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Section I – General Information

Name of State Agency
Cabinet for Health and Family Services 275 East Main Street Frankfort, Kentucky 40621
Period Under Review
Onsite Review Sample Period: 4/1/07 – 11/30/07 **Period of AFCARS Data: 4/1/06 – 3/31/07** **Period of NCANDS Data: 4/1/06 – 3/31/07**
State Agency Contact Person for the Statewide Assessment

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Scope of Responsibility:

The Cabinet for Health and Family Services (CHFS) is home to most of the state's human services and health care programs, including Medicaid, the Department for Community Based Services (DCBS) and the Department for Public Health (DPH). CHFS is one of the largest agencies in state government, with nearly 8,000 full and part-time employees.

The Cabinet for Health and Family Services consists of several agencies spanning from administrative to community resources. The structure of these agencies follows:

I. Administrative and Fiscal Affairs
   a. Contract Oversight
   b. Fiscal Services
   c. Human Resource Management
   d. Information Technology

II. Children and Family Services
   a. Children with Special Health Care Needs - To enhance the quality of life for Kentucky's children with special health care needs through direct service, leadership, education and collaboration.
   b. Community Based Services
      i. Administration and Financial Management - DAFM is responsible for the department's financial management and budget activities as well as oversight of policy, administrative regulations, state plans and contract monitoring functions.
      ii. Child Care - The Division of Child Care promotes quality child care through planning and initiatives that support the improvement and expansion of statewide child care services and resources.
      iii. Child Support - The Division of Child Support (DCS) is the IV-D agency responsible for administering the child support program in Kentucky.
      iv. Family Support - The Division of Family Support is responsible for administering several programs including Electronic Benefit Transfer (EBT) cards/Food Stamps, Kentucky Temporary Assistance (K-TAP) and Medicaid programs. The division also manages the Community Services Block Grant (CSBG) and Nutrition Education along with complaint resolution and policy development for all division program areas.
      v. Information and Quality Improvement - This research group will be responsible for generating outcome indicators for the Process Improvement Plan and Family to Family, performing comparative and descriptive statistical analysis for all department programs, implementing a customer satisfaction survey process and providing leadership to the Continuous Quality Improvement process.
      vi. Protection and Permanency - The Division of Protection and Permanency (P and P) is organized within the Department for Community Based Services and works to help families maintain or regain self-determination and autonomy while assuring the safety and well-being of individuals.

vii. Service Regions – The counties in the state are divided into 9 Service Regions to promote consistency in the services provided.
viii. Staff Resource Development - In conjunction with the Division of Service Regions, this division oversees staff development and training of the department's employees. The division also monitors the agency's records.

III. Health
- a. Medicaid Services
  - i. Administration and Financial Management
  - ii. Children's Health Insurance
  - iii. Claims Management
  - iv. Hospital and Provider Operations
  - v. Long Term Care and Community Alternatives
  - vi. Medical Management and Quality Assurance
- b. Mental Health and Mental Retardation
- c. Public Health
  - i. Administration and Financial Management
  - ii. Adult and Child Health Improvement
  - iii. Epidemiology and Health Planning
  - iv. Laboratory Services
  - v. Public Health Protection and Safety

IV. Human Services
- a. Disability Determination Services
- b. Human Support Services
  - i. Child Abuse and Domestic Violence Service
  - ii. Family Resource and Youth Services Centers
  - iii. Kentucky Commission on Community Volunteerism and Service

V. Office of the Secretary
- a. Aging and Independent Living
- b. Inspector General
- c. Health Policy
- d. Legal Services
- e. Public Affairs

(Attachment 2 – Organizational Chart)

Strategic Plan for the Department for Community Based Services:

Vision: A nationally recognized Department comprised of a highly skilled workforce that:

- Provides services to enhance the self-sufficiency of families;
- Improves safety and permanency for children and vulnerable adults;
- Engages families and community partners in a collaborative decision-making process;
- Utilizes innovative technological resources to improve outcomes and efficiencies;

- Creates information systems and uses evidence-based practice to guide management decisions;
- Practices system-wide continuous quality improvement and shared accountability;
- Fosters a dynamic learning organization; and
- Adapts to changing community needs and challenges

Mission:
To provide leadership in building high quality, community based human service systems that enhance safety, permanency, well being and self-sufficiency for Kentucky's families, children and vulnerable adults.

Overview of the Department for Community Based Services:
The department provides family support; child care; child and adult protection; eligibility determinations for Medicaid and food stamps; energy assistance to low-income households through weatherization services and administration of an energy cost assistance program; and, child support collection and enforcement.

