting data and how to use that data in daily work.

Priority Matrix

A priority matrix was created to capture action steps developed from the DCBS survey in 2021, and focus groups with contracted providers in 2022. The priority matrix shows low values/high efforts and high value/high efforts activities. Low values/high efforts action steps included:

1. salary needs;
2. hiring in urban areas; and
3. hiring qualified clinicians

Salary increases to a competitive rate helped to decrease the high turnover rates, to retain staff, and to help attract more qualified staff needed to provide clinical EBPs. Communication barriers were reduced through regional provider meetings, KSTEP and START meetings, prevention contract correspondence transmittals (PCCTs), and prevention pilot meetings. Work continues toward reducing caseloads to a manageable load, and for DCBS staff to have at least one person fulfilling the training of trainers (TOT) role.

All action steps for high value/high efforts in the priority matrix have been completed. The action steps included the completion of the frequently asked questions (FAQ), the Family First training modules, updating the qualified residential treatment program (QRTP) training modules, and including the programmatic description and eligibility document in SOP. A training PowerPoint was disseminated to gatekeepers determining if referrals are appropriate for the selected EBP. The referral workgroup was completed, and TWIST staff is currently updating the prevention referral. Streamlining the case review face sheet for documentation collection for providers is completed and currently in use for case reviews. The EBP Selection Documents and Maps, Homebuilder's Flow Chart, and Homebuilder's Crosswalk are distributed quarterly to providers, Family First liaisons, and gatekeepers to improve referral skills.

Another measurement framework involved Chapin Hall guidance on short-term and long-term outcomes for Kentucky's implementation of Family First and EBPs. The process for finalizing short and long-term outcomes include what is recommended or prescribed per the EBP model,

feedback from model purveyors and developers, feedback from KY DCBS and EBP providers, and research literature on outcomes and EBPs. A data dictionary clarifies/outlines the long-term outcomes Kentucky wants to track for all children regardless of EBP. This will help build infrastructure for TWIST to consider reporting each outcome by year (e.g., year when prevention plan started or year EBP was completed), by jurisdiction, and by EBP.

In CY 2023, all mapping and components were added to the Reach report. The report is set to be utilized beginning in CY 2024. Regular use of the Reach report is expected to improve matching families with the most appropriate services to address their needs and strengths.

Regional Forums

Strategy 2 for Goal 2 of the 2020-2024 CFSP was to complete regional forums in each service region to collaborate with community partners and service providers regarding FFPSA implementation and Kentucky's service provision needs. In 2019, nine regional forums were held across Kentucky. Social workers, educators, judges, prosecutors, nonprofit leaders, state legislators, and many other advocates for Kentucky's children and families participated in the forums to learn more about what implementation of FFPSA would mean for families in Kentucky. There were 1,149 in-person attendees and another 2,172 streaming viewers.

The department knows that strong families equal strong communities and it was vital that each stakeholder envision themself having a role in this call to action. One vital component of the success of the forums was having a former foster youth share the perspective of a young person with experience in the child welfare system. Regionally specific data was also shared to depict what families in those communities were experiencing, and to highlight regionally specific needs. The information gathered from participants helped to identify local and regional strengths, needs, and challenges. The guided implementation efforts allowed the department to adjust in response to concerns or issues identified that may not have previously been considered. It also helped to identify areas where additional targeted communication was needed due to misconceptions around FFPSA by the local courts or community partners. The constant message throughout the forums was that individuals know their communities best, and everyone has a role to play in systemic improvement.

The kick-off occurred in October 2020, with an implementation update forum for state leaders. Kentucky partnered with Kentucky Youth Advocates (KYA), along with AOC to present *Family First Prevention Services Act Implementation: 12 Months Later* forums. This forum included remarks by Kentucky Lieutenant Governor Jacqueline Coleman, Cabinet Secretary Eric Friedlander, and Kentucky Supreme Court Justice Debra Hembree-Lambert.

Following the forum for state leaders, forums were held in each of the nine DCBS service regions, including presentations from DCBS, DBHDID, and a family court judge local to each specific region. Topics included increased funds spent on prevention services, data on families served, SFY 2020 outcome data, prevention service expansion, and prevention service provision. Topics included an update on QRTP implementation, including statewide and regional numbers

of children in OOHC, statewide and regional numbers of children in congregate care settings, statewide and regional numbers of children placed outside of their home region, QRTP capacity, and an update on statewide and regional foster home numbers. All forums were held virtually, with 677 attending via Zoom, and 173 viewing forum recordings, for a total of 850 attendees.

The third Five-Year Prevention Plan amendment was submitted in September 2023, which included KSTEP as an EBP for transitional claims, to expand the definition for candidates for foster care to include children who have come to the attention of the child welfare agency, and child welfare workers utilizing MI as an EBP. KSTEP was considered ineligible for inclusion in the Five-Year Prevention Plan until the program was reviewed and rated by the Title IV-E Prevention Services Clearinghouse. KSTEP was submitted to the Title IV-E Prevention Services Clearinghouse in December 2023, and is waiting to be reviewed and rated.

Gatekeepers Focus Group

A focus group was held for the purposes of the statewide assessment on January 12, 2024. There were 21 participants from across the state who serve as "gatekeepers" for service referrals. These staff reported waitlists have been greatly reduced in recent years and that most service-based delays are due to outside agency staffing issues. Gatekeeper staff indicated TF-CBT, MI, and Homebuilders services are available in all regions of the state. This is an improvement from the previous CFSP, where EBPs were not part of Kentucky's service array. The following EBPs were selected and submitted in the original 2019 Five-Year Prevention Plan: FFT, Homebuilders, MI, MST, PCIT, START, and TF-CBT.

Table 50 Regional EBP Availability

Regional EBP Availability	TF-CBT	FFT	MI	HFW	Home Builders	START	MST	Intercept
Cumberland	✓	X	✓	✓	✓	X	X	✓
Eastern Mountain	✓	✓	✓	X	✓	X	X	X
Jefferson	✓	✓	✓	✓	✓	✓	✓	✓
Northern Bluegrass	✓	✓	✓	✓	✓	✓	✓	X
Northeastern	✓	✓	✓	✓	✓	✓	✓	X
Salt River Trail	✓	✓	✓	✓	✓	X	✓	✓
Southern Bluegrass	✓	✓		X	✓	✓	✓	✓

Regional EBP Availability	TF-CBT	FFT	MI	HFW	Home Builders	START	MST	Intercept
The Lakes	✓	✓	✓	X	✓	X	X	✓
Two Rivers	✓	X	✓	✓	✓	✓	X	✓

All services are available in Kentucky's most metropolitan region, Jefferson, which includes the largest city with the largest population, Louisville. Transportation is still a significant barrier for Kentuckians everywhere. Cumberland, Eastern Mountain, and The Lakes service regions do not have START or MST services. With Two Rivers Service Region not having MST and Salt River Trail Service Region not having START, these services have the least widespread availability in the state. Eastern Mountain, one of the most rural regions in the state, has access to the fewest services.

Fathers Focus Group

A focus group for fathers with ten participants was held for the purposes of the statewide assessment on February 18, 2024. Four of six respondents to the question, "Do you feel services fit your individual and family needs and circumstances?" stated that yes, they felt the services they were offered fit their needs. Fathers were also asked if the services the state provided were appropriate for their needs. Four out of seven stated yes, and three out of seven stated no. A follow up question was asked about the department's attempts to update service provisions to meet individualized needs if there wasn't initially a match in services. Five out of seven respondents stated that yes, the services were tailored and appropriate. Two of seven reported the services were not updated to meet their needs.

When asked if the services were culturally and racially appropriate, six of the seven respondents stated yes. One respondent had a multilayer response, stating one of their two workers was culturally responsive and one was not. Fathers were asked about barriers to completing services. Six of seven fathers (from four different counties) reported time constraints affected their cases, especially for completing random drug screens. Three of seven reported issues with transportation and two of seven reported issues with child care. Although responses were generally positive, when fathers were asked if they felt welcome when receiving services, six of eight responded yes, with two of those stating they were treated with the same courtesy as the mother in the case. During the open commentary portion of the focus group, a suggestion was made to add more male case workers, and to train female workers to "better understand the needs and thoughts of men" to improve connections with and outcomes for fathers.

Table 51 CFSP 2020-2024 Data Goal 2.1: Expand prevention services statewide 12% by 2024

Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Total number of children in OOHC with active placements *Source: Statewide Foster Care Fact Sheet*	**Actual**	**9,875** 06/02/2019	**9,950** 06/07/2020	**9,156** 04/04/2021	**8,760** 05/01/2022	**8,585** 04/02/2023	**8,045** 04/07/2024
	Target ⇩		9,776	9,677	9,578	9,479	9,380
Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. *Source: KY CFSR State Rating Summary*	**Actual**	**50.0%** PUR 03/18-6/18	**36.84%** Combined PUR 01/19-06/19 measurement periods	**29.34%** 26th measurement period PUR 11/19-04/20	**42.62%** Combined PUR 03/20-02/21	**59.0%** 03/21-12/21, combined PUR, *includes PIP and non-PIP monitored*	**47.83%** PUR 09/23-02/23
	Target ⇧		51.0%	52.0%	53.0%	54.0%	55.0%
Item 12: Needs and services of child, parents, and foster parents. *Source: KY CFSR State Rating Summary*	**Actual**	**21.93%** PUR 03/18-06/18	**34.9%** Combined PUR 01/19-06/19 measurement periods	**28.89%** 26th measurement period PUR 11/19-04/20	**47.78%** 36th Measurement Period PUR 09/20-02/21	**51.11%** 03/21-12/21, combined PUR, *includes PIP and non-PIP monitored*)	**51.67%** PUR 09/23-02/23
	Target ⇧		23.0%	24.0%	25.0%	26.0%	27.0%
Statewide number of families served through contracted services. *Source: Prevention and Evidence-Based*	**Actual**	**3,516** CY 2018	**3,622** CY 2019	**3,587** CY 2020	**3,610** CY 2021	**4,506** CY 2022	**4,094** CY 2023
	Target ⇧		3,569 (+1.5%)	3,622 (+3%)	3,727 (+6%)	3,833 (+9%)	3,938 (+12%)

Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Practices Branch							

**Dark green =goal met*

Three out of four of the data measures for the 2020-2024 CFSP Matrix, Goal 2.1 met the target for the final year of plan, which is a strong show of ensuring appropriate services are available to Kentucky families involved with child welfare. As the state continues to expand the prevention continuum, the increase in individualization of services empowers the agency to identify and address the specific needs of the family more precisely. Expanding services and increasing the ability of the state to meet the needs of the family, is a step further toward a strength for Item 30.

The target rate of decrease for total number of children in OOHC with active placements for 2024 was 4.05% (from 9,776 to 9,380). The actual rate of decrease was 18.52% (from 9,875 to 8,045).

Kentucky met the target for *Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care (54.0%)* for the 2023 APSR submission (59.0%), however, the number decreased (47.83%) for the final 2024 submission (55.0% goal). Although the rates for this measure varied quite a bit from the baseline period (50.0%) to the final year of measurement, Kentucky is pleased with the growth of the prevention service array and will continue to plan for expansion into uncovered service regions.

Scores for *Item 12: Needs and services of child, parents, and foster parents*, far exceeded the goal for the final three years of the CFSP by almost double. The final score, 51.67% was an impressive 24.67% above the goal, and an even more impressive 29.74% above the baseline score.

The number of families served exceeded the target in three out of six years, including the final two years where the score reached 14.7%. This indicates the expansion of services has allowed the department to serve more families.

Conclusion

Overall, the outcomes of CFSP Goal 2.1 over the life of the CFSP show service expansion efforts have been successful, and as services become more customizable, the number of children in OOHC has decreased, resulting in the needs of children, parents, and foster parents being more well met. Remaining barriers include funding and staffing for further expansion of all EBPs into all counties, specifically for community partners providing these services. Other identified shortcomings regarding non-EBP services include services to parents experiencing incarceration, access to child care, housing availability and affordability, transportation, mental health services, program hours of operation, and appropriate substance use disorder services. Gatekeepers also

expressed the need for culturally responsive supports, services for children with disabilities, and delays with language access in several regions.

Gatekeepers in all service regions indicated there were services available specifically for fathers, but not nearly enough to foster true engagement. Responses from the fathers focus group indicated a variety of experiences with workers, but overall positive experiences with service customization. Concerns of fathers included time constraints to complete services, transportation, and the ability of female workers to understand the unique needs of male parents. DCBS was recently invited to take part in a father readiness assessment by Commonwealth Center for Fathers and Families (CCFF). The Father-Readiness Network Assessment (FRNA) is assisting with organizational readiness assessments to engage fathers in programs and services. DCBS has completed the initial webinar and assessment portion. All service regions along with DPP and DSR completed assessments. Kentucky is still in the early stages of developing a unified strategic plan around engagement with fathers.

The outlook for funding for service expansion in Kentucky is encouraging. In CY 2022, DCBS completed a request for proposal (RFP) for the Family Preservation and Reunification Program (FPRS), which included adding an additional 25% of funding statewide on top of increasing flexible funding to meet concrete needs from $50 to $1,000 per family. The agency received an additional $10,000,000 in funding for SFY 2023, and $10,000,000 in further funding for SFY 2024 with the agency's biennium budget, to be used for Family First programs. DCBS requested an additional $10 million for SFY 2025 and $10,000,000 for SFY 2026 for the next budget biennium. As the department focuses on engagement within the next CFSP, it is expected that this focus along with funding will further improve outcomes for service individualization and other items.

Agency Responsiveness to the Community

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

Introduction

In Round 3 of the CFSR Kentucky received an overall rating of area needing improvement (ANI) for Item 31. Information provided in the statewide assessment and collected during stakeholder interviews indicated that Kentucky did not ensure *active engagement,* and *ongoing consultation with key stakeholders in developing the goals, objectives, and APSR updates*. Although some informal engagement and collaboration was occurring at the local and state levels, some stakeholders reported not being familiar with the state's strategic planning efforts.

For Round 4, Kentucky assesses Item 31 as a Strength. Kentucky's agency responsiveness to the community system is functioning statewide to ensure that, in implementing the provisions of the CFSP and annual updates, the state engages in ongoing consultation with consumers, service providers, foster care providers, the court system, and other public and private child and family-serving agencies. Kentucky recognizes the value of shared goals and initiatives and includes the major concerns of these representatives in the goals, objectives, and annual updates to the CFSP.

The department has invested in engagement and partnership with stakeholders in the development of the CFSP, as well as annual (APSR) updates. The department collaborated heavily with stakeholders during the development of the 2020-2024 CFSP and in the years leading into the 2025-2029 CFSP. The QA Branch facilitates a quarterly CFSP Stakeholders CQI meeting in partnership with EKU. Community partner and lived expert membership has grown since the inception of the CFSP Stakeholder CQI meeting.

Tribal Inclusion

The Commonwealth currently has no federally or state recognized tribes. Although there are not federally or state recognized Native American tribes in Kentucky, the department attempts to engage the two tribes with cohorts represented in the state. The department continues to invite tribal representatives to the quarterly CFSP Stakeholder CQI meetings. All invitees, including tribal affiliates receive the quarterly stakeholders CQI meeting minutes by email.

Policy

The cabinet's policy on community engagement may be found in Standards of Practice Chapter 30- Quality Assurance and Organizational Integrity. This SOP details Kentucky's policy for working with the Citizen's Review Panels (CRP), CFCRB, IPRs, FPP, RIAC, safety net, Community Action Agencies (CAA), and CASA.