The department administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home.
With offices in every county, DCBS provides services and programs to enhance the self-sufficiency of families; improve safety and permanency for children and vulnerable adults; and, engage families and community partners in a collaborative decision-making process.

DCBS was formed within the Cabinet for Families and Children in 1998 to give local offices more decision-making authority and the ability to collaborate more effectively with other community service providers. The Cabinet for Families and Children and the Cabinet for Health Services were consolidated in 2004 by then Governor Ernie Fletcher.

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CHILD SAFETY PROFILE	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	47,960		75,625		60,905		48,649		77,035		61,758		47,954		75,971		61,176	
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	11,917	24.8	19,474	25.8	17,707	29.1	12,132	24.9	19,833	25.7	18,010	29.2	11,750	24.5	19,114	25.2	17,424	28.5
Unsubstantiated	19,810	41.3	30,603	40.5	23,728	39.0	20,397	41.9	31,743	41.2	24,257	39.3	20,312	42.4	31,732	41.8	24,411	39.9
Other	16,233	33.8	25,548	33.8	19,470	32.0	16,120	33.1	25,459	33.0	19,491	31.6	15,892	33.1	25,125	33.1	19,341	31.6
III. Child Victim Cases Opened for Post-Investigation Services[4]			18,441	94.7	16,724	94.4			18,268	92.1	16,540	91.8			17,443	91.3	15,827	90.8
IV. Child Victims Entering Care Based on CA/N Report[5]			4,355	22.4	3,813	21.5			4,739	23.9	4,144	23.0			4,411	23.1	3,899	22.4
V. Child Fatalities Resulting from Maltreatment[6]					29	0.2					36	0.2					31	0.2
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence[7] [Standard: 94.6% or more)					6,919 of 7,438	93.0					6,962 of 7,486	93.0					7,375 of 7,889	93.5
VII. Absence of Child Abuse and/or Neglect in Foster Care[8] (12 months) [standard 99.68% or more]					12,605 of 12,672	99.47					13,022 of 13,052	99.77					13,176 of 13,200	99.82

The Permanency Data for the 12-month period ending March 31, 2007 was based on the annual file created on 9/7/2007. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 15.

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Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Hours				Unique Childn.[2]	%	Hours				Unique Childn.[2]	%	Hours				Unique Childn.[2]	%
VIII. Median Time to Investigation in Hours (Child File)[9]	<24						<24						<24					
IX . Mean Time to Investigation in Hours (Child File)[10]	44.9						41.4						42.6					
X. Mean Time to Investigation in Hours (Agency File)[11]	26.7						30.8						N/A					
XI. Children Maltreated by Parents While in Foster Care.[12]					A						157 of 13,052	1.20					167 of 13,200	1.27

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)					519 of 7,438	7.0					524 of 7,486	7.0					514 of 7,889	6.5
XIII. Incidence of Child Abuse and/or Neglect in Foster Care[14] (9 months) [standard 0.57% or less]					43 of 11,352	0.38					17 of 11,742	0.14					17 of 11,770	0.14

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NCANDS data completeness information for the CFSR			
Description of Data Tests	**Fiscal Year 2005ab**	**Fiscal Year 2006ab**	**12-Month Period Ending 03/31/2007**
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	8.80	9	8.7
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]*	100	100	100
Percent of perpetrators with relationship to victim reported [File must have at least 75%]*	100	100	100
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	100	99.90	99.8
Average time to investigation in the Agency file [PART measure]	Reported	Reported	N/A
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]	100, but only 2 matches are found	100	100

*****States should strive to reach 100% in order to have confidence in the absence of maltreatment in foster care measure.

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

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Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

3. For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect").

8. The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect"). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. In FFY2005, only two matches were found between AFCARS and NCANDS files (of those, only victim was maltreated by a parent.) We consider such matching incomplete. In the FFY2006 submission, KY resolved this issue.

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	6,871		7,007		7,362	
Admissions during year	5,801		6,045		5,838	
Discharges during year	5,131		5,342		5,343	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	419	8.2% of discharges	535	10.0% of discharges	527	9.9% of discharges
Children in care on last day of year	7,541		7,710		7,857	
Net change during year	670		703		495	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	157	2.1	180	2.3	156	2.0
Foster Family Homes (Relative)	659	8.7	692	9.0	697	8.9
Foster Family Homes (Non-Relative)	4,427	58.7	4,491	58.2	4,572	58.2
Group Homes	52	0.7	23	0.3	37	0.5
Institutions	2,080	27.6	2,114	27.4	2,200	28.0
Supervised Independent Living	116	1.5	111	1.4	105	1.3
Runaway	0	0.0	0	0.0	0	0.0
Trial Home Visit	50	0.7	80	1.0	81	1.0
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent year)	0	0.0	19	0.2	9	0.1
III. Permanency Goals for Children in Care						
Reunification	3,733	49.5	4,007	52.0	4,105	52.2
Live with Other Relatives	198	2.6	182	2.4	198	2.5
Adoption	1,950	25.9	1,880	24.4	1,940	24.7
Long Term Foster Care	384	5.1	431	5.6	439	5.6
Emancipation	528	7.0	518	6.7	540	6.9
Guardianship	20	0.3	27	0.4	23	0.3
Case Plan Goal Not Established	728	9.7	665	8.6	612	7.8
Missing Goal Information	0	0.0	0	0.0	0	0.0

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	2,972	39.4	2,833	36.7	3,240	41.2
Two	1,772	23.5	1,773	23.0	1,742	22.2
Three	887	11.8	1,033	13.4	968	12.3
Four	520	6.9	570	7.4	542	6.9
Five	330	4.4	356	4.6	329	4.2
Six or more	1,060	14.1	1,143	14.8	1,036	13.2
Missing placement settings	0	0.0	2	0.0	0	0.0
V. Number of Removal Episodes						
One	5,805	77.0	5,905	76.6	5,959	75.8
Two	1,373	18.2	1,405	18.2	1,471	18.7
Three	291	3.9	313	4.1	333	4.2
Four	55	0.7	66	0.9	70	0.9
Five	14	0.2	14	0.2	18	0.2
Six or more	0	0.0	4	0.1	4	0.1
Missing removal episodes	3	0.0	3	0.0	2	0.0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	1,648	31.0	1,671	31.2	1,716	31.8
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	12.0		12.6		13.0	
VIII. Length of Time to Achieve Perm. Goal	**# of Children Discharged**	**Median Months to Discharge**	**# of Children Discharged**	**Median Months to Discharge**	**# of Children Discharged**	**Median Months to Discharge**
Reunification	3,668	4.4	3,961	4.3	3,923	4.6
Adoption	862	31.3	724	29.7	704	29.4
Guardianship	33	6.9	30	13.7	27	10.0
Other	562	25.9	622	24.6	673	25.0
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	14	6.0
Total discharges (excluding those w/ problematic dates)	5,125	8.1	5,337	7.2	5,341	7.4
Dates are problematic (footnote 4, page 16)	6	N/A	5	N/A	2	N/A

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Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2005ab	**Federal FY 2006ab**	**12-Month Period Ending 03/31/2007**
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 121.1	State Score = 127.6	State Score = 125.4
National Ranking of State Composite Scores (see footnote A on page 12 for details)	34 of 47	37 of 47	37 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	76.5%	78.2%	76.5%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure[B])**]	Median = 5.5 months	Median = 5.5 months	Median = 5.7 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]	54.7%	55.3%	56.5%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]	17.0%	14.0%	14.9%

The Permanency Data for the 12-month period ending March 31, 2007 was based on the annual file created on 9/7/2007. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 15.

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	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 121.4	State Score = 128.8	State Score = 123.4
National Ranking of State Composite Scores (see footnote A on page 12 for details)	41 of 47	44 of 47	41 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	29.0%	30.4%	31.0%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 31.3 months	Median = 29.7 months	Median = 29.4 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	26.5%	23.4%	22.4%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	23.0%	20.7%	18.8%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	44.3%	56.4%	52.2%

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	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = ≥ 129.5	State Score = ≥ 126.9	State Score = 122.8
National Ranking of State Composite Scores (see footnote A on page 12 for details)	44 of 51	42 of 51	37 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**	29.6%	25.9%	24.9%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**	94.5%	92.3%	90.1%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**	32.9%	30.1%	31.6%

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	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	State Score = ≥ 92.1	State Score = ≥ 89.9	State Score = 93.8
National Ranking of State Composite Scores (see footnote A on page 12 for details)	21 of 51	18 of 51	26 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? **[national median = 83.3%, 75th Percentile = 86.0%]**	86.0%	84.7%	86.2%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? **[national median = 59.9%, 75th Percentile = 65.4%]**	57.2%	57.6%	59.9%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? **[national median = 33.9%, 75th Percentile = 41.8%]**	28.8%	25.9%	28.0%

Special Footnotes for Composite Measures:

A. **These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.**

B. **In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.**

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PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	2,331	80.4	2,521	80.7	2,466	79.9
II. Most Recent Placement Types						
Pre-Adoptive Homes	2	0.1	9	0.4	5	0.2
Foster Family Homes (Relative)	490	21.0	509	20.2	461	18.7
Foster Family Homes (Non-Relative)	1,236	53.0	1,316	52.2	1,398	56.7
Group Homes	11	0.5	6	0.2	11	0.4
Institutions	574	24.6	642	25.5	580	23.5
Supervised Independent Living	5	0.2	10	0.4	10	0.4
Runaway	0	0.0	0	0.0	0	0.0
Trial Home Visit	13	0.6	21	0.8	1	0.0
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	8	0.3	0	0.0
III. Most Recent Permanency Goal						
Reunification	1,635	70.1	1,753	69.5	1,753	71.1
Live with Other Relatives	61	2.6	56	2.2	51	2.1
Adoption	107	4.6	79	3.1	63	2.6
Long-Term Foster Care	19	0.8	24	1.0	28	1.1
Emancipation	51	2.2	54	2.1	44	1.8
Guardianship	1	0.0	3	0.1	0	0.0
Case Plan Goal Not Established	457	19.6	552	21.9	527	21.4
Missing Goal Information	0	0.0	0	0.0	0	0.0
IV. Number of Placement Settings in Current Episode						
One	1,350	57.9	1,433	56.8	1,502	60.9
Two	609	26.1	665	26.4	590	23.9
Three	213	9.1	247	9.8	248	10.1
Four	75	3.2	94	3.7	81	3.3
Five	33	1.4	34	1.3	25	1.0
Six or more	51	2.2	40	1.6	18	0.7
Missing placement settings	0	0.0	8	0.3	2	0.1

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PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	1,094	94.8	1,266	95.7	1,129	94.1
Adoption	1	0.1	3	0.2	1	0.1
Guardianship	13	1.1	2	0.2	11	0.9
Other	46	4.0	52	3.9	56	4.7
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	3	0.3
	Number of Months		**Number of Months**		**Number of Months**	
VI. Median Length of Stay in Foster Care	8.9		4.9		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):

	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	N	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**
File contains children who appear to have been in care less than 24 hours	6	0.1 %	5	0.1 %	2	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	134	2.6 %	21	0.4 %	31	0.6 %
Missing discharge reasons	0	0.0 %	0	0.0 %	14	0.3 %
	N	**As a % of adoption exits**	**N**	**As a % of adoption exits**	**N**	**As a % of adoption exits**
File submitted lacks data on Termination of Parental Rights for finalized adoptions	3	0.3 %	3	0.4 %	1	0.1 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	14	1.6% fewer in the foster care file.	35	4.6% fewer in the foster care file.	0	No discrepancy with unofficial adoption file*
	N	**Percent of cases in file**	**N**	**Percent of cases in file**	**N**	**Percent of cases in file**
File submitted lacks count of number of placement settings in episode for each child	0	0.0 %	2	0.0 %	0	0.0 %

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

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Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) **[Standard: 76.2% or more]**	2,892	78.7	3,207	80.9	3,116	79.4
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	250	29.0	220	30.4	218	31.0
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	5,964	87.0	6,142	85.8	6,158	87.2
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	553	9.5 (80.5% new entry)	606	10.0 (80.4% new entry)	595	10.2 (79.7% new entry)

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FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY 05, FY 06 , and 07 counts of children in care at the start of the year exclude 114 , 141 , and 150 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months,* rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

[4]The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

[5]This First-Time Entry Cohort median length of stay was 8.9 in FY 05. This includes 6 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 8.9.

[6]This First-Time Entry Cohort median length of stay was 4.9 in FY 06. This includes 5 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 4.9.

[7]This First-Time Entry Cohort median length of stay is Not Yet Determinable for 07. This includes 2 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

Section III – Narrative Assessment of Child and Family Outcomes

Introduction

Compared to our first Self Assessment, this time Kentucky emphasized regional and local participation that incorporated stakeholder input with analysis of the progress made since our PIP. Each of the nine (9) Service Regions (Attachment 2) was asked to conduct a CFSR assessment of their region by soliciting feedback from staff, community partners and stakeholders, parents, youth, foster/adoptive parents, and the judiciary. Those findings are incorporated in this state assessment. In addition, the Statewide Assessment Team (SAT), as well as the Community Stakeholders Advisory Group, reviewed the data and provided feedback regarding practice issues. That rich dialogue, along with analysis of the data collected since the first review, form the nucleus of this assessment.

Kentucky has achieved incremental progress in all areas since the first PIP and found the CFSR process to be productive. The sustainability of that progress is influenced by a number of factors that cross-cut the outcomes related to safety, permanency and well-being. Some of these factors are customary and accommodated in planning; others have been unforeseen and their impact far-reaching. These overarching factors that influenced progress are depicted in the following sections as support systems and interventions, challenges, compounding factors and works in progress.