CFSP Stakeholder Continuous Quality Improvement Meetings

Participants: The current CFSP Stakeholder CQI group invitee list includes, but is not limited to department staff to include frontline staff and supervisors, program staff, and leadership; the AOC; Department for Medicaid Services (DMS); CASA; DFS; Prevent Child Abuse Kentucky (PCAK); DJJ; DBHDID; Orphan Care Alliance (OCA); the Children's Alliance; FRYSCs; parent representatives; Children's Justice Act (CJA) representatives; various service providers including those receiving Community-Based Child Abuse Prevention Program (CBCAP) funding; various partners from different universities, including the training resource consortium; early childhood education; Department of Public Health (DPH); foster and adoptive parents; and KDE.

The CFSP Stakeholder CQI workgroup was established in 2015 as part of the 2015-2019 CFSP Goal 2 (Reasonable Efforts to Families are Supported by Community Collaboration, Coordination, and Service Array) to: "Establish a process for ongoing analysis of the state service array, conducted in collaboration with partners and stakeholders, and strategize for gaps in the state capacity to meet the needs of the service population." The methods of measurement for that task were:

1. Engage parents and youth in an ongoing assessment of service array.
2. Engage frontline personnel of any of the involved agencies.
3. Ensure experiences filter up.
4. Share data to further inform decision making.
5. Capture decisions, solutions, and strategies.
6. Report for Administration for Children and Families (ACF).

Establishing the CFSP Stakeholder CQI workgroup was also a strategy for additional 2015-2019 CFSP goals:

3c.3: Provide central office oversight for data integrity issues apparent from management reports or case reviews. Method of Measure/Benchmarks: Report updates as necessary/appropriate for the APSR submission.

3c.4: Incorporate a review of state child welfare data into department management meetings. Method of Measure/Benchmarks: Report updates as necessary/appropriate for the APSR submission.

3c.5: Be responsive to and collaborative with communities and stakeholders: Ensure dissemination of quality data to stakeholders. Feedback to stakeholders and adjustment of programs and process. (45 CFR 1355.34 (c)(3), 45 CFR 1357.15 (l) and 45 CFR 1357.16 (a). Method of Measure/Benchmarks: Report updates as necessary/appropriate for the APSR submission.

Early on the group was not engaged, and attendance was poor. The meetings were held in person which created time and transportation barriers for some group members. During 2016, staff turnover affected the ability to facilitate the meeting on a regular basis. Stakeholders who did continue to attend regularly helped to develop the 2016 APSR. The meeting was held twice per year beginning in 2017, and the group gained its first parent participant at that time. As the group stabilized and strengthened during 2017, they strategized around PIP activities, including PIP monitoring.

During the April 2018 meeting, discussion was held around revamping the CFSP Stakeholders CQI group, to include the purpose and frequency of meeting. The department was aware that more meaningful conversations were needed along with more diverse membership. In early 2018, the group met to discuss a realignment to ensure that meetings were beneficial to both the department and the stakeholders who participate. CCC was asked to help recruit parents to be part of this group, and at least one foster parent was identified as a potential group member. The director of the Training Resource Center at Murray State University was asked to recruit a youth in OOHC to join the group. Barriers generally hindering youth from attending the meeting during first-shift hours included transportation issues, traveling distance, and conflicts with school and work schedules. In efforts to resolve these barriers, the director examined semester schedules of potential youth members and invited the youth's independent living coordinator to attend to assist with planning and transportation.

Frontline staff including a worker, supervisor, and service region administrator were identified by the DSR director were invited to the October 2018 meeting and ongoing occurrences. SRAs were asked to recruit staff in each region to participate in the meeting, and at least one SRA

participates in the meetings regularly. With the help of this SRA, the group was reoriented to discussing CFSP goals to enhance the knowledge of all stakeholders.

A meeting frequency to meet the needs of all involved was negotiated. After that discussion, the group began holding quarterly meetings co-facilitated by the EKU Facilitation Center.

During the November 2023 CFSP Stakeholders CQI meeting, partners informed the department that they enjoyed the presentations of the progress on outcomes during each meeting and they felt that they should be a part of the solution. Breakout groups were proposed as a strategy to open up the floor, engage more stakeholders, and spark robust conversation. The first breakout groups were related to challenges that each member was experiencing in their role with the child welfare system. The second breakout group addressed how to resolve the issues that were identified.

Feedback from stakeholders regarding implementing breakout groups has been positive. Information gathered during the breakouts, which is shared verbally amongst the larger group during the meeting, is also shared by email with everyone on the mailing list, not only the meeting attendees. Each quarterly meeting thereafter has featured breakout groups, with the most recent focusing on idea generation for the state's goals for the 2025-2029 CFSP based on data and the preliminary results of the CFSR Round 4 Statewide Assessment. The ideas were shared with leadership involved in finalizing those goals to develop Kentucky's CFSP goals.

As a direct result of a presentation facilitated by lived experts during the July 2023 CFSR Stakeholders CQI meeting, the department has adopted the strategy of "Building the Table Together." Presenters with lived experience included:

- an adoptive and foster parent (2021) who has also been employed with the cabinet;
- a birth parent (2011) and fictive kin caregiver (2020);
- an adoptive and foster parent (2016); and
- a birth parent (2016)

The presenters taught the group that no matter the reason for cabinet involvement, all caregivers need the same kind of support from their case worker: communication, resources, and objectivity. As a strategy to improve partnership with parents, these lived experts testified that parents do not want to sit at the table and give feedback for the worker's ideas, they want to help design and build the table, and then sit in parity with the worker as an expert on their own experience. This improves upon the previous practice of simply inviting stakeholders to the table and moves in the direction of a more inclusive form of true engagement.

Youth Involvement

Current and former foster/adoptive youth are invited to all stakeholder meetings, however, are often unable to attend on a consistent basis due to time constraints associated with school, work, or caregiving duties. Feedback received noted that the meeting time was typically during school hours and not conducive for youth attendees. To encourage youth representation, the department

sought out a spokesperson of the youths' choosing to attend on their behalf and to act as a liaison between the two groups. A successful feedback loop has been established with the representative attending both the VOC meetings and the CFSP Stakeholder CQI meetings.

The department works with the Chafee program administrator to assist with soliciting youth participation in the meetings. Youth who have participated in the past were selected from across the state and included youth from urban and rural areas and diverse placement backgrounds ranging from foster care, relative placement, and residential placements. To improve the relationship between the two groups, beginning in May 2023, the coordinator of the stakeholder meetings began attending the VOC meetings. The youth are provided with the meeting minutes, and discussions focus on any questions they may have, as well as any feedback from those minutes. Recent discussion also centered around how best to include the youth in the Round 4 statewide assessment and CFSR.

Special evening meetings are now facilitated by the cabinet with the youth to update them on topics discussed during the stakeholders CQI meeting. Youth are also encouraged to share CQI issues and concerns, which are communicated back to cabinet staff, and addressed in the next stakeholder CQI meeting. This configuration also allows the youth to speak freely without any bureaucratic barriers or potentially intimidating power structures.

One issue raised by the youth and presented to the CFSP Stakeholders CQI group in July 2023 was access to quality dental care, especially in rural areas of the state. One youth reported having to drive two hours one way to see a dentist who accepted the insurance prescribed by the state for youth in care. Dental providers reported that the MCO doesn't cover enough financially and that payments from the state insurance provider were slow. Almost no one in Western Kentucky would accept Aetna Better Health of Kentucky due to these reasons. Delays of access to dental care providers who would accept the insurance were reported to be up to eight months. A division assistant director agreed to raise this issue with Aetna Better Health of Kentucky Supporting Kentucky Youth (SKY) for resolution. This issue was also shared with CQI specialists, field quality leadership, QA leads, and department leadership.

The issue was reported to the data analytics director for Aetna Better Health of Kentucky SKY by the assistant director. They will attend the May 2024 CQI and evaluation meeting to share their findings. SKY currently sends out a Healthcare Effectiveness Data and Information Set (HEDIS) report which is shared with CQI specialists and nurse inspector consultants (NCIs). The purpose is to ensure youth receive physicals, dental, and vision exams timely. A report request from the Field Quality Branch is under development with the TWIST Management Reports Team to include HEDIS measures into an existing report. SKY utilizes insurance claims data which makes their reports more accurate and timelier, as the TWIST report is based on staff entry which is more prone to missing or incorrect data.

The dental concern has risen before and is a consistent area needing improvement because of lack of providers that take Medicaid especially in certain areas of the state. Additionally, the

dental visit is required within two weeks of entry into OOHC, and again due to provider capacity this has always been a struggle. More than two weeks' notice is generally needed to get a dentist appointment for a routine exam under normal circumstances for any patient, therefore, the expectation is not feasible given current provider capacity. As a direct response, SKY assisted by providing a mobile dental van to travel to the regions and provide dental care to members to aid in this concern this past quarter. Long-term solutions are still being generated.

Several additional concerns have been noted by VOC and other foster youth. Corresponding action was taken by the department to address their concerns as follows:

Table 52

	Concern	Response
1.	Youth were unable to join the military reserves or National Guard without losing their commitment status and housing during the time they were in training.	*Response: The agency worked with the courts and community partners which resulted in some youth being able to keep their apartment rent free. Others were provided with storage units and then assisted with obtaining new housing when they were about to return from service.*
2.	Lack of incentives associated with completing foster care exit surveys.	*Response: As compensation for their time and expertise, the agency now provides gift cards to youth who complete these surveys.*
3.	Independent living youth living on college campuses did not have the same supports as those living in the independent living sites.	*Response: Youth living on campus can receive the same support as those living in the independent living sites (more frequent home visits).*
4.	Concerns that some youth who were in not in compliance with the standards to maintain independent living status were terminated without notice, and some were being terminated with notice.	*Response: All youth must be notified through the letter of intent to terminate. This provides an opportunity to appeal the termination. A probationary agreement to regain compliance is offered.*
5.	Youth were unable to complete college within four to five years.	*Response: Youth are now able to work on their education up to age 28 or 150 college credits, whichever comes first.*

Feedback from CFSP Stakeholders CQI Meeting

Once a year the attendees of the CFSP Stakeholders CQI meetings are asked to provide feedback on their level of agreement/disagreement that the department can meet CFSR outcome goals for safety, permanency, and well-being of families and children, as well as feedback on the progress of CFSP goals. Conducting this survey is important to gauge the level of buy-in and understanding of the CFSR and CFSP goals and department strategies from stakeholders. The QA Branch also tracks trends and concerns through the narrative portion of the survey. This is a method of engagement with stakeholders that shows them the department values their opinions and forces them to spend some time focusing on each outcome independently.

One change that came out of stakeholder suggestions in the qualitative portion of the survey (May 2022) read as follows: "Even though they were put in the chat, having an acronym cheat sheet as an attachment may have been helpful." Department staff always spell out acronyms in the chat during the meeting to increase understanding in real time, however, an always growing list of acronyms is now added to each survey report and to the copy of meeting minutes for quick reference. This helps to break down knowledge barriers between the department and the community and empowers participants of various affiliations.

Survey: Respondents choose from *strongly disagree, disagree, agree, strongly agree*, or *personal experience not related* for each systemic factor (Safety 1, Safety 2, Permanency 1, Permanency 2, Well-being 1, Well-being 2, and Well-being 3). For attendance purposes, names and roles of all attendees are collected electronically at each meeting by a facilitator from EKU. The survey is then sent to all attendees of the CFSP Stakeholders CQI meeting by email, however, there is no identifying information associated with the responses. EKU staff compile survey results into the annual CFSP Stakeholders CQI Survey Report which the QA Branch distributes via email to the entire distribution list for the CFSP Stakeholders CQI meeting.

Between 2021-2023 survey results indicate an increasing number of respondents to each year's CFSP Stakeholders CQI survey (2021: 26, 2022: 46, 2023: 61), as well as an increase in opinions of positive performance outcomes and systemic factor functioning shared by stakeholders (Table 53). Respondents rated their opinion of the department's ability to meet safety outcomes the highest at 81.5% (216/265), followed by well-being outcomes at 68.6% (272/395), and permanency outcomes at 62.7%, (165/263). The department is pleased with the perception of its ability to ensure safety. When asked to provide an explanation for their rating in narrative form, respondents to the most recent survey (2023) mentioned services such as SDM®, Alternative Response, KSTEP, Thriving Families Safer Children (TFSC), and FPRS have all helped to improve safety outcomes.

Table 53 CFSP CQI Stakeholders Survey Results 2021-2023

CFSP Outcomes Stakeholders Satisfaction Survey Results - *Rated Agree or Strongly Agree (combined)**								
Year	**Level of agreement that the child welfare system's ability to ensure the CFSP Outcomes for safety, permanency and well-being of families and children are met. *(Choices: *Strongly Disagree, Disagree, Agree, Strongly Agree, Personal Experience Not Related*)**							**Average Satisfaction score for all outcomes by survey year**
	Safety 1	**Safety 2**	**Permanency 1**	**Permanency 2**	**Well-being 1**	**Well-being 2**	**Well-being 3**	
2023	50/61 = **82.0%**	51/61 = **83.6%**	38/61 = **62.3%**	39/61 = **63.9%**	43/61 = **70.5%**	41/61 = **67.2%**	39/61 = **63.9%**	301/427 **70.5%**
2022	38/46 = **82.6%**	37/45 = **82.2%**	29/45 = **64.4%**	30/45 = **66.7%**	32/45 = **71.1%**	33/44 = **75%**	33/45 = **73.3%**	232/315 **73.7%**
2021	21/26 = **80.8%**	19/26 = **73.1%**	14/26 = **53.8%**	15/25 = **60%**	18/26 = **69.2%**	16/26 = **61.5%**	17/26 = **65.4%**	120/181 **66.3%**

CFSP Outcomes Stakeholders Satisfaction Survey Results - *Rated Agree or Strongly Agree (combined)**								
Avg. by outcome 2021-23	81.8%	79.6%	61.4%	64.1%	70.3%	67.9%	67.5%	**70.1%**
Combined outcome scores	**81.5%** Positive Safety Outcomes (216/265)		**62.7%** Positive Permanency Outcomes (165/263)		**68.9%** Positive Well-being Outcomes (272/395)			653/927 **70.4%**

State-level collaborating councils:

Voices of the Commonwealth: Kentucky's statewide youth leadership council, VOC, is comprised of youth 16-22 who had a foster care experience at the age of 14 or older. All youth are instrumental in speaking to resource parents, department and private agency staff, and community partners about the issues and needs of youth in care and those who have transitioned out of the foster care system. The council actively advocates for changes to state policy and legislation to improve outcomes for foster youth. To compensate them for their time and expertise, VOC are paid $15 per hour for their time plus the cost of travel and meals, up to 15 hours a week.

After consultation with the VOC, the state implemented Pandemic Relief 1.0 using Chafee funding received through the Consolidated Appropriations Act. This included partnerships with Wheels to the World, Family Unification Program (FUP), Foster to Youth Independence (FYI), Kentucky Community and Technical College System (KCTCS), DFS, and DMS to aid with vehicle payments, entrepreneurship training, parenting, financial literacy, sexual health, mental health, physical health, and housing. Many youth received stipends or incentives for participating in these programs.

Court Improvement Project (CIP) advisory committees: The department has a standing communication plan with the Kentucky Court of Justice (KCOJ). DCBS and KCOJ work together in a variety of ways and through numerous initiatives at the local, regional, and statewide level to ensure safety, permanency, and well-being for Kentucky's children and families. It is vital that the child welfare and judicial systems strive to communicate at every opportunity meaningfully, consistently, and effectively. The three main tenets of this plan are:

1. A local DCBS point of contact should communicate with the local court point of contact about any barriers or concerns related to a specific case or trends in cases.
2. Meetings should be scheduled regularly by the DCBS point of contact with the court, OLS, and other community partners; and
3. Common trends and barriers identified by DCBS that cannot be resolved at the local level should be shared with appropriate DCBS leadership.