Support systems and interventions

Community partners: Across the state there are myriad services provided through contracts with community partners, locale unique programs, and a cadre of prevention and early intervention supports which promote, sustain and complement the work of DCBS staff. Without these essential services, more children would be removed from their homes and/or stay in care longer. Many of these programs are cited in the discussion around specific items, others are described under Service Array

Partners, stakeholders and parents: Kentucky took full advantage of the Assessment's design to gain stakeholder input by holding discussions at the local, regional and state level. During the assessment phase, more than 100 specific meetings/conversations were held across the state to educate about safety, permanency and well-being outcomes; describe Kentucky's performance; and, discuss strategies that led to improvement as well as barriers to achievement.

Family team meetings (FTM): Family team meetings were increasingly implemented during the first PIP as an intervention strategy for more fully engaging families in the casework process and, in turn, reducing reentry into foster care, preventing recurrence of maltreatment, streamlining permanency and strengthening the families' capacity to care for their children. Data collection, as well as anecdotal reporting from staff, evidences the success of FTMs. Our analysis shows that FTMs are held for more complex cases with more risks and generally poorer outcomes, but when the complexity of the case is considered, FTMs tended to equalize the outcomes for children and families to those achieved by lower risk cases. Surveys of staff, clients, and community partners identify the strong support for FTMs and the sense that these meetings are worth the extra effort and are effective in coordinating services for families. Logistical challenges of scheduling agency staff, families and community partner could be

reduced with additional supports for the FTM included in a recent FTM strategic plan and reinforcement of policy and best practices.

Utilization and Review Consultation: The Utilization and Review Consult (URC) is a collaborative group approach designed to engage and ensure informed decision-making when considering child removal, placement disruptions resulting in a higher level of care placement, or other critical need situations. A URC could also be utilized for a youth age seventeen (17) to discuss placement services and alternatives prior to them reaching adulthood. The URC process helps ensure a teamwork approach to evaluate alternative options to OOHC placements, discuss disruption alternatives prior to a move from one placement to another placement or a more restrictive setting, and determining appropriate services to meet the critical needs of families and children. URC provides for group decision making, which provides an additional support to staff in making the best decisions regarding families and children. This is new Standards of Practice (SOP) that became effective on February 15, 2008.

Family Court: Family Court in Kentucky began as a pilot project in Jefferson County in 1991. The innovative practice of having a single judge hear all a family's legal problems and issues met such positive acclaim, that, in 2002 Kentucky voters passed an amendment to the Commonwealth's constitution authorizing Family Courts in all counties. Currently, Family Courts are operational in half of the counties, with expansion occurring as financial resources become available.

In addition to dependency, neglect and abuse cases, termination of parental rights, and adoption actions, Family Courts hear cases involving beyond parental control allegations; divorce cases; and, child custody, support and visitation. Families are linked with the social service system to provide needed services, such as mediation, anger management, counseling and education. Feedback from DCBS staff and service providers indicates that Family Courts have encouraged a more cohesive approach to working with families, improved the timeliness of scheduling permanency reviews for children, and, when reunification cannot occur, minimizes delays in the process of termination of parental rights and adoption.

Professional Development and Training: A component of our Professional Development and Training Program is the Public Child Welfare Certification Program (PCWCP) which was implemented to provide DCBS a cadre of well-trained workers who can provide high quality services immediately following employment. PCWCP participants are juniors or seniors enrolled in Bachelor of Social Work programs at any of ten universities in the state, who agree to a two year employment commitment with the Cabinet post-graduation in exchange for tuition and a stipend. The participants, along with their specialized academic programs, receive the same training and information that is normally provided within the first six months of employment.

As of August 2007, there were 481 graduates of the PCWCP program. Three hundred and sixty of those graduates have been out 2 years or more. Of those graduates, 91 are no longer working for the Cabinet, showing a retention rate across 9 years at 75%. The retention rate for PCWCP graduates 2 years from the hire date is 86%.

Supervisors rate PCWCP recent graduate workers highly on job preparedness, with an average of 103.97 (n= 84) of 130 maximum points. Ratings have improved from 100.86 in 2006. Both PCWCP graduates and their supervisors rated the workers performance highest in the areas of establishing relationships and having a positive attitude toward work and lowest on skills for dealing with resistant clients, knowledge of courts and law, and ability to assess sexual abuse. Satisfaction with program outcomes and worker skills has been high and stable over the life of the program.

Coaching, mentoring and monitoring (CMM): Coaching, mentoring and monitoring protocols were developed and implemented during the first PIP. Front line supervisory staff was trained to coach, mentor and monitor effective social work intervention. Staff was trained as a team in the aspects of the Adoption and Safe Families Act and how those goals translated into front line case worker actions and interactions with families. Areas of focus were family involvement in and development of case plans, child visitation with parents and siblings, sibling placement issues and visitation, creation and updating of lifebooks and promoting attachment, social worker visits to parents and children and resource coordination. Supervisors received specialized training in coaching and providing behaviorally specific feedback to staff.

Continuous Quality Improvement (CQI): Kentucky began utilizing the Continuous Quality Improvement process as a quality assurance mechanism in late 2000. CQI was designed to empower staff in leading the agency toward improved outcomes through quarterly meetings at the local, regional and state level; data driven improvement to practice through management reports that are drilled down to the team and worker level; and regular case reviews at the team, regional and state level. Foster parents and community partners are formally included in the CQI process with local meetings and statewide representation. Regional CQI Specialists compile, distribute and assist in interpreting management reports, lead and participate in routine quarterly meetings, provide in-depth discussion of progress, identify barriers and solutions to achieving outcomes, develop action plans, and evaluate the effectiveness of programs and actions. The CQI structure in Kentucky was the foundation of all change for the first PIP. It was supported with a strong partnership between the state central office staff and regional offices; the CQI process was the conduit for getting information to and from direct service workers and supervisors. Following Kentucky's first PIP, an altered CQI process was initiated by new leadership and CQI lost momentum, credibility with front line staff, and most of the seasoned CQI specialists through the state's realignment. In the past year, CQI was restructured to capitalize on the learning from several previous models, new CQI specialists have been trained, and the process has been strengthened at all levels. The CQI specialists worked in partnership with local and regional leadership to conduct this CFSR self-assessment; this process further strengthened the CQI specialists' skills and helped restore credibility with stakeholders.

The CQI Case Review Tool was used during the PIP and continues to be used in KY to evaluate the quality of casework; the measure was developed and aligned with KY CFSR outcomes. Currently three levels of case reviews are completed. An automated random selection of cases (all case types) is selected from our state information system on the 5th of each month with 1150 cases per month selected statewide. The supervisors review all four (4) cases selected for them by TWIST. The assigned supervisor then meets with the caseworker to discuss the case for strengths, weaknesses, and needed improvements. The worker is given 30 days to make

corrections and the supervisor reviews the corrected case and returns it to the caseworker if additional changes are needed. At the second level of reviews, the Regional Specialists/Regional Management (SRAA, SRCA) provides a review of 18 randomly selected cases chosen from the completed 1st level random listing, utilizing an approved random sampling method. Data from the second level reviews was used by Kentucky during the PIP with scores from CFSR case reviews to monitor progress on improving case work quality. Additional third level reviews are completed in Central Office. All case reviews are logged into a data collection system through the University of Louisville and downloaded for additional analysis at the state level.

Commitment to Research and Data: The Department is committed to improvements, policy decisions and guiding practice using evidence and knowledge from program self-evaluation. Toward that end, DCBS has employed a full-time researcher since 2001 who maintains a full professor status at Eastern Kentucky University while reporting directly to the DCBS Commissioner. The use of research, data, and program analysis was pivotal in guiding progress through the first PIP. In the past year, DCBS strengthened its research capacity by creating a unit that serves both protection and permanency and family support. The Information and Quality Improvement Unit is designed to achieve these goals and objectives:

1. Build the infrastructure to support data driven decisions.
2. Facilitate the quality improvement process to promote best practices.
3. Envision and implement statewide solutions and initiatives.
4. Disseminate results and enhance Kentucky's image as a high performing child and family service delivery system.
5. Provide leadership to the CQI process.

This research team has the capacity to do sophisticated data analysis, program evaluation, prospective research, competitive grant submissions, and to facilitate the research endeavors for others in the Commonwealth. They work directly with administrative staff, regional staff, and the CQI specialists to use the data and facilitate action planning groups statewide.