The child welfare and judicial branches have been prioritizing improving relationships between judges, attorneys, and social workers. The Judicial Engagement Workgroup is a Commissioner and Justice-level quarterly meeting that includes judges from various regions of Kentucky, the CIP team, AOC, and DCBS program managers and administrators. The purpose of this workgroup is to engage judges and the courts in DCBS programmatic improvements and solicit judicial input to improve collaboration and communication. The collaborative efforts and communication from the Judicial Engagement Workgroup is shared to streamline child welfare program planning and improvement efforts.

An example of how DCBS and KCOJ addressed an identified issue is in relation to DCBS staff's concerns around how they were treated by attorneys and judges. A *Relationships Matter* training was scheduled to discuss expectations and reiterate the importance of being respectful to all parties in court. To help remedy the situation, the Judicial Engagement Workgroup created a small work team known as *Relationship Building Strategies* to help identify approaches and solutions to communication issues. The team was tasked with creating a survey for DCBS and AOC to get a sense of attorneys, judges, and workers interpretation of relationships on the local level and provide some insight on how individuals are feeling about the current climate.

Task forces

The department's duties related to children who are victims of human trafficking are outlined in KRS 620.029. The department continues to collaborate with community agencies to educate the community, law enforcement, and other providers, as well as department staff on the impact of human trafficking. Human Trafficking Task Force and Coalition meetings take place across the state, including the Kentucky Statewide Human Trafficking Task Force, Northern Kentucky Violence Prevention Task Force, and Lexington Human Trafficking Coalition meetings. Department staff participate in subcommittees related to victim services.

DJJ began screening for human trafficking in late 2015. The Office of the Attorney General (OAG) received a federal grant in 2016 to address human trafficking by employing a specially trained investigator and providing training on how to recognize and report human trafficking. From July 2015-April 2016, DJJ identified 236 youth who scored positive for human trafficking on screeners. This indicated that there were far more victims in existence than those being reported to the department. In 2017, DCBS reported 698 trafficking victims in 582 cases, indicating a rising rate of victims of human trafficking. As a result of rising concerns of trafficking, in 2019 the department collaborated with Dr. Jennifer Middleton (UofL) and associated research assistants on Project PIVOT (Prevention and Intervention of Victims of Trafficking). This project was funded by a two-year grant from the Kentucky CJA Task Force.

The primary goals of Project PIVOT were to increase awareness of human trafficking in the child welfare population and to improve the ability of systems to respond to human trafficking in the child welfare population in a way that limited additional trauma to the child victim. Researchers reviewed 582 child protective services cases (reporting period 2013-2018) aiming to answer the question: *What happens to child trafficking cases in the child welfare system?*

Researchers also reviewed child trafficking screening and identification tools to assist in the development of a statewide screening tool.

The goal was to develop and implement a Trafficking Policy and Advising Consortium (TPAC) to enhance cross-agency interactions, facilitate better communication related to child trafficking cases, and work collaboratively to close existing gaps in services for child trafficking victims. Preliminary data from the first year was finalized in November 2019 and shared with the Statewide Human Trafficking Task Force in December 2019. The final report for Project PIVOT, completed in 2021, had five implications/recommendations:

1. statewide multidisciplinary human trafficking response team,
2. implement information-sharing agreements across departments/systems,
3. increase law enforcement involvement in alleged child trafficking cases,
4. enhance sentencing regarding family-controlled trafficking cases, and
5. revising laws to address the challenges with charging victims.

Other training and education opportunities throughout the community hosted by community partners such as the Kentucky OAG, PCAK, Catholic Charities, and state and local human trafficking task forces are routinely available. Additionally, the department modified its procedure to include the definition of sex and labor trafficking, the inclusion of a child protection and law enforcement response to human trafficking allegations, and to include non-caretakers and caretakers of minors as alleged perpetrators (SOP 2.15.9; SOP 2.3). Division staff continue to attend statewide task force meetings, and the department has representation on local task forces for coordination of work at the local level.

Engagement with Historically Underserved Populations

Homelessness Prevention: Kentucky recognizes youth homelessness to be a critical issue. Considered a historic strength, the state continuously works with youth in transition to provide any available resources to prevent homelessness after the transition out of care. Kentucky has various partnerships with other entities throughout the state to combat homelessness in youth exiting care: Housing Authority FUP, Lexington Housing Authority FYI, Kentucky Housing Corporation (KHC), Murray State University, Children's Alliance, True Up, KPFC, Transition Age Youth Launching Realized Dreams (TAYLRD), CAC Chafee room and board services, Louisville Metro Government Homeless Prevention Program, Neighborhood Places, LYFT Learning independent, Operation Care, Homeless Prevention Project, and Stand Down/Project Homeless Connect. Services specific to Jefferson County (Louisville) include YMCA Safe Place and Street Outreach Program, Partnership for Families, Scholar House, and Center for Accessible Living's Mainstream Program (waiting list for those receiving SSI).

The department is part of a collaborative initiative of various community partners and systems that work directly with transition age youth. The purpose of this workgroup is to decrease the possibility of homelessness, incarceration, hospitalization, other out-of-home placement, and high school dropout rates for Kentucky's youth. Additional information about these services may be found in the Service Array section and appendix.

State-level collaborating councils

In 1990, Representative Tom Burch sponsored legislation resulting in the creation of Kentucky Interagency Mobilization for Progress in Adolescent and Child Treatment (KY IMPACT). The law established the State Interagency Council (SIAC), for Services and Supports to Children and Transition-age Youth (previously known as *Services to Children with an Emotional Disability*) as well as the Regional (RIACs), and Local Interagency Councils (LIACs) to oversee and carry out the work of KY IMPACT in all 120 counties of the state. The primary goal of the KY IMPACT program is to coordinate local and state resources to serve children with emotional disabilities and/or substance use in their own homes, schools, and communities, and to avoid costly, unnecessary out-of-home placements.

The SIAC for Services and Supports to Children and Transition-age Youth was created as a structure for coordinated policy development, comprehensive planning, collaborative budgeting for services, and supports to children and transition-age youth with or at risk of developing behavioral health needs, and their families. Per KRS, SIAC membership must include DCBS, DJJ, DBHDID, DMS, AOC, KDE, FRYSCs, Office for Children with Special Health Care Needs (OCSHCN Council), Postsecondary Education, Subcommittee for Equity and Justice for all Youth, Vocational Rehabilitation, KHC, Kentucky Special Parent Involvement Network (KY-SPIN), parent representatives, youth representatives, and faith-based community representatives.

Kentucky IMPACT has embraced the Wraparound process since its inception. In fact, the Kentucky IMPACT program was one of the first statewide Wraparound initiatives in the country. Wraparound teams are unique to each child/youth and family, consist of people who are closest to the family, and should include both service providers and natural supports. The child/youth and family are integral members of the Wraparound team and should take the lead in selecting other team members. High Fidelity Wraparound (HFW) includes traditional services provided by multiple child-serving agencies (for example, child welfare, behavioral health, juvenile justice, special education), as well as informal and natural supports that are available or developed in the community. Adding HFW as an EBP was part of Goal 2.1: Expand prevention services statewide 12% by 2024. An amendment to Kentucky's Five-Year Prevention Plan was approved in December 2021 to add HFW to Kentucky's service provision, along with expanded use of Motivational Interviewing.

Conclusion

The strengths of Kentucky's system of engagement and consultation with stakeholders pursuant to the CFSP and APSR are clearly evidenced by approaches of inclusion, information sharing, and initiative-building. Kentucky has accentuated stakeholder-focused strategies, specifically adopting the "Building the Table Together" approach moving into goal setting for the 2025-2029 CFSP. The CFSP Stakeholders CQI meeting has transformed from an underdeveloped idea to a fully functioning system of inter-mutual quality improvement. Kentucky continues to excel at collaboration with partners to reduce child maltreatment rates while also expanding prevention programs.

Item 32: Coordination of CFSP Services with Other Federal Programs

Introduction

In Round 3, Kentucky received an overall Strength rating for Item 32. Information from the statewide assessment and collected during stakeholder interviews showed that state coordinates services and benefits with other federal or federally assisted programs serving the same population. Examples included coordination with community mental health centers (CMHCs), KDE, and DJJ. In Jefferson County, local coordination with the housing authorities prioritized families involved with the agency.

For Round 4, Item 32, Coordination of CFSP Services with Other Federal Programs, is functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population, remaining a Strength. Other programs serving the child welfare population, including public financial assistance, child support, community based mental health, early childhood public health interventions, Medicaid, and child care assistance, are all managed from the cabinet. Cabinet leadership conducts regular leadership meetings to ensure interface and coordination between the program areas. Program reporting for major and minor child welfare funding (title IV-E, title IV-B, CAPTA, Chafee, the Social Services Block Grant (SSBG), and the CJA grant) are all reported from DPP, and financial reporting from all programs is executed by the department's Division of Administrative and Fiscal Management (DAFM).

The department collaborates with other federally funded programs with shared populations in many ways. The cabinet is the state government agency that administers programs to promote public safety and public health. It is the largest of Kentucky's nine cabinets. The department remains the largest department within the cabinet. 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 an SRA, implements the cabinet's programs, and manages resources to meet regional needs. The cabinet's organizational structure provides an opportunity to maximize resources, leverage additional funds, and evolve the overall child welfare service continuum in Kentucky. The cabinet also collaborates with other external state agencies and community resources to assist in providing efficient and timely services to families and children. This includes DFS, SKY, the Division of Child Care (DCC) service array, and partnerships with Child Support, Early Intervention, and Parent Engagement Meetings (PEMs).

Division of Family Support (DFS)

DFS administers the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, the Kentucky Transitional Assistance Program (KTAP), Kentucky Works Program, Family Alternatives Diversion (FAD) Program, and Medicaid programs.

The division also manages the Community Services Block Grant (CSBG), the Nutrition Education Program, the SNAP Nutrition Education Program, the Low-Income Home Energy Assistance Program (LIHEAP), and State Supplementation. DFS also participates in administration of electronic benefit transfer (EBT) cards and develops policy for all division program areas.

DCBS Family Support offices are open Monday-Friday, 8 a.m. - 4:30 p.m. In addition to regular hours, Call Service lines are open to assist clients with Medicaid, SNAP, and other public assistance benefits on Saturdays, 9 a.m.- 2 p.m. Online services are available at kynect.ky.gov.

Supporting Kentucky Youth (SKY)

SKY is a single statewide MCO for foster youth managed by Aetna Better Health of Kentucky. As part of the Round 3 CFSR (Systemic Factor 5/CFSP 10/Service Array/Item 30), Kentucky set goals for the SKY program. Aetna Better Health of Kentucky has dedicated staff with experience working in child welfare and was chosen by the cabinet to conduct the following key functions to help achieve these goals:

- Develop a statewide provider network for the Kentucky SKY populations with 24-hour emergency access and crisis services.
- Provide comprehensive care coordination for enrollees inclusive of:
    - Assigning each enrollee to a primary care provider and a dentist.
    - Conducting required assessments to determine enrollee needs.
    - Assigning care coordination teams to support enrollees in receiving the needed services.
- Collaborating with CHFS agencies and health care providers to share health records and to reduce duplication of services.
- Provide access to trauma-informed services, including physical health, mental health, and substance use disorder treatment, dental care, social services, and wraparound services.

Aetna Better Health of Kentucky was awarded the contract to provide Medicaid services to Kentucky youth in 2020. All children and youth in OOHC, children receiving adoption assistance, dually involved youth, former foster care youth, and Medicaid-eligible youth in the custody of DJJ are enrolled with Aetna Better Health of Kentucky for Medicaid coverage. The cabinet believes this Medicaid managed approach is responsive to feedback from foster and adoptive parents, foster youth, providers, advocates, and cabinet staff, and the cabinet is committed to the partnership with Aetna Better Health of Kentucky to bring improved health outcomes and coordinated access to physical and behavioral health care services for the children it serves.

SKY serves all 120 Kentucky counties across all nine service regions, offering evidenced-based, trauma-informed practices and service provision to approximately 25,000 members. The SKY program offers enhanced benefits to support members including a care coordination team assigned to each member to ensure access to primary care, behavioral health services, dental care, specialty care, wraparound services, and social support services. The level of care management services provided by the care coordination teams are tailored to meet the needs of each individual SKY member.

SKY was launched on January 1, 2021, as a new contract and line of business with Aetna Better Health of Kentucky. DMS is in an integral part of the continual communication and helping to vet through technical and contractual processes and needs. Aetna Better Health of Kentucky provides communications and training to providers, law enforcement, the judicial system, advocates, and other stakeholders to assure understanding of SKY and the roles played in supporting enrollees to obtain needed services and achieve improved outcomes. There is a monthly Command Center meeting facilitated by the department, as well as connector, data sharing, and inclusive meetings hosted by SKY.

The TWIST team has developed a shared SKY Module which offers shared information about the child accessible by both SKY and the department. DCBS and DJJ work collaboratively with SKY to aid in ensuring children entering OOHC have support and services available to meet their holistic health care needs. A care team, inclusive of nursing staff for both DCBS and SKY, is in place that supports children needing specialized or unique services regarding medical challenges. All SKY members receive enhanced care coordination from team members with experience in child welfare, behavioral health, and juvenile justice. Through enhanced care coordination, the cabinet has been able to improve member health outcomes as evidenced in the table below.

Table 54

2023
Diverted **51%** (47/81) of out of state placements.
Returned **55%** (12/22) of members placed out of state.
*HEDIS and CAHPS are not yet available for 2023.
2022
Diverted **57%** (63/110) of out of state placements.
Returned **33%** (4/12) of members placed out of state.
Exceeded the national Medicaid average in six categories on the Child Medicaid CAHPS survey.
Exceeded the national Medicaid average in four categories on the Adult Medicaid CAHPS survey.
Exceeded the national average in ten HEDIS measures for 2022.
2021
Diverted **54%** (23/43) of out of state placements.
Returned **62%** (8/13) of members placed out of state.
Exceeded the national Medicaid average in 12 categories on the Child Medicaid CAHPS survey
Exceeded the national Medicaid average in six categories on the Adult Medicaid CAHPS survey
Exceeded the national average in ten HEDIS measures for 2021.

Division of Child Care (DCC)

DCC is directly responsible for oversight of the Child Care Assistance Program (CCAP), the tiered quality rating and improvement system (KY All STARS), child care provider professional development, and child care fitness determinations in all of Kentucky's counties. Child care technical assistance, recruitment, referrals, and licensing are also responsibilities of the division. These functions are contracted to state and community partners and supported by the kynect online portal.

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 child care settings. Direct TANF dollars are used to fund 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, child care quality initiatives, fitness determinations (background checks), and early care and education professional development. To assure continuation of child care services, the cabinet must renew the CCDF State Plan every three years. The cabinet currently operates under the provisions established in the CCDF Plan for FFYs 22-24, submitted 06/30/2021.

DCC has several mechanisms in place to support collaboration across service programs, which include internal departments within the cabinet programs. DCC contracts with UK Human Development Institute (HDI), Child Care Aware (CCA) of Kentucky to provide technical assistance to increase quality in early child care and education facilities and access to high quality licensed type I, licensed type II, and certified providers throughout the state in the areas of health and safety, professional development, quality, and training. In 2018, DCC began working with the Kentucky Center for Statistics (KYSTATS) to improve the Early Childhood Profile, a cross-agency overview of early childhood education in the state. DCC worked to ensure that accurate and complete information shared with KYSTATS from all data management partners and that data represented in the report was accurate and easy to interpret.

DCC contracts with Western Kentucky University (WKU) for the staffed Family Child Care Network of Kentucky. The purpose of the Family Child Care Network is to recruit new family child care providers, to provide the necessary technical assistance regarding health and safety requirements, professional development, and quality, and to increase access to high quality certified family child care. Family Child Care is often more successful in rural areas throughout the state that cannot financially support large center-based care.

Children are eligible for child care subsidies if the child has a current protection or prevention case or is in the care of fictive kin. DCC has made regulatory changes to allow CCAP funds to support child care expenses for children in foster care. DCC subsidizes child care to eligible children and families to support low-income families, child safety, permanency, and well-being for children receiving protection and prevention services, and children in foster care.

- During CY 2023 Kentucky's CCAP experienced an overall 18% increase in child enrollment. Families served increased by 21%.
- During CY 2022 Kentucky's CCAP experienced an overall 22% increase in child enrollment. Families served increased by 26%.
- During CY 2021 Kentucky's CCAP experienced an overall 44.84% decrease in child enrollment. Families served decreased by more than 45.58%. This was a direct result of the COVID-19 pandemic.

Children served as the result of protective/preventive services referrals are placed in safe and healthy environments supporting family unification. The number of children served, and families served between 2021 and 2022 doubled. The low numbers for 2021 were caused by the pandemic impacting the state's ability to provide child care services. Numbers continued to rise between 2022 and 2023.

- During CY 2023, 47,136 children and 27,599 families received CCAP benefits.
    - Of the children receiving benefits, an average of 2,714 children were served because of a need for protective/preventive services.
- During CY 2022, 39,105 children and 22,319 families received CCAP benefits.
    - Of the children receiving benefits, there was an average of 2,994 children served because of a need for protective/preventive services.
- During CY 2021, 20,382 children and 11,100 families received CCAP benefits.
    - Of the children receiving benefits, there was an average of 2,941 children served because of a need for protective/preventive services.

Utilizing American Rescue Plan funding, as of July 2022, DCC launched a data dashboard that is updated regularly to give the agency and its partners a snapshot of the child care landscape in Kentucky. Kentucky's child care data is currently stored in many different systems, and it is difficult for DCC leaders to get an integrated view. The dashboard provides users access to high-quality data from various systems and allows DCC leaders to make better decisions leading to a better client experience. This also provides views on program integrity and compliance, and points towards areas in the Commonwealth without adequate childcare services (childcare 'deserts'). This dashboard is accessible to both internal and external partners.

Kentucky Early Intervention System (KEIS)

Kentucky's Early Intervention System (formerly known as First Steps) is a statewide system that provides services to children from birth to age three with developmental delays or specific medical conditions known to cause developmental delays, and their families. KEIS offers comprehensive services through a variety of community agencies and service disciplines and is administered by DPH. Typically, children who participate in early intervention experience significant improvement in development and learning. Children with developmental delays or conditions likely to cause delays benefit greatly from KEIS services during critical developmental years.

Services and support also benefit families by reducing stress. Child eligibility for the program is determined three ways:

1. Developmental delay - A child may be eligible for services if an evaluation shows the child is not developing typically in at least one of the measured skill areas: communication, cognition, physical, social and emotional, or self-help.
2. Established risk concern - A child may be eligible if he or she is diagnosed with a physical or mental condition likely to result in developmental delay such as Down Syndrome.
3. Informed clinical opinion - A child may be eligible for services if an approved multidisciplinary evaluation team of professionals determines the child needs services based on their clinical expertise.

Income Supports: Child Support Enforcement (CSE)

The Kentucky CSE program is responsible for establishing paternity, child, and medical support, and enforcing those obligations. Services are administered locally by contracting officials in each county. Frankfort-based central office staff and regional office staff provide oversight for all 120 counties. The mission of CSE is to contribute to building strong families by establishing and promoting parental responsibility for financial and medical support of children.

Funding for CSE comes from federal grant funds from the CSE - States Program under title IV-D of the Social Security Act, State General Funds, and Restricted Agency funds made primarily of state share of Child Support TANF collections.

CSE provides child support services for children placed in child protective services upon the request of DPP.

- The total CSE expenses for CY 2021 were $59,514,603.88. The total caseload was 248,888; with 8,853 total foster care cases.
- The total CSE expenses for CY 2022 were $60,383,700.85. The total caseload was 241,714; with 8,415 total foster care cases.
- The total CSE expenses for CY 2023 were $66,796,772.74. The total caseload was 232,414 with 7,633 total foster care cases.

Although costs increased each year from CY 2021-2023, caseloads decreased correspondingly. Total foster care cases also decreased each year from 2021 to 2023. This indicates child support services for children in child protective services helped to decrease caseloads and the total number of foster care cases.

Federal Access and Visitation Grant

Funds provided to Kentucky are under the jurisdiction of the federal Office of Child Support Enforcement (OCSE) and are geared toward facilitating access and visitation of non-custodial parents facing difficulty seeing their children due to issues such as poor relationships with the custodial parent, non-payment of child support, or allegations of domestic violence. In June 2016, the grant transferred from DCBS to the Department for Income Support's CSE program.

To educate parents in all 120 Kentucky counties about access to and visitation with their children, CSE collaborated with the Louisville Legal Aid Society (LAS) to establish an Access and Visitation Hotline. A memorandum of agreement (MOA) with LAS began on January 20, 2017.

In April 2017, the hotline began accepting calls. Once operational, publicizing of the hotline occurred through public service announcements, print, media, press releases, and the addition of hotline information to both the CSE and LAS websites. LAS hired an attorney responsible for handling hotline calls. Callers go through an intake process to ensure they meet the guidelines to receive services through LAS. The attorney captures gender, race, age, reason for calling, and title IV-D case participation status in the intake database. Race codes were revised to mirror the federal race codes and include *American Indian or Alaskan*, *Asian*, *Black or African American*, *Hispanic or Latino*, *Native Hawaiian or Pacific Islander*, *White*, *Two or More Races*, *Data Not Reported*, and *Other*. If necessary, callers are referred to a partnering legal aid program located in the geographical area where they reside. Staff in CSE then receive the above data in addition to data regarding how the hotline served the caller. CSE has also requested that the LAS capture the children in common and add the grandparent/legal guardian option in the title IV-D case types.

Due to increased demands, LAS extended hotline hours giving callers two additional hours a day to contact an attorney through the hotline. Costs of operation have decreased between 2021-2023. The number of callers has also decreased. Currently, there are no perceived barriers to the Access and Visitation Hotline or the partnership with LAS.

- 2021: 1,753 persons contacted the hotline for assistance related to access to and visitation with their child(ren). CSE paid LAS $129,460.94 in CY 2021.
- 2022: 1,421 persons contacted the hotline for assistance related to access and visitation with their child(ren). CSE paid LAS $124,324.00 in CY 2022.
- 2023: 1,307 persons contacted the hotline for assistance related to access to and visitation with their child(ren). CSE paid LAS $124,324.00 in CY 2023.

Federal Demonstration Grants: Prevention and Outreach Services

Louisville has several outreach teams that work with individuals experiencing homelessness on the streets and in drop-in and day shelters, however, the city lost outreach staff dedicated solely to youth and young adults (YYA) after the loss of a runaway and homeless youth act (RHYA) outreach grant. YYA outreach and prevention services are being restored through the Youth Homelessness Demonstration Program (YHDP) through an early application because all partners agreed that homelessness prevention is the best approach to addressing YYA homelessness whenever possible.

In April 2024, YMCA Safe Place Services' Y-NOW Mentoring Program was awarded $250,000 in Opioid Settlement Funds for use on evidence-based strategies to support youth that have lost a parent to addiction, drug incarceration, and overdose deaths.

Reunification: YMCA Safe Place provides mediation for YYA under 18 and their families, which prevents 80% of these YYA from entering state care. Wherever possible, service providers focus on family re-engagement and seek opportunities to reunite young adults with their families. A network between DCBS, local police, YMCA Safe Place, and other community partners was built. This network increased the community's ability to identify and support YYA experiencing homelessness with conflict resolution, respite opportunities and counseling to reunify with parents, other family, and fictive kin.

Community-Based Child Abuse Prevention Grants (CBCAP)

The purpose of the CBCAP grant is:

1. To support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and
2. To foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Objective 2.3 of the 2020-2024 Kentucky CFSP was to expand Parent Engagement Meetings (PEMs) to one additional county, evaluate program outcomes, and identify additional funding opportunities for further expansion by 2024. The plan called for the state to identify and secure additional funding opportunities for further expansion for PEMs. A contract, funded with CBCAP monies, was initiated in January 2020 with Kentucky River Foothills to implement PEMs in Madison and Estill counties. The region completed training and planning in January and February 2020, with the expectation that PEMs would begin in March 2020. Implementation was stalled due to the COVID-19 pandemic and subsequent closure of schools throughout Kentucky.

PEMs were implemented into a new rural area in CY 2021, as the vendor no longer wanted to continue the contract in Madison or Estill County. Discussions among DCBS leadership continued regarding the prioritization of funding for prevention. Additional state general prevention funds and CBCAP funding through the American Rescue Plan Act (ARPA), PEMs began in an additional 11 rural areas in CY 2022. Discussions among DCBS leadership continued regarding the prioritization of funding for prevention. PEMs are currently available in 14 counties across the state.

Table 55

Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Number of PEMs completed statewide. *Source: Gentrack*	**Actual**	**248** 2016-17 school year	**344** 2017-18 school year	**428** 2018-19 school year	**316** 2019-20 school year	**526** 2020-21 school year	**482** 2021-2022 School year
	Target		298	348	398	448	498
% of cases diverted from DCBS involvement statewide *Source: Gentrack*	**Actual**		**86.0%**	**80.8%**	**96.0%**	**96.0%**	**85%**
	Target		80.0%	81.0%	82.0%	83.0%	84.0%

During Round 3, PEM expansion was highly successful. Cases diverted from DCBS involvement statewide remained above 80% from 2020-2024. Although PEMs decreased in numbers for the school year which included the onset of the COVID-19 pandemic (2019-2020: 316 PEMs), the rate of diversion remained high at 96%. The average rate of diversion from 2020-2024 was 88.8%, which was above the goal of the final 2020-2024 CFSP submission, 84.0%. PEMs have helped greatly at diversion of families from involvement with DCBS.

Conclusion

Kentucky has maintained a strength in Coordination of CFSP Services with other federal programs. The cabinet collaborates with other federally funded programs with shared populations in such an effective manner due to the centralized structure of CHFS. Diversion outcomes for PEMs, CSE, CCAP, and SKY are all favorable. Coordination of federal or federally assisted programs serving the same populations occurs through CBCAP-funded PEMs, federal access and demonstration grant-funded legal aid hotline, and the federal demonstration grant-funded Y-NOW Mentoring Program are all functioning well in keeping children in their home of origin. The department's direct service delivery model spans across all nine service regions and 120 Kentucky counties.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

Overview

Kentucky assesses *Item 33 Standards Applied Equally* to be a strength. In Round 3, Item 33 was found to be a strength. R&C staff, regional management, and central office staff work to ensure there are appropriate standards in place for foster and adoptive homes to ensure the safety of

Kentucky's children in OOHC. Standards are in place for all state and private agency foster homes through SOP and KAR, that each potential foster home must meet to be an approved home. Compliance with these standards is high, as evidenced by the monthly TWS-M049 management report, which shows that from 2021-2023, 95% of foster homes licensed through DCBS, and 71.2 % of private foster homes adhered to the standards according to OIG audit reports. For private agency foster homes that did not meet the standards, OIG utilized corrective action planning. For state foster homes that did not meet standards, the state agency conducted foster home reviews of the homes and created corrective plans to bring the home up to standards. Kentucky utilizes the Structured Analysis Family Evaluation (SAFE) home study during the approval process of state foster homes. Most private agency foster homes were also utilizing the same home evaluation method until the state contract with PCC/PCPs was updated in 2023 that now requires all potential private foster homes to be evaluated using the SAFE method.

OIG's Division of Regulated Child Care is the regulatory and licensing agency for all care facilities and child adoption/child-placing agencies in the commonwealth and follows KAR. Child-placing agency means any agency licensed by the cabinet, which supervises the placement of children in foster family homes or child-caring facilities, or which places children for adoption. PCC or PCP agencies provide care and services for a child in the custody of the cabinet. 922 KAR 1:310 sets the standards for child-placing agencies, while 922 KAR 1:305 governs the licensure process for child-caring facilities and child-placing agencies and the appeals process. OIG has surveyors who visit agencies to review corrective action plans and ensures completion of outstanding tasks. They monitor these and provide monthly feedback to DCBS on the status if there are any concerns.

Foster and Adoptive Parent Standards and Approval Process

Initial and ongoing reevaluation of public foster parent applicants are contained in regulation 922 KAR 1:350. Initial and ongoing reevaluation of a private foster parent applicant is found in regulation 922 KAR 1:310. Though private and public foster home regulations are found in two separate regulations, the content is aligned for the initial approval and for the reevaluations. Kentucky standards are aligned with the National Model Foster Family Home Licensing Standards except for the age requirement. Kentucky requires a foster parent applicant to be age 21 unless the applicant is a relative or fictive, at which they can be approved at age 18. The national standard is age 18. SOP 12.3 Foster and Adoptive Home Applicant Assessment outlines the procedures and requirements of state foster homes including the foster parents being age 21 or over (exceptions apply), having no health or safety risks (must be medically able to care for children and have no communicable diseases), must attend at least one foster parent informational meeting, must be a United States citizen or legal immigrant, possesses a valid driver's license and insurance (if they drive), complete required background checks, demonstrate functional literacy, have an income source that is sufficient to maintain stability, and completes a SAFE home study described further below. These foster and adoption certification requirements are also published on the KY FACES (Kentucky Foster Adoptive Caregiver Exchange System) (KY FACES - Home) which is described in more detail within Item 35.

Since 2016, state foster home approvals have occurred using the SAFE home study. Prior to the 2023, requirement for all private agency foster homes to use SAFE, nine out of 20 agencies were already utilizing the SAFE model. SAFE is a structured home study methodology that allows the agency to thoroughly evaluate foster homes in a uniform manner. The methodology consists of four components: the Information Gathering Tools, the Structured Analysis, the Pre-Formatted Home Study Report, and the SAFE Compatibility Inventory. Each component ties together to create a thorough evaluation. Prior to SAFE, Kentucky saw a lack of private agency home studies assessing the applicant's ability to meet the needs of children with complex needs. The studies were more focused on requirements per regulation that the family's strengths and needs that would support making a strong match for children. Agencies were utilizing a variety of home study templates. Regulations were in place to ensure home studies met specific standards and included all foster home standards. SAFE has helped with consistency and home study quality.

The SAFE Desk Guide and Psychosocial Inventory are standard, uniformed, researched-based tools that are used during the SAFE home study process. The SAFE Questionnaires are designed to promote increased disclosure, more truthful responses and to verify that all critical issues are addressed. SAFE is designed to provide a uniform and comprehensive home study process and designed to help eliminate worker bias. Some of the private foster placement agencies were also using the SAFE home study model and in July 2023, the use of the SAFE home study was added to the PCP agreements, which are renewed and negotiated every two years, requiring all agencies, both public and private, to utilize this uniform assessment. Since July 2023, all new PCP foster home approvals utilize SAFE.

Table 56 Total number of approved foster homes from 2021-2023

	2021	2022	2023	Total
DCBS Approved Foster Homes	1,179	1,246	1,108	3,533
Private Agency Foster and Adoptive Homes	494	395	387	1,276
Total	1,673	1,641	1,495	4,809

Source: TWS-M358SA

Each state certified or private licensed foster home must undergo recertification every three years to determine whether the home still meets requirements for approval. R&C workers monitor foster home compliance through quarterly home visits, training records, and the reevaluation process. For state foster homes that do not meet standards, the state agency conducts foster home reviews and creates corrective plans to bring the home up to standards. Compliance is monitored with the family as laid out in the foster home review. For DCBS homes that have a foster home review, there is a timeframe placed in the review and a plan for the correction. The follow up may occur via email, phone, or at the quarterly home visit with the home. If there are challenges with completion, there may be further foster home reviews, or the home may be assessed for closure. There is a waiver process for state agency relative or fictive kin foster homes.