Challenges

Staffing: Staffing challenges pose impediments to DCBS's performance. In June 2003 during Kentucky's PIP, there were 1,856 front line staff and supervisors in place. That number declined by 107 workers to 1749 in June 2006. At the same time, referrals increased by about 2,000 and children in OOHC increased by about 1,000 children. Legislative approval in 2007 to hire an additional 120 additional P and P workers will assist future performance; however, the Department is bracing for an unusually high number of retirees (perhaps as much as 20%) in the summer of 2008 due to the sun-setting of an enhanced retirement package approved several years ago by the legislature. Current budgetary crises threaten to reduce the number of DCBS staff. These challenges coupled with an annual turnover rate of approximately 12% for front-line workers and 4% for front-line supervisors will leave the Department with an even more inexperienced workforce. Currently, 20% of front line social service workers have less than one year experience. In two regions, Northern and Southern Bluegrass, that percentage approximates 25%. On average, front line workers have 5.5 years experience. The implication of an inexperienced workforce transcends day-to-day performance; it also affects the quality of decisions, achievement of outcomes for children and families, and training requirements. DCBS

is designing a study of caseload weighting and is advocating for a caseload ratio to achieve CWLA standards of 15 investigative cases and 12 ongoing cases per worker. Caseload expectations should be tempered with information on workload that defines how long it takes to complete caseload tasks. Workload includes for example, travel time that varies by county, time for data entry that varies in some regions with slower access to TWIST, and time spent in court that vary by jurisdiction. These ideas are currently in planning and will be affected by budget processes.

Understaffed teams impact the timeliness of investigations, visits with children and parents, and achievement of permanency goals. When teams are critically short staffed, they become focused on serious safety concerns and address imminent risk issues. Under these conditions, staff has difficulty finding sufficient time to work side-by-side with community partners and work tends to shift toward the private provider community. An unfortunate cycle then plays out: staff on board have to carry responsibility for additional cases for months at a time; even working overtime, there is insufficient time to make all the needed visits and maintain records appropriately; morale drops; and staff leave, leading to more vacancies and inexperienced workers. The SAT identified the following staffing issues within the department: too few workers, lack of experienced workers, high caseloads, amount of time needed to meet documentation requirements taking time away from direct contact with families and children, and, front-line workers not having necessary time, training or tools to complete in-depth assessments. The SAT strongly encouraged more education and support (coaching and mentoring) to help new workers understand the complexity of the work and weighted caseloads as practices to address these needs. We remain concerned about the scarcity of qualified applicants and recruiting efforts for front line staff.

Substance abuse: Kentucky has a history of high rates of substance use and abuse. While 'traditional' substance abuses have featured alcohol and pain killers, most notably oxycontin, the last few years have evidenced an expansion in the use of methamphetamine from West to East. Statewide there is a lack of in-patient treatment; programs that accept mothers with children are virtually non-existent; and, most notably, out-patient substance abuse counseling programs are not available in every county. With transportation being an issue in poverty-ridden areas, accessibility is extremely limited.

Workers are then left trying to address the symptom - child abuse and neglect - without a targeted means of ameliorating the root of the problem. Where treatment is available, long waits for admission and the length of time needed to successfully complete the regime compounds the decisions staff and the Courts must make about permanency for the children. Recently, DCBS has used TANF funds to increase access to substance abuse services but budget cuts threaten this.

Poverty: In the just released Annie E. Casey Foundation's 2007 KIDS COUNT, Kentucky ranks 41st in the country with 23% of its children living below the federal poverty level. Eastern Kentucky counties such as Owsley and Martin County have among the greatest percentage of children living in poverty in the nation. Beyond the insidious nature of poverty which exacerbates stressors that may result in child abuse/neglect, the practical impact is that many parents involved with the child welfare system cannot afford required drug screens,

transportation for assessments and meetings required in the case plan, and transportation to visits with their children. In turn, this creates conditions for a cycle of parent failure, agency and judicial reaction, and alternative permanency placements for children that otherwise might have been alleviated with adequate financial resources.

Racial disproportionality/disparate outcomes: Studies show that rates of abuse referrals and substantiations and out-of-home care entries for African-Americans and other children of color are 2.6 times higher than would be expected based on state census numbers (Hill, 2004 http:\\cfrcwww.social.uiuc.edu), placing Kentucky in the range of moderate disproportionality. States ranged from a low of 1.16 times (Massachusetts) higher rates of African-Americans in OOHC to a high of 5.48 (Wisconsin). Kentucky's rate of over-representation is similar to Alaska (2.46), Texas (2.55), Delaware (2.56) and Nevada (2.56). Internally, we also find disparate outcomes with African-American children having more moves in foster care, more likelihood of being placed in residential settings, and less likelihood or reunification. In April 2007, the Cabinet for Health and Family Services (CHFS) announced the Community, Race and Child Welfare Initiative, which targets 11 counties where African-American children are represented in state foster care at more than one and a half times the census rate. To address this problem, CHFS uses parent advocates to mentor families. The first objective is to increase DCBS awareness and community involvement. Toward that end, DCBS has collaborated with state universities to launch an educational program on "Undoing Racism," from the People's Institute, a national group that provides anti-racism education. To date, hundreds of DCBS staff, community partners, and court workers have attended primarily in Louisville. A full day national conference was held in October with more than 500 present to address this problem.