OIG is the overarching compliance officer for PCP foster homes. In 2021, an OIG reviewed 85 out of 791 PCP foster homes (10.7%) and found that 25.8% were not in compliance. In 2022,

OIG reviewed 58 out of 496 PCP foster homes (11.7%) and found that 31% were not in compliance. In 2023, OIG reviewed 44 out of 335 PCP foster homes (13.1%) and found that 31.8% were not in compliance. Private agencies not in compliance were cited and required to complete an acceptable Plan of Correction (POC) to bring the home and agency into compliance. The private agency determines if the home is placed on a POC according to their policies. Monitoring occurs if the violation was egregious or of severity that would necessitate monitoring to ensure resolution. In most cases OIG requires the agency to submit supporting documentation as proof of correction. This can include pictures of physical repairs or training records that corrective training has occurred. Overall, 71.2% of private agency foster homes that were reviewed were compliant. During the review of these files, all children's files in the home are also reviewed. Some of the citations are in regard to the agency and service provision, caseload, and not necessarily deficiencies with the foster home itself, which has contributed to lower scores when compared to compliance of DCBS foster home scores. Every private agency foster home is recertified at their three-year review; all will utilize SAFE by July 2026.

The annual foster parent survey included responses from both DCBS and PCC/PCP foster parents located in all nine service regions across the state in 2023. The survey asked if the home study process supported their preparation to be a foster/adoptive parent. Foster parents overwhelmingly strongly agreed/agreed with this statement at a rate of 82% while 15% were neutral. DCBS foster parent surveys in 2022 and 2021 had similar results. In 2022, 81% strongly agree/agree and 10% were neutral. In 2021, the survey was only DCBS homes, with 76% strongly agree/agree and 17% neutral. These results indicate that home study process is supportive and effective.

Previous foster parent surveys and CQI demonstrated an overwhelming ask from foster parents to automate the approval process. Families reported a need for electronic forms and an electronic submission process. In response, the department implemented a new phase of KY FACES in August 2023, which included automation. Families may now complete and upload forms and documents in an online module. This change will reduce delays, duplication of work, and streamline approvals for foster families and staff. Phase II of KY FACES will launch in fall 2024 with more enhancements to support the approval process.

Preliminary data from the TWS-Q357S-A management report shows:

- Average length of time to approval increased from 15.93 months in 2023 to 18.43 months in 2024.
- An increase in number of homes approved between January-March 2024 (598) compared to January-March 2023 (311).
- Percentage of homes approved within zero to six months increased from 31.8% in 2023 to 32.4% in 2024.
- Number of homes approved within zero to six months after inquiry almost doubled (01/23-03/23: 99; 01/24-03/24: 94).

As the agency begins to gather baseline data for the time to approval, in the coming year DCBS will also be able to compare responses from the Annual Foster Parent Satisfaction Survey for

further analysis of the effectiveness of enhanced approval supports. The average length of time to approval increased due to an increase in homes applying. There have not been significant increases in R&C staff, so the same number of staff have been responsible for approving more families to foster. The agency has also been working to increase the number of relative and fictive kin foster homes, which typically experience more delays in approval. New relative and fictive kin standards began implementation July 1, 2024, which will help to mitigate these barriers.

Relative and/or Fictive Kin Approval Standards and Process

DCBS has made conscious efforts to place children with relatives and/or fictive kin when they can no longer remain safely in their homes. SOP 12.8 allows prospective foster parents waivers of some non-safety requirements that would cause a hardship on the prospective applicant, such as approving the relative or fictive kin home without the required marriage, health, or reference documents. If an effort to support and encourage relative caregivers as foster parents, the KY FACES website contains valuable information for prospective and current kin foster parents.

According to the Statewide Foster Care Fact Sheet, there were 8,045 children placed in OOHC on 04/07/24, with five percent placed in a relative or fictive kin foster home, and 12% placed in a non-foster relative or fictive kin home, the majority of which were actively seeking foster care approval. The April 2024 TWS-M049 monthly management report shows that of all 1,984 active foster homes, 352 (18%) are relative or fictive kin foster homes. Of the 352 relative or fictive kin foster homes, 92 (26%), have non-safety waivers. This demonstrates the efforts to support kin/relative placements and to help preserve the continuity of family relationships.

The non-safety waiver process for specific situations includes:

- Income: Consider flexibility regarding the income verification process if they have other resources to meet the needs.
- References: References shall be attempted by two different methods, but negative references are discussed and considered during consultation with the supervisor.
- Separate bed: Consider flexibility regarding the space in the home. Bed sharing may be determined to be in the best interest of the child to allow placement and stability with a relative caregiver.
- Physical health: The applicant and all household members will be assessed for ongoing physical and mental health needs in the course of the home study process. If the applicant or household member disclosed a medical or mental health condition that may impact their ability to meet the short term or long term needs of a child, or is prescribed certain medications that may impair their caretaking ability, a DPP 107 Health Information Required for Foster or Adoptive Parents, Applicants, or Adult Household Members, or DPP 108 Health Information Required for Foster or Adoptive Parents or Applicants Regarding Dependent Children shall be required. DCBS may request additional information regarding the applicant's treatment history as identified in the home study process.

- Marriage/divorce documentation. However, the family should be made aware of long-term barriers to permanency that occur without the presence of these documents.
- Patterns of low-risk criminal and child/adult protection history: Consider flexibility in approvals of child specific foster homes when the child's best interest is met with placement with relative or fictive kin. DCBS shall consider the length of time and frequency of the records. In addition, the applicant's participation and completion of treatment and services shall be considered.

If during the home study process, the R&C worker and FSOS determine an appropriate waiver is needed, the R&C worker completes the CHFS Waiver of Non-Safety Standards for Child Specific Foster Home form or Waiver of Training form and submits to the FSOS for review. The waiver is specific to the relative or fictive kin foster home. The requested waiver will be reviewed during a consultation between the FSOS and the SRAA or SRCA to discuss the circumstances and justification of the waiver request. The waiver will be approved or denied within seven business days of receipt. The FSOS and/or SRAA/SRCA may request additional documentation or develop an action plan to mitigate risk. Action planning may need to occur prior to approval as a child specific home or the home may be approved with detailed and time limited action steps. If the R&C worker, FSOS and/or SRAA/SRCA is unable to come to an agreement regarding the approval or denial of a waiver, the SRA will be the final decision-making authority.

When a waiver is recommended, the R&C worker documents the justification and circumstances of the waiver in the SAFE home study narrative, meets with the applicant of the child-specific foster home to discuss any action planning present in the waiver approval, and completes the approval process upon completion of action plan items. Action plans related to the non-safety waiver are reviewed by the R&C worker at home visits conducted quarterly, at a minimum. A family's training needs are assessed yearly during the month of the original approval and the Waiver of Training form is completed annually if a training need is not identified. If training needs are identified, the relative or fictive kin foster family may be required to attend specified training(s) based on the identified need. Any waivers of training occurring in years one and two of approval shall be discussed in the SAFE re-evaluation report completed in the month of approval during year three.

Child Caring Facilities

922 KAR 1:300 provides definitions for the child-caring facilities including emergency shelters, residential facilities including group homes and institutions, and residential treatment programs including crisis intervention units, group homes, and institutions. 922 KAR 1:310 sets the standards for child placing agencies, while 922 KAR 1:305 governs the licensure process for child-caring facilities and child-placing agencies and the appeals process. OIG is the regulatory and licensing agency for all health care, day care and long-term care facilities and child adoption/child-placing agencies in the commonwealth through the Division of Regulated Child Care. Providers must access and participate in the National Background Check Program. There

are currently 108 licensed child placing agencies in the state of Kentucky, regulated by the Division of Regulated Child Care (see Attachment 10). The Division of Regulated Child Care makes unannounced site inspections for facilities who have applied for licensure.

For licensed facilities, the Division of Regulated Child Care performs unannounced site inspections for applications for renewal, complaints, and to monitor corrective action plans. If a deficiency is found, the Division of Regulated Child Care issues a statement of deficiency (SOD). Unless a request for the opportunity to informally dispute a deficiency has been made by the child-placing facility, the facility must submit a written corrective action plan for the elimination or correction of a violation within 10 days. The Division of Regulated Child Care then reviews the plan and either accepts it, does not accept it, and requires changes, or revokes the licensure. Currently, OIG has only three outstanding SODs for re-licensure and two for investigations.

The frequency of SOD over time cannot be determined as the cited agencies change on a yearly basis. A variety of agencies receive plans of corrections. If a significant pattern were to emerge, then further action may be taken. Patterns of concerns are discussed collaboratively between DCBS and OIG to problem solve and offer support to agencies. These discussions also take place to address common themes or barriers.

Conclusion

The foster and adoptive parent licensing, recruitment, and retention system in Kentucky has improved over the last few years to ensure standards are applied to all licensed or approved foster family homes. Kentucky standards are aligned with the National Model Foster Family Home Licensing Standards. Data shows that compliance with these standards are high over the last three years, with 95% compliance of state foster homes and 71.2 % of private foster homes. Kentucky utilizes the SAFE home study during the approval process of state foster homes. SAFE is designed to provide a uniform and comprehensive home study process and designed to help eliminate worker bias. Improvements were made to the home study process for private agency foster homes, transitioning all of them to the SAFE home study in 2023, so uniform standards apply. While DCBS regulates state foster homes, OIG regulates and licenses all care facilities and child adoption/child-placing agencies in the state. When homes do not meet standards, plans of correction are created and then monitored to ensure completion of the plan. There is a waiver process for relatives/fictive kin for certain non-safety requirements that would cause a hardship on the prospective applicant. In 2024, the state will be implementing different standards for relative/fictive kin applicants removing some of the barriers to approval. Also, the Building Bridges Initiative (BBI) was revitalized in 2024 with enhanced plans to support providers. Moving forward, the state continues to promote BBI with providers to ensure quality services for the children served.

Item 34: Requirements for Criminal Background Checks

Overview

Kentucky assesses *Item 34 Requirements for Criminal Background Checks* to be a strength. In CFSR Round 3, Item 34 was found to be a strength. All public and private foster homes, all adult members of the home, and fictive kin caregivers are required to undergo initial and annual abuse registry and fingerprint-based background checks, as regulated by KAR and the agency's SOP. In 2023, the Kentucky Applicant Registry and Employment Screening System (KARES) was launched. This background screening process includes abuse registry checks and fingerprint-based background checks through the Kentucky State Police and the Federal Bureau of Investigations (FBI). New background checks are additionally completed throughout the year as members of the household reach an age for a required background check, or a new member moves into the home.

KARES provides continuous background checks for all foster home applicants and adult household members entered in the system. This replaced the manual process of annual background checks, ensuring that background checks are continuously up to date for all existing foster parents.

For all new foster parents, Kentucky's TWIST will not allow foster home approval prior to the review and clearance by the Kentucky Records Management System (RMS). This ensures all approved foster parents have successfully completed the required background checks.

DCBS has case planning processes in place to address the safety of foster care and adoptive placements for children. When stressful situations and changes occur in foster homes, SOP and regulations require that the foster family's R&C worker completes a review of the foster home within 30 calendar days of notification of a factor that may place unusual stress on the family or create a situation that may place a child at risk. Additionally, policies require that the child's caseworker assess and monitor the safety of foster children in their placements at a minimum of once per month (twice monthly for medically complex foster children). This is monitored through management reports, as well as yearly submissions of the ACF Monthly Caseworker Visits report.

Kentucky Regulations and Operating Procedures:

922 KAR 1:490 governs background checks of foster parent applicants and all adult household members, regardless of whether the applicant is a state or private agency foster home. This regulation specifies guidelines for approvals and denials of all foster homes. This regulation also requires that all foster home applicants and adult household members maintain enrollment in KARES and are part of the continuous assessment program.

SOP 12.4 Background Checks for Foster and Adoptive Parents outlines the procedures required to meet the regulations. Prior to foster home approval and acceptance of children into a potential state foster home, background check requests must be made for all applicants and adult household members in the applicant's home, to the following agencies:

- Criminal records check of the National Crime Information Database (NCID), including the Kentucky Justice and Public Safety Cabinet (KSP), conducted by means of a fingerprint scan;
- A sex offender registry address check through KSP;
- A child abuse or neglect check for each state of residence during the past five years; and
- An in-state criminal records check conducted pursuant to KRS 199.462(1) by AOC or the Kentucky Justice and Public Safety Cabinet.

KARES was launched in 2023. This background screening process includes abuse registry checks and fingerprint-based background checks through KSP and the FBI. The agency has a built-in requirement in TWIST for the background check to be completed prior to the system allowing approval of the foster home. Fingerprint-based background checks are conducted on all foster home applicants, all adult household members, and fictive kin caregivers through the Kentucky National Background Check Program, prior to their approval to provide care for foster children. All background checks for the state and private agencies are reviewed and cleared by the state's RMS.

To prevent placement of children in foster homes prior to background checks being completed, state approved homes must have the date of the background check completed and attached before TWIST will allow final approval of the home. Additionally, SOP 12.4 requires that the R&C teams are responsible for the approval of DCBS foster and adoptive homes and recertifications, and for ensuring that the foster and adoptive home applicants and adult household members are enrolled in KARES. R&C workers are located in each region statewide. The R&C worker completes any new required background checks throughout the year, as members of the household reach the age for a required background check, or a new member moves into the home. If the agency denies foster home applicants, it is based upon guidance provided in 922 KAR 1:490 and SOP 12.4.

In 2023, when the agency began utilizing the continuous assessment (formerly called rap back) program through KARES, every foster home and new approval was re-fingerprinted and entered into KARES for notification of a records review if a foster family or an adult household member receives a new criminal charge. As soon as an offense comes onto the fingerprint database, KARES sends an automatic alert regarding the foster home individual to records management. Records management will then review the offense and determine if there are any changes to eligibility. The continuous assessment program enables updated notifications for future arrests of participants. According to RMS, eligibility changes are processed immediately, and notifications are sent out either the same day or the next business day. Table 57 shows the progressive transition from traditional background checks in 2021 to KARES in 2023.

Table 57 Number of Background Checks/Rechecks and KARES

	# of Background Checks and Re-Checks	# of Background Checks and Re-Checks entered in KARES
2021	20,856	N/A
2022	17,224	324
2023	9,232	11,062

Assessment of Statewide Functioning

In April of 2023, when KARES was launched, the state and private agencies no longer have to complete annual background checks; the foster homes are part of the continuous assessment background check allowing for timely notification of criminal background checks. The RMS certifying worker verifies through KARES during the annual month of approval that the state or private agency foster parent remains active in KARES and remains "cleared". The certifying worker can print off an annual update check from the system verifying the family is still enrolled in KARES and there have been no changes in the foster parent's background. KARES tracks all fingerprint-based checks. One limitation to this data is that KARES does not interface with TWIST.

According to the monthly TWS-M049 management report, 95% of DCBS foster homes were in compliance with background checks in 2023, 97% were in compliance for 2022, and 93% of homes were in compliance in 2021. Overall, 95% of agency foster homes were in compliance for background checks for the three-year timespan. See Figure 62 below for the number of active foster homes and homes on-hold.

Figure 62 DCBS Foster home compliance for 2021-2023

Date	Active Foster Homes	On-Hold for non-compliance with at least one recertification requirement	Percent in compliance
December 2023	2,018	101	95%
December 2022	2,297	58	97%
December 2021	2,490	185	93%

The state agency enters into agreements with private agencies providing care for foster children. The agreements require periodic reviews to be conducted for private foster and adoptive families. OIG conducts the periodic reviews through inspections of PCC and PCP agencies. These reviews include re-licensures, investigations, changes, follow-ups, and monitoring inspections. OIG reviews a minimum of three foster family files or 10% of all foster family files, whichever is greater, from every private agency. It is important to note that non-compliance as stated here is not related specifically to background checks. The reviews include all areas of agency and foster home compliance.

DCBS uses the Application for Level of Care Payment (ALP). The ALP is a form PCP agencies are required to submit every six months regarding the children served by their foster care agency. The ALP provides updates to the child's therapeutic needs and any concerns in the home. ALPs are sent on every child every six months to the Children's Review Program (CRP). If there are any concerns with the child, the home, or the agency noted by the clinical reviewer, the DCBS PCP/PCC liaisons are contacted. If any deficiencies are identified, a plan of correction must be issued, with any errors or citations to be remedied.

In 2021, OIG reviewed 85 out of 791 PCP foster homes (10.7%) and found that 25.8% were not in compliance. In 2022, OIG reviewed 58 out of 496 PCP foster homes (11.7%) and found that 31% were not in compliance. In 2023, OIG reviewed 44 out of 335 PCP foster homes (13.1%) and found that 31.8% were not in compliance. Overall, for 2021-2023, 54 homes out of 1,622 PCP homes reviewed were cited, with 71.2% of PCP foster homes compliant with background checks. If OIG cites a private SAFE agency for non-compliance of background checks, the PCP will have to develop a corrective action plan with the foster family, and they will have a 30-day timeframe to correct the non-compliance. All non-compliant homes referenced above received plans of correction and 100% of the plans were accepted, meaning all were successfully resolved and brought into compliance. OIG monitors to ensure completion of the plan.

Provisions for Assessing Safety of Foster Children

DCBS recognizes that all families experience times of stress. Foster and adoptive families who experience unusual stress may experience impacts to their ability to fully support the children they are caring for. When situations such as the onset of a health issue, disability or death of a family member, birth of a child, loss of income, change in marital status, use of prohibited forms of discipline, substantiated findings, training needs, or a foster parent wishes to voluntarily terminate their parental rights arises, SOP 12.17 requires the foster family's R&C worker to complete a review within 30 calendar days of notification. This SOP aligns with 922 KAR 1:350.

SOP 12.10 Rights and Responsibilities of DCBS Foster and Adoptive Home Parents requires foster and adoptive parents to report immediately to the cabinet if there is a change of address, a medical condition, accident or death of a child placed by the cabinet, a change in the number of people living in the home, a significant change in circumstance in the foster and adoptive home, (i.e. income loss, marital separation, or other household stressors, missing from care), a suicide attempt, or criminal activity by the child requiring notification of law enforcement. Although timeframes for 'immediately' are not specifically defined within SOP, in practice, this is understood to be no later than 24 hours after the event.

Table 58 Number of Foster Homes Closed due to Substantiations or Safety in 2022-2023

Year	Total # Foster Homes	# Homes Closed due to a Substantiated Finding or Safety Concern
2021	N/A – no tracking	N/A – no tracking
2022	2,454	10
2023	2,277	8

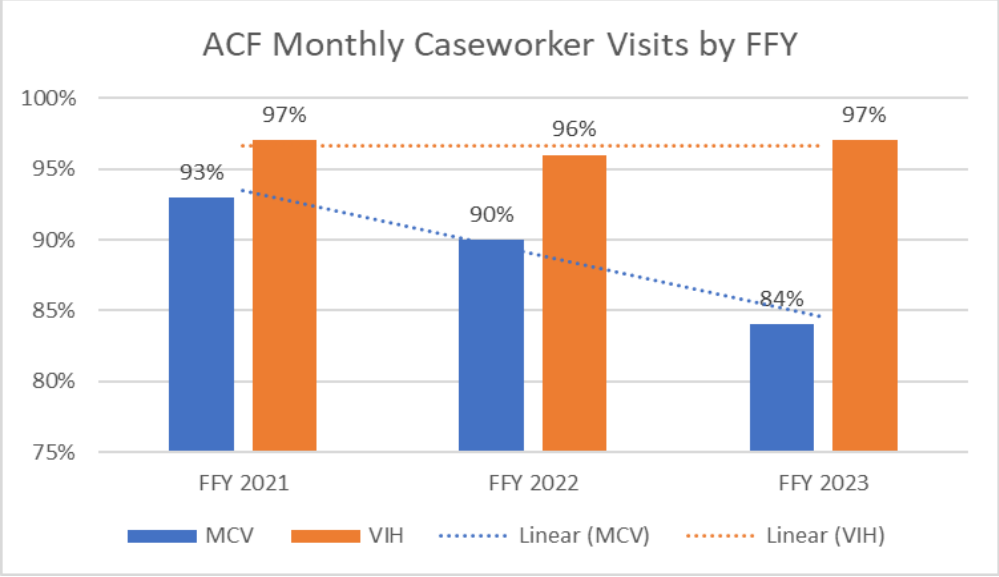
Source: TWS-M400

The agency utilizes the management report TWS-M400 for data showing the closure reasons of state foster homes. There are some limitations to this data as it does not consider there may not have been any foster children in the home at the time of the concerns leading to closure. M400 is a fairly recent report which was developed in 2022. The report shows 10 foster home closures due to a substantiated finding or safety concern in 2022 (0.41%), and eight closures in 2023 (0.35%).

State agency caseworkers assess and monitor the safety of foster children in their placements at a minimum of once per month (twice monthly for medically complex foster children). SOP 4.24 requires the caseworker to have phone contact with the foster child within five days of the placement, and a private face to face contact with the child within ten days of the placement. In addition to interviewing both the child and the foster parent monthly, privately, in the foster home, the caseworker also assesses safe sleeping arrangements for any infants up to age one. Foster children placed in a PCP foster home will have an additional one to two visits per month from their PCP caseworker, depending on the level of the child. Monthly home visits are captured and monitored through the weekly TWS-058 report by CQI specialists, regional management, and field supervisors in each region. In addition to monthly face to face visits in the placement to assess safety, caseworkers also formally record risk and safety in TWIST during the six-month period case plan review.

According to the monthly caseworker visits report submitted for FFY 2023, caseworkers made face to face visits to foster children 89.8% of the time, while 96.2% of those visits occurred in the home of the child. In FFY 2022, caseworkers made face to face visits to foster children 84% of the time, while 97% of those visits occurred in the home of the child. In FFY 2021, caseworkers made face to face visits to foster children 93% of the time, while 97% of those visits occurred in the home of the child. Figure 63 below shows a nine percent decline over three years for monthly caseworker visits. In-home visits have remained steady over those three years.

Figure 63 ACF Monthly Caseworker Visits (MCV) by FFYs 2021-2023



The QA Branch conducted 288 KY CFSR case reviews of foster care cases for the review periods of 2021 through 2022. The review of 2023 cases are still in-progress. Item 3 assesses risk and safety assessments of children, while Item 14 assesses visits to children. For 2021, Kentucky scored 75.33% and for 2022, 70.83% on Item 3. Although Item 3 encompasses various safety assessments, one major factor is assessing the safety of foster children in their living

environment, including in the foster home. Kentucky passed the PIP measurement goal for Item 3 in CY 2022, during PIP measurement period 39 with a score of 54%. Kentucky continued to experience increased positive performance for Item 3, closing out the PIP measurement period in the 43rd measurement period with a final score of 58.46%. Although PIP monitoring ended September 30, 2022, Kentucky continued tracking the performance of items during the non-overlapping period. Kentucky's final score in CY 2022 for Item 3 was 57.14%, (03/2021 – 12/2021 review cycle).

For period 2021 and 2022, Kentucky scored 81.33% and 74.31% respectively, for Item 14. Kentucky successfully passed the PIP measurement goal for Item 14 in the 36th measurement period. To encourage and promote continued success, CQI specialists assist the regions in managing monthly home visits through anticipatory visit reports. This helps staff and regional leadership prioritize and plan for visits throughout the month.

In 2022, Kentucky began experiencing placement issues with a small number of youths requiring a non-traditional placement (NTP) setting including hotel rooms or boarding at local department office settings until an appropriate placement could be located. There was no mechanism in TWIST at that time to track NTPs, so data was maintained in central office. In the Fall of 2023, TWIST capability was enhanced to begin tracking NTPs, however, there were inconsistencies with the data entry as this was a new process. Data entry guidance was distributed to all staff in January 2024. This notice outlined the definition of an NTP and how to correctly complete data entry screens.

All nine regions developed NTP protocols. Regional protocols were reviewed by the regional safety coordinators to ensure the safety of the youth *and* the staff were accounted for. Protocols involved two staff members, or one staff and one member of a sitter service to be present with the youth at all times. Additionally, a security officer may be present, depending on the needs of the youth. Training and information on medication management for staff rolled out in January 2024. The training is a 30-minute session titled "Medication Administration in Non-Traditional Settings: A Guide for DCBS Staff," and is similar to the medication management training completed by foster parents.

The number of children in NTP settings, although growing, is still low. The numbers also reflect placement moves and not necessarily initial entry into care. Kentucky strives to place children in the least restrictive settings possible, but when NTPs are necessary, Kentucky has taken steps to ensure children are safe in their placement settings. Protocols were reviewed for consistency. These protocols include information regarding reporting, documentation, and inclusion. If a youth is placed with a relative or family friend temporarily, SOP 5.1 must be followed. The initial safety check and review is still required in this instance.

Figure 64 Nontraditional Placements from July 2022 through January 2024

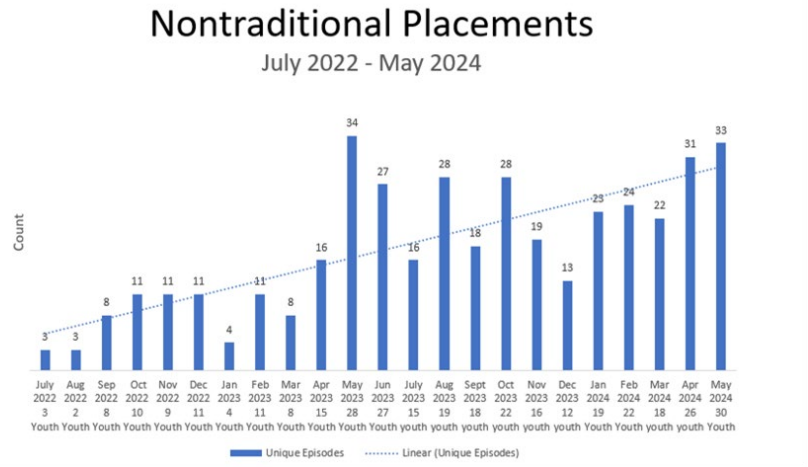


Figure 65

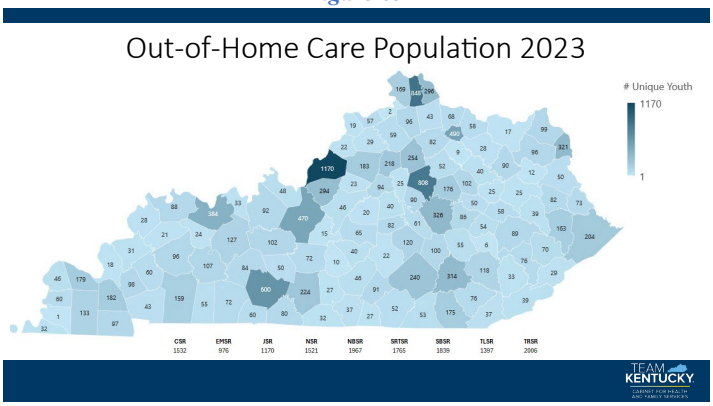
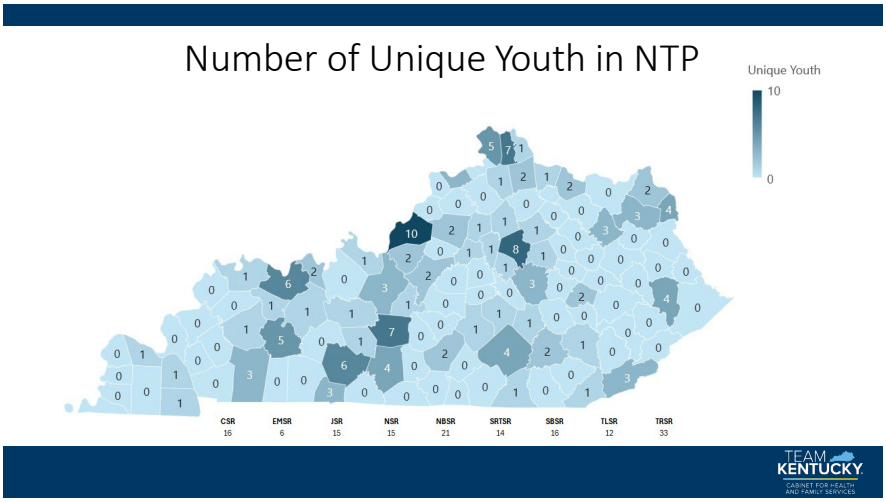


Figure 66



CY 2023

Data tracking was initiated in July 2022 to examine the emerging trend of youth in NTP. Over time, more streamlined data tracking was implemented. This tracking identifies common characteristics of youth's behavioral health needs and areas of concern. Tracking also occurs regarding bed capacity in all placement types. The rise in children in NTP settings is attributed to both reduced placement capacity and the increased behavioral health needs of youth. There are many initiatives in place to increase capacity of homes for older youth and homes to accommodate increased behavioral health needs. Most importantly, the agency is working with the current pool of foster homes to determine which homes possess the skills and abilities to meet the needs of children with higher needs. Once identified, the agency offers the home additional training and support to expand their placement capacity.

The agency has utilized highly targeted social media campaigns which highlight the unique needs of children in care. Many of the regions are partnering with middle and high schools to engage with individuals already parenting this age group. The agency has shifted informational meetings with families to include the specific needs for youth. The state has launched CORE teen, which is an evidence-based training curriculum to support foster families and care for older youth. Each region has targeted activities specific to their communities to engage with families currently caring for adolescents and teens. The agency is also working with the National Center on Diligent Recruitment to build out specific targeted activities to recruit families with the strength and skills needed to support this population.

The agency utilizes youth voice in trainings allowing families to hear directly from youth with lived experience. This powerful encounter often helps families open their hearts and minds to accept teens in their homes. The “Caring for Teens Myths” campaign was launched via social media, and in foster parent newsletters to help break stigmas and ease worries of potential foster parents about their ability to care for teenagers in foster care.

According to foster parents and staff a common barrier with background checks is the out-of-state background check. RMS does not record data on this process, but according to information received from the service regions, these delays often impact the timeliness of a family's approval. Quarterly meetings are held with R&C supervisors and delays receiving criminal background or Adam Walsh checks from other states in which prospective foster parents have resided in, are issues which are mentioned most often. This challenge has also been discussed at the national foster care manager peer group as a nationwide trend.

The 2023 Kentucky foster parent survey yielded 577 responses. Families were asked about the home study process, including specific questions regarding background checks. Zero respondents reported concerns with the new background check process.

Conclusion

Kentucky complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements. Kentucky also has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive

placements for children. All public and private foster homes, all adult members of the home, and all fictive kin caregivers are required to undergo initial and annual abuse registry and fingerprint-based background checks. Kentucky's TWIST will not allow foster home approval prior to the review and clearance by the state's RMS.

KARES, launched in 2022, is a continuous background screening process that includes abuse registry checks and fingerprint-based background checks through KSP and the FBI. This ensures that background checks are continuously up to date for all existing foster parents.