Growth in the non-English speaking population: As with many other states with significant employment opportunities in the service and agricultural industries, Kentucky is experiencing growth in the non-English speaking population, especially the Hispanic population. Although this growth has not yet significantly influenced census data, the impact is being described by local offices as an increasing need for bi-lingual caseworkers, foster parents and service providers. In addition to the communication barrier, undocumented foreigners who come in contact with child welfare or the Courts are often reticent to provide information about themselves, their children or relatives who might be available to care for their children. CHFS has a unit designated to translations of forms and to provide short term interpreter services. However, there is a serious language barrier for investigation, assessment, case planning, and treatment implementation for families with limited English proficiency.

The LEP Language Access Section works to ensure that all clients have meaningful access to the programs and services of the Cabinet for Health and Family Services in a timely, efficient manner, regardless of limited English proficiency by minimizing or eliminating language and cultural barriers. Through this program, qualified interpreters and appropriately translated forms and documents are provided for the Cabinet's clients who do not speak English or who are not proficient in English.

In March 2006, the Language Access Section, in cooperation with the Kentucky Institute for International Studies, offered an intensive Spanish immersion program for those Cabinet staff members who were close to the required competency level but needed a refresher. As a result of

this experience, four additional field staff has now tested at the qualified level and will be deemed qualified once they have completed the mandatory interpreter training.

As of December 2006, the Language Access Section has translated nearly 550 documents and forms into Spanish for the various CHFS offices and programs (additional translations are continuously being completed). Translations into other languages have been completed by qualified community partner interpreters/translators on an as-needed basis upon request from local field staff. Whenever possible, notices are provided to clients in their primary language.

The Language Access Section is currently in the process of translating all vital information from the Cabinet's website to create a Spanish version of the website. In the interim, information in Spanish has been placed on the website informing clients that the Cabinet will provide them with an interpreter, free of charge, and provide information about how to contact local offices or the Language Access Section, including a toll-free number that will put them in touch with an interpreter. A link to the Spanish information page has been placed on every page of the Cabinet's website. In the future, information in languages other than Spanish may be added, based on the need.

In order to ensure that staff are appropriately trained in the Cabinet's procedures for providing language access to clients with limited English proficiency, an on-line training has been developed and is required for all front-line staff, as well as any staff who have direct contact with customers of the Cabinet. As of April 2, 2007, a total of 3,968 employees had completed the on-line training. Additionally, in 2006, the Language Access Section staff provided approximately 40 workshops and presentations to staff across the state to explain the Cabinet's policies and assist staff in implementing the procedures effectively.

Compounding factors

External reports and audits: The department has experienced unparalleled external scrutiny in the last two years regarding its casework practices, particularly around adoption, accountability and transparency. In August 2005, the Kentucky Youth Advocates (KYA) and the National Institute for Children, Youth and Families sponsored a hotline and e-line to evaluate the status of services available to children who had been maltreated. The results were published as "The Other Kentucky Lottery", presented to the leadership of the Cabinet in January 2006, and subsequently released to the media. A significant contention of the report was that "quick trigger" adoptions were occurring in order to bolster financial rewards from the federal government. The Hardin County office was specifically named as participating in this practice. In response, the Cabinet convened the Blue Ribbon Panel on Adoptions to complete a review of the child protective services program in order to make recommendations for potential legislation. The report led to DCBS requesting an investigation of the Hardin County office by the Cabinet's Office of Inspector General (OIG). After the release of the KYA report, both the Auditor for Public Accounts (APA) and the Legislative Research Commission's (LRC) Program Review and Investigations Committee, completed audits of the state's adoption and foster care systems.

These reports and audits, while failing to find any evidence of quick trigger adoptions, created a flurry of media attention that generated much controversy among the Department, community partners, law enforcement, the judicial system, and in some cases, families the Department was

serving. There was an increase in the number of complaints from families questioning the decisions of the social work staff and a reduced level of trust from community partners. DCBS staff across the state report being distracted from their work, feeling demoralized as a result of the questioning of ethical practice, and left to weather public perception that the agency is not operating in the best interests of children and families. Some also report a reluctance of both staff and the courts to pursue termination of parental rights.

That said both Cabinet and Department leadership recognized the opportunity that such public scrutiny provides to leverage support to improve services, increase resources, and improve the State's child welfare system. The APA, LRC and OIG reports identified other systemic issues that required attention. Recommendations from these documents overlap on several key points.

1. The LRC recommends reconvening the Statewide Strategic Planning Committee for all children in placement.
2. The reports all identify a need for improved data tracking