New background checks are completed throughout the year as members of the household reach an age for a required background check, or when a new member moves into the home. Families are responsible for reporting when a new individual moves into the home. Kentucky has case planning processes in place to address the safety of foster care and adoptive placements for children, including required review of the foster home within 30 calendar days of notification of a factor that may place unusual stress on the family or create a situation that may place a child at risk. Additionally, policies require that the child's caseworker assess and monitor the safety of foster children in their placements at a minimum of once per month (twice monthly for medically complex foster children). This is monitored through management reports, as well as yearly submissions of the ACF Monthly Caseworker Visits report.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Overview

Kentucky assesses *Item 35 Diligent Recruitment of Foster and Adoptive Homes* to be a strength. In Round 3, Item 35 was also found to be a strength. Kentucky's nine service regions independently submit biannual diligent recruitment plans that include targeted strategies to address the need to increase the number of foster and adoptive homes, with specific emphasis on Black/African American and Hispanic foster homes, as well as gaps in other minority and underserved child populations.

Regional diligent recruitment plans (described in detail further below and included attachments) are grounded in CQI principles and based on administrative data to identify needs, inform strategies, and to evaluate current recruitment and retention efforts. Diligent recruitment plans assess barriers and summarize the previous year's efforts.

The diligent recruitment specialist, within the OOHC Branch, reviews each plan and provides feedback in the form of a one-on-one meetings with the regional teams. Additionally, recruitment plans receive ongoing feedback from the department's child welfare partners during quarterly Targeted Recruitment and Retention Subcommittee meetings. Members of this committee include representatives from the regions, foster/adoptive parents, diligent recruitment specialist, the Network, UK, and Adoption Support for Kentucky (ASK). It's notable that the Network members include current and former foster parents. Many times, regions will implement new ideas for recruitment and retention from the discussions and feedback of these committees. Topics of discussion include recruitment and retention idea sharing and feedback,

what is happening in other regions, and question and answer sessions. For example, during a recruitment subcommittee meeting, a worker discussed how their region hosted a Halloween contest where foster/adoptive parents could take a photo with a recruitment yard sign and Halloween décor and post on their social media for a chance to win a gift card. This was a fun contest for foster/adoptive parents and a way to spread the word about the need for foster/adoptive families. Other regions asked questions and began implementing similar activities in their region. During another meeting, a member suggested attending Race, Community & Child Welfare (RCCW) committees and cultural fairs to recruit African American foster homes. These suggestions have been implemented into additional regional plans. Feedback includes lessons learned across other regions and guidance for additional targeted recruitment in that area. Regional recruitment specialists monitor the implementation for their respective regions.

Twice yearly, all nine regions across the state prepare regional diligent recruitment plans to guide their recruitment efforts. The diligent recruitment specialist provides the data and the plan template to the regions. Each regional R&C team writes the plans with their staff, supervisors, and regional leadership. Many regions collaborate with their Network and foster/adoptive parents on these plans. Each recruitment plan includes the following (examples of a plan template and a completed plan can be found in attachments 11 and 12, respectively):

- Current regional and county-specific data that includes the number of children in care, the number of foster homes (both DCBS and private), and a calculation of the need for additional homes. The targeted recruitment needs section of the plan indicates the total number of homes needed and the percent need met for each targeted population (teens, siblings, African American, Hispanic, and medically complex). The percent of need met increasing from year to year is an indication of successful targeted recruitment. The demographic data such as race, ethnicity, age, and medically complex status of children in care is included on each regional plan. The data also includes foster parent demographics, such as race and ethnicity, as well as authorization to foster children with specific needs, such as medically complex children.
- Description of the barriers to recruitment and retention, and a summary of the success and strengths of the previous bi-annual plan (an example of a completed plan in 2023 (Attachment 13) and a completed plan in 2024 (Attachment 14) shows improvement in the target numbers. An increase in the percent need met is seen from the 2023 plan data to the 2024 plan data in the areas of homes for teens, African American, and children who are medically complex. The 2023 plan included targeted recruitment strategies in these areas.
- Strategies and activities for targeted recruitment, specific to youth demographics and case needs. These are specific recruitment activities targeted toward recruiting homes for the youth population.

Monitoring strategies occurs formally during the preparation for the upcoming plan, as well as informally during individual supervision, and discussions with stakeholders who are involved in the plan. If a specific recruitment activity was determined to be unsuccessful, then it would not

be included within the next plan. An event may be deemed unsuccessful if the region did not see an increase in inquiries after the event or did not feel there were meaningful conversations with participants during the event. For example, Jefferson Service Region noted "not successful were many of the festivals that we attended where we only saw a couple of people sign up. We did not always get a bang for our buck." Thus, this specific activity was not included within their next plan.

In addition to the regional recruitment and retention plans, DCBS partners with Murray State University and The Foster and Adoptive Parent Training and Support Network (The Network) to develop regional diligent recruitment plans. Although the regional diligent recruitment plans and the Network's diligent recruitment plans work together to support targeted recruitment in the regions, the Network's plans are distinct in that they provide recruitment and support from the lens of those with lived experience. Each regional Network team is provided the same template as the regional R&C teams twice per year. The Network works in collaboration with the regional teams and develops their own regional plans for recruitment and retention to support the recruitment needs in their region. Regional plans are data-driven based on the needs of the specific region. The plans include the areas of need, (i.e. teens, African American homes, Hispanic homes, homes for siblings, medically complex homes) and the counties with the most need. The plans include targeted activities to recruit for those needs.

Foster and Adoptive Home Recruitment Efforts including Examples from Regional Plans

Older youth, youth who are medically complex, and youth with mental health and behavioral challenges are among the hardest to place in Kentucky. It has been observed that the most effective recruitment efforts involve networking with organizations, communities, and individuals who interact with the targeted population. An example of targeted recruitment efforts in the Jefferson Service Region focuses on recruitment of medically complex homes. The data from the January 2023 diligent recruitment plan shows that the Jefferson Service Region foster homes had, by 12/31/22, met only 13% of the need for children designated as medically complex. In their 2023 regional diligent recruitment plan, they embarked on a new strategy whereby R&C staff targeted recruitment efforts at hospitals. R&C staff spoke to and distributed information about foster parenting children who are medically complex to staff at hospitals, doctor's offices, and medical daycares. The data from the January 2024 diligent recruitment plan shows that Jefferson Service Region foster homes met 22% of the need for children who are medically complex: a 9% increase. In 2024, Jefferson Service Region has plans to increase targeted recruitment of staff at medical daycares (such as Sproutlings and KidzClub) and recruitment at UofL and Spalding School of Medicine/Nursing Program in hopes of recruiting additional medically complex foster homes. Additional medically complex homes are needed across that state; thus, DCBS purchased ad space in the Kentucky Nurse's magazine to target recruitment of medically complex foster homes. The advertisement is targeted to specifically recruit medically complex foster homes and includes information about supports offered through the UK College of Social Work Medically Complex Training Program. Since this partnership began in 2022, the number of medically complex foster homes has increased by 10 DCBS medically complex homes and five PCP medically complex homes statewide.

Foster and adoptive homes who can provide caring homes for LGBTQIA+ youth have also been a targeted recruitment effort. Recent efforts included participating in and information sharing at Pride festivals and LGBTQIA+ community events and meetings. Although DCBS does not have data to track how many flyers were distributed or how many calls by prospective foster parents were received, a DCBS recruiter at a recent Pride festival reported, "Attending this event was a great success! We received great feedback from attendees who said they appreciated our presence and thanked us for being there. Our team spoke to countless attendees about the statistics of children in foster care and the requirements to become foster, adoptive, or respite providers. We also handed out over 100 flyers and recruitment materials."

On a more global scale, DCBS has partnered with an advertising group, BCH Agency, to launch four phases of a social media campaign. This campaign has targeted homes for teens, siblings, and children within minority populations by messages depicting teens, siblings, and youth within minority populations. The focus of this social media campaign is to encourage further exploration in becoming a foster parent by visiting the Kentucky Foster Adoptive Caregiver Exchange System (KYFACES). KYFACES provides information on becoming a foster parent, foster care certification requirements, pictures and videos of children who are waiting for an adoptive home, success stories, links, and contact information for programs beneficial to caregivers. This partnership with BCH Agency began in 2021, and a fifth phase is being launched in April-May 2024. The diligent recruitment specialist and OOHC Branch manager monitor this contract. Since the initial phase, this campaign has been increasingly successful in driving individuals to the KYFACES website to learn more about Kentucky foster care and adoption.

The initial phase yielded 12.4K clicks from the ad to the KYFACES website and phase 4 yielded nearly 60.5K clicks from the ad to the KYFACES website. Throughout all phases, the social media campaign has yielded over 141K clicks to the KYFACES website across all platforms (Meta/Instagram, Google search, programmatic display). BCH Agency can see which ads perform high (have the most clicks) and build upon those high performing ads for more visibility and use in future campaigns. As campaigns are planned and launched, DCBS and BCH consider high performing ads and campaign timing. For example, phase 3 ran throughout the holiday season, November-December 2022 and was significantly more successful than the first two phases (phase 1 – 12.4k clicks, phase 2 – 14,854 clicks, phase 3 – 53,377 clicks); thus, the fourth phase was planned for the following year during the December holiday season. The fifth phase is planned to coincide with National Foster Care Month, May, and its success will be evaluated and considered for future phases. With the initial launch of the social media campaign, the plan was to derive data from the ad to the KYFACES inquiry page. This would have allowed Kentucky to make direct connections for the success of the campaign. However, due to IT security requirements, state policies did not allow for the contractor to enter the firewall. While there is no data that shows whether more clicks have resulted in more foster homes being trained and licensed, the number of foster home inquiries increased 52% from 2022 to 2023, showing a

correlation between the increase in foster home inquires and the campaign reach. Inquiry and approvals are listed in Table 61 in the section below.

In 2023, the state launched the Foster Care and Adoption Ambassadors program, born from the Statewide Recruitment Committee. This program consists of current and former foster/adoptive parents who share their stories and assist with recruitment through many means including interviews, speakers' panels, small and large group meetings, etc. Although the program is new, implemented in 2023, members of this program were called upon for statewide efforts to support recruitment as well as by their regional recruitment teams. For example, an ambassador was asked to present at a statewide meeting with all regional management (including SRAs, SRAAs, and SRCAs) and R&C management (including frontline supervisors) to discuss work with foster parents, caregivers, and the placement crisis. At this point, the program is too new for data evaluation to determine effectiveness.

Meeting Ethnic and Racial Diversity Needs of OOHC Children

As discussed, regional recruitment and retention plans, as well as The Network recruitment and retention plans utilize data from TWIST to identify caregiver gaps, by region and by foster parent characteristics. These reports, titled Diligent Recruitment Report (Table 59 and 60), provide stratified regional and county data, and are sent to DCBS regional staff and private agency liaisons each month. The monthly Diligent Recruitment Report is DCBS' method for collecting information on the needs for different types of foster homes. The report identifies how many children are in care disaggregated by age, race, sibling group, and medically complex designation. The report also identifies the same demographics/acceptance of foster parents and what the percent of need met is for each demographic. This data is provided by region and county.

The tables below, from the 8/10/2023 Diligent Recruitment Report, indicates there were 4,910 foster parents throughout Kentucky, and the need is for approximately 4,560 (based on the estimate of sibling groups of two). Although there continues to be unmet needs for foster parents to meet the demographics and characteristics of all children in Kentucky's foster care system, at 107.67%, the department has exceeded the projected *total* number of foster homes.

While there appears to be an abundance of Caucasian foster parents, there is a need for at least 233 additional Black or African American foster/adoptive homes and 132 Hispanic foster/adoptive homes. The largest need for foster homes is shown in the table below.

Table 59 Statewide Diligent Recruitment Report by Race (Report Date: August 10, 2023)

Race	Children in Care	Est. # of Homes Needed (based on sibling group of 2 children per home	# DCBS Homes	#PCP Homes	% Need met
African American	1,617	809	153	423	71.24%
Asian	36	18	10	10	111.11%
Caucasian	6,948	3,474	1,862	2,339	120.93%

Race	Children in Care	Est. # of Homes Needed (based on sibling group of 2 children per home	# DCBS Homes	#PCP Homes	% Need met
Native American	34	17	2	10	70.59%
Hispanic	456	228	38	58	42.11%
Native Hawaiian/Pacific Island	27	14	1	4	37.04%
Total	9,118	4,560	2,066	2,844	107.67%

Table 60 Diligent Recruitment Report by Medically Complex (Report Date: August 10, 2023)

	Children in Care	# DCBS Homes	# PCP Homes	% Need Met	
Medically complex	226	65	82	65.04%	There is an estimated need for 79 more foster parents for children who are medically fragile.

In 2023, there were 3,518 total foster home inquiries received and 1,108 DCBS homes approved (a 31% follow through rate). Beginning in November 2021, withdraw surveys were sent to individuals who inquired but voluntarily withdrew from the foster home approval process prior to approval. From November 2021 through December 2023, 12% of respondents reported withdrawing due to a change in personal or family situation, 13% reported inadequate support from DCBS, and 20% reported other reasons (see the following sections for how the department has addressed these concerns). To address these issues, the KYFACES portal was launched in August 2023 which provides a streamlined process for inquiries and approval. As part of the KYFACES portal, an auto-generated email is sent to individuals who inquire but have yet to register for informational and/or pre-service meetings. A reminder email is sent monthly until the individual has either attended the meetings or has withdrawn from the approval process.

The total number of foster homes at the end of the CY, as well as the percentage of inquires that ultimately become foster home homes, is decreasing. Information describing reasons for the decrease is discussed further below. It is anticipated that with the launch of KYFACES in August 2023, Kentucky will begin to see an increase in both the number of foster homes and percent of inquiries that became foster homes.

Table 61 Foster Home Approvals 2021-2023

	2023	2022	2021
Total DCBS Inquiries Received	3,518	3,224	3,585
Total DCBS Homes Approved	1,108 (31% of inquiries)	1,246 (39% of inquires)	1,179 (33% of inquires)
DCBS Foster Homes Approved	283	360	329
DCBS Foster/Adoptive Homes Approved	702	784	724
DCBS Adoptive Homes Approved	123	102	126

	2023	2022	2021
DCBS Homes Active at end of CY	1,986	2,277	2,451

Recruiting Kinship Caregivers

Research shows that the benefits of kin/relative placements positively impact length of stay, stability, ability to maintain connections, and wellbeing for children. Placement with relatives provides emotional security for children, preserves their identity and culture, provides individualized care, and can limit systemic trauma caused from lack of stability. The percentage of Kentucky children placed with fictive kin is 14%, while the national average is 35%. The percentage has hovered around the same percentage over the last three years with around 11-12% of children being placed with relatives/fictive not approved as foster parents and 5% of children placed with relative/fictive kin approved as foster parents. Any number of kinship homes means less necessity for traditional foster homes. To assist in the recruitment of kinship caregivers, Kentucky provides prospective foster parents with the option of becoming a state approved foster homes to relative and fictive kin caregivers. Kentucky has adopted recent rule changes in 2024 regarding relative and fictive kin caregivers having a separate standard of certification. While Kentucky is actively working on developing and implementing those standards, Kentucky has increased the per diem for relative and fictive kin foster parents to match the amount paid to non-familial foster parents. This increase in per diem and separate standards is anticipated to increase the number of children placed with relative/fictive kin caregivers and should increase the number of relative/fictive kin foster homes. In the coming years, the department expects these numbers to decrease the need for traditional foster homes due to the increased ability to place children with relative/fictive kin caregivers.

Challenges in recruiting kinship foster parents include the misinformation/lack of information that is provided to caregivers at the time they are making the decision to accept temporary custody or to seek approval as a foster parent. Kentucky is working to incorporate those with lived experience into the informational process by having them explain the options at the time of placement to kinship caregivers. This ensures the information is distributed consistently so incoming kinship caregivers can make an informed decision. This involvement is orchestrated through DCBS to ensure accurate information is shared by the person with lived experience. All kinship caregivers are provided the relative service array. If a kinship caregiver pursues approval as a foster parent for the children in their home, they are assigned an R&C worker. They are also provided the opportunity to be matched with a mentor through the UK Mentor Program. Additionally, new positions within STEPS Kinship Navigator have been established and will work with Kentucky Kinship Resource Center (KKRC) program staff, Centers & Labs program administrators, DCBS, and the Kinship Navigator supervisor to provide consultation and guidance to caregivers caring for children in a kinship placement, and works with DCBS to ensure timely services are provided to kinship families. The Navigator advises kinship caregivers of their options regarding care of their relative/fictive kin child through the Kentucky Kinship Service Array, including the requirements, responsibilities, and expectations of each option. Navigators provide connection to resources and programs appropriate to assist in supporting the kinship family and complete any referrals needed to assistance programs. The Navigator remains

a point of contact for kinship families to provide assistance, information, answer questions, and correct any misinformation received.

Foster Parent Retention

In 2022 and 2023, approximately 1,400 Kentucky foster parents decided to voluntarily leave the foster care program. To better understand why, Kentucky began distributing an annual foster parent satisfaction survey to all DCBS foster/adoptive parents in 2021; in 2024, private agency foster parents were also provided the opportunity to complete the survey. The survey includes both qualitative and quantitative questions and provides an opportunity for foster and adoptive parents to provide feedback. The survey asks foster parents to provide feedback regarding their satisfaction with regards to many different areas including their R&C worker, the child's worker, communication, supports, training, if they would recommend the program to others, if they will discontinue fostering within the next year, etc. Additionally, if a foster parent withdraws prior to approval or closes their foster home voluntarily, they will receive a withdraw or closure survey. The surveys are distributed to both kinship and non-kinship foster parents and include a question to delineate caregiver type. In 2023, 3,725 surveys were sent out by email to all DCBS foster homes with 577 responses received.

In 2023, the annual foster parent survey asked retention-related questions including if the foster parents would recommend the program to others. Of the 411 responses, 83.45% of respondents would recommend the department's foster/adoption program to others. Another question, which may have a significant impact on the quality of care, asked participants if they were informed of child placement needs in their community during the approval process. One hundred seventy-six (176) responses were received to this question, with 87% of respondents who agreed or were neutral. Only 13% of participants disagreed.

In addition to the annual satisfaction surveys, all DCBS foster homes who close voluntarily receive an exit survey to complete the month following their closure. These surveys ask respondents to specify which factors were important in their decision to stop participating in the foster care program. In 2023, out of 84 responses, 31% chose to close their home due to adoption or personal/family circumstances (adoption, change in personal or family situation, desire to focus on their own family). Additional responses included fostering was too demanding (4%), inadequate support (17%), negative effects or risk to own family (10%), needs/barriers of the children were too demanding (4%), and other (38%). If an individual selected "inadequate support", they were provided the opportunity to explain. Explanations for inadequate support included lack of communication, workers were not responsive, process was rushed/sending child home when the foster parent had concerns, and unable to get therapy for the child. Other reasons specified included children placed with relative, relocation, illness, home was full, lack of support, etc. Feedback from these surveys is shared with staff to utilize in the CQI process and staff training.

Kentucky places a strong focus on retention of foster and adoptive parents. As mentioned above, the regional diligent recruitment plans, which are submitted bi-annually, include a section

specifically focusing on retention efforts. Regions host retention activities/events for foster parents and focus on improving communication. A statewide quarterly Foster KY Newsletter is distributed to all DCBS foster/adoptive parents and PCP agencies to unify collaboration and communication. Many regions also distribute a quarterly regional foster parent newsletter and spotlight families monthly or quarterly. A statewide retention subcommittee meets quarterly with frontline staff, foster/adoptive parents, and community partners to discuss retention efforts and how to improve retention of foster/adoptive parents across the state. Additionally, there are external agencies that aid in the retention of foster parents through support, encouragement, and advocacy including Fostering Futures-Kentucky Foster/Adoptive Care Associations (KFACA), Foster and Adoptive Parents Association of Northern Kentucky (FAPA of NKY), and the Children's Alliance comprised of PCC and PCP agencies.

Services such as additional trainings and increased per diems are used to assist foster parents in caring for children with higher needs, supporting retention efforts. All foster parents, DCBS and private, must complete the trauma-informed care curriculum (Caring for Children Who Have Experienced Trauma), Child Sexual Abuse, and Behavior Management and Skill Development within their first two years of approval. DCBS foster parents can attend care plus trainings to help them better prepare for caring for children with higher needs. If a DCBS foster parent completes the care plus training and accepts placement of a child designated as care plus, they can receive a higher per diem to help meet the needs of that child. Private agency foster parents are licensed as therapeutic and many have additional trainings surrounding caring for children with high needs. Several partners, such as UK, the Network, and Aetna Better Health of Kentucky offer the Core Teen curriculum to DCBS and private agency foster parents. This training is a curriculum for foster/adoptive parents who are or will be raising older children in foster care who have moderate to severe emotional and behavioral challenges. DCBS and private foster/adoptive parents may be eligible to a supplemental reimbursement for extraordinary care that the foster/adoptive home provides to a child with exceptional needs to cover additional expenses associated with provisions of extraordinary care.

Conclusion

Kentucky has a strength-based recruitment and retention system that seeks to meet the diverse ethnic and racial needs of children in foster care through specific foster and adoptive families. Kentucky utilizes diligent recruitment reports to identify gaps in foster and adoptive homes meeting the diverse ethnic and racial composition of children in OOHC, and then creates plans to target those specific needs. Regional bi-annual diligent recruitment plans incorporate targeted recruitment activities aimed to recruit more homes based on the identified needs in the specific region. Kentucky uses targeted recruitment efforts that are grounded in data collection and monitoring to ensure specific fostering needs are met. Kentucky utilizes data to measure plans and activities statewide, which has shown improvements in targeted recruitment. Kentucky also utilizes a targeted recruitment and retention committee, as well as networking with organizations, communities, and individuals who interact with the targeted population. Kentucky has also recently implemented financial compensation to kinship care providers, as well as the option for

those homes to become state-approved foster homes. Kentucky's foster and adoptive homes are meeting the diverse needs of the OOHC population.

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

Overview:

Kentucky assesses *Item 36 State Use of Cross-Jurisdictional Resources for Permanent Placements* to be an area needing improvement. During Round 3, Kentucky received a rating of area needing improvement for Item 36. The results showed that the state was effectively utilizing cross-jurisdictional resources to support the permanent placement of waiting children through the Special Needs Adoption Program and child-specific recruitment efforts; however, the timeliness of the state's response to requests from other states to complete home studies to facilitate permanent placement of children did not meet the 60-day requirement. Kentucky has continued to utilize various cross-jurisdictional resources to support permanency. Children freed for adoption without an identified adoptive home are referred to Kentucky Adoption Profile Exchange (KAPE), partnerships with AdoptUSKids and America's Kids Belong joint websites with Kentucky's available children listed in their photo listing website. However, Kentucky continues to fall short on meeting the timeliness rate for out-of-state home study completions. The data collected from 2021 indicates that 45 of home studies were completed within 60 days and in 2022, 53% and 2023, 54% of the home studies were completed within 60 days.

Utilizing Cross-Jurisdictional Resources to Facilitate Timely Placement

Kentucky partners with AdoptUSKids (AUK) to focus on data driven recruitment. AUK is a national project that supports child welfare systems and connects children in foster care with families. The organization educates families about foster care and adoption and gives child welfare professionals information and support to help them improve their services. They maintain a photo listing service that connects children with adoptive families. A website for Kentucky's waiting children, in partnership with AUK was launched in 2021 that allows a person to browse through a list of all Kentucky's waiting children or create a search to define the profile of children a person would like to adopt. This allows for a streamlined processes regarding child-specific inquiries. Kentucky worked to create consistent responses and messaging when a child-specific inquiry is received. All work is now completed and tracked within the partner site and Kentucky's CCWIS. Inquiries for children included the following: in 2021, there were 1,007 inquiries; in 2022, there were 1,423 inquiries; and in 2023, there were 1,260 inquiries. Although number of inquiries are tracked, the amount of those matched and placed are not tracked. Management reports have been developed and are beginning to be utilized to focus on increasing permanency outcomes for this population. The monthly TWS-M394 management report is the KAPE inquiry report. This report reflects how many inquiries were received, when the family submitted follow up documentation such as their home study, when the region reviewed the home study, and when the family was notified of the outcome. This helps to ensure that the state agency is responding to and reviewing inquiries timely. The TWS-M395 monthly report is used to track how many youth were added to the KAPE program and related permanency outcomes. In 2023, 49 youth were adopted, had an adoption placement

agreement signed, an intent to adopt signed, or were listed as referred. These are all positive outcomes and an increase from 32 youth the year before. Kentucky also continues to partner with America's Kids Belong/Kentucky's Kids Belong to feature high quality photos and videos for waiting children on their website.

In 2023, regulatory changes were also made to increase permanency efforts for youth in OOHC, particularly those without an identified adoptive home. Changes to 922 KAR 1:100 became effective on July 25, 2023 ensuring that children without an identified adoptive home are referred to KAPE at the time of TPR. The Adoption Services Branch administers KAPE, which focuses on identifying forever families for children in OOHC who are legally free for adoption but do not have an identified adoptive home. The Adoption Services Branch houses KAPE specialists. Every region in the state is assigned a KAPE specialist. Each specialist meets quarterly with their regions to review children in OOHC who have a TPR, are not in an adoptive home, and who have not been referred to KAPE. This has resulted in more children being referred to KAPE. A management report has been developed to identify this population of children and is updated monthly. Once a child is registered with KAPE, the child is listed on Kentucky's website, which functions as an exchange and is accessible nationwide. This meets the Adoption and Safe Families Act (ASFA) requirements for national permanency resources recruitment.

In October 2022, SOP 10.23 Introduction to Making Adoptive Interstate Placements was updated to stabilize out-of-state placements and work through transition obstacles such as obtaining mental health therapy, medication management, and to allow for a period of adjustment. Kentucky wanted to encourage thoughtful transition planning to ensure youth placed out-of-state can transition with needed resources. Children who are post-TPR, regardless of their KAPE status, are initially placed with families as a foster placement to ensure adequate transition planning, allow for a period of adjustment, and ensure that all needed services are in place for the child and family. The table below shows data for adoptions finalized that include KAPE youth with a signed intent to adopt, adoptive placement agreement, and finalized adoptions.

Table 62 KAPE Youth Adoptions

	2021	2022	2023
Children Added to the Program (TWS-M395)	41	152	120
Total Children in the Program (TWS-M202CWI)	215	312	318
Adoptions Finalized (TWS-M395)	42	32*	49*

**Indicates adopted, agreed placement agreement, intent to adopt, or listed as referred*

Interstate Compact Placement of Children Home Studies

The Interstate Compact on the Placement of Children (ICPC) establishes procedures for the placement of children across state lines. The program's geographical and operational service area is statewide. Kentucky follows ICPC regulations in KRS 615.030 and SOP Chapter 10 Interstate Compact on the Placement of Children. When a state receives an ICPC request, the receiving state will assess the placement resource for appropriateness and safety of the placement. ICPC requests also identify the supervision requirements that will be necessary upon the child's arrival in their new placement. The Kentucky ICPC office is responsible for the daily tasks associated with the administration of the compact. All interstate placements including parent, fictive kin caregiver, relative, foster care, public and private adoptions, and residential treatments are cleared through this office. If a prospective relative, fictive kin or foster home resource is identified out of state, the staff will follow procedures as outlined in SOP 10.2 or SOP 10:3 depending on if this is an expedited home study request or a non-priority request to place a Kentucky child in another state. When completing an ICPC request, case workers compile information per the ICPC checklist (see Attachment 15) and submit the request through TWIST to the ICPC deputy compact administrator. The deputy compact administrator has three working days to verify the packet is correct and sends the referral packet to the receiving state.

The ICPC deputy compact administrator receives home study requests through National Electronic Interstate Compact Enterprise (NEICE) from those states also participating in the program. NEICE is a national electronic system for quickly and securely exchanging all the data and documents required by ICPC to place children across state lines. For states that do not participate in NEICE, their requests are received through email. The ICPC deputy compact administrator sends the request to Kentucky's central intake, who assigns the case through TWIST for case workers to complete the safety check and review or the home study. The case worker completes the home study and submits a formal home study through TWIST. The ICPC deputy compact administrator submits the home study or safety check and review back through NIECE/email, along with the ICPC-100A form to the requesting state. Kentucky does not impose any limitations on the receiving state's ability to contract with a private agency for the purpose of conducting the interstate study. Kentucky does not deny or delay the placement of a child for adoption when an approved family is available outside the state pursuant to Title IV-E; Section 471(a)(23)(A)&(B) of the Social Security Act. Kentucky may consider an out-of-state family for a child when parental rights are terminated, and a Kentucky family has not been identified. Prior to a referral to KAPE, an out-of-state referral could be considered if the child has psychological ties or a prior relationship with a particular family residing out-of-state. Kentucky treats any received ICPC home study as meeting state requirements for the completion of the home study. The only exception to this is if Kentucky determines, based on grounds specific to the content of the report, that deciding in reliance on the report would be contrary to the welfare of the child. This determination must be made within 14 business days of receiving the ICPC report.

The data collected from the past three years indicates that approximately half of Kentucky home studies are completed within the 60-day timeframe. The extended period (through 75 days) did

allow for the resolution of some additional cases; however, this only impacted a small portion of the total number of cases completed during 2022 and 2023. 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, delays with background checks, and inability to contact 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.

Figure 67 ICPC Home Study Completion Rate on the TWS-M375S

Criteria	x				
Count of Date of Request Transmittal	**Column Labels**				
Row Labels	**Less than 30 days**	**30-60 days**	**Within 75 days**	**Greater than 75 days**	**Grand Total**
2021	251	165	82	410	908
2022	306	127	65	312	810
2023	294	150	79	285	808
Grand Total	**851**	**442**	**226**	**1007**	**2526**

Criteria	x				
Count of Date of Request Transmittal	**Column Labels**				
Row Labels	**Less than 30 days**	**30-60 days**	**Within 75 days**	**Greater than 75 days**	**Grand Total**
2021	27.64%	18.17%	9.03%	45.15%	100.00%
2022	37.78%	15.68%	8.02%	38.52%	100.00%
2023	36.39%	18.56%	9.78%	35.27%	100.00%
Grand Total	**33.69%**	**17.50%**	**8.95%**	**39.87%**	**100.00%**

Kentucky continues to have challenges with placing non-title IV-E eligible youth in other jurisdictions. To address this, a work group was formed in 2023 to beginning working through these challenges. The work group included the cabinet's partners from Aetna Better Health of Ky (MCO) on barriers to single case agreements and payment options for mental and physical health treatment. Obtaining medical insurance for youth who are not title IV-E eligible creates challenges for the relatives or foster parents receiving the placement. This workgroup is still in its infancy stages but is currently ongoing. Obtaining timely Adam Walsh background checks continues to be a barrier to completing home studies and is often cited as one of the reasons for a delay.

Kentucky has border agreements in place and will allow temporary placement, without the child being place in the foster care system. A more comprehensive evaluation of the caregivers and their home follows the initial, expedited assessment. If custody change is necessary, then an ICPC home study is conducted. Kentucky has border agreements between Boone, Campbell, and Kenton counties in Kentucky and Hamilton County in Ohio, and Christian, Trigg, and Todd counties in Kentucky and Montgomery County, Tennessee.

Kentucky continues to collaborate case by case with other countries primarily through the foreign Embassy or Consulate to obtain a home study. On occasion, the cabinet will reach out to International Social Service (ISS) for support or a possible home study and background check.

Overall, while Kentucky does have processes and partnerships in place to locate permanent adoptive families for available children, barriers remain that impacts Kentucky's ability to meet federal requirements of completing ICPC home study requests within the 60-day timeframe.

Appendix
CFSR State Data Profile February 2024

The state data profile can be requested from the state or the Children's Bureau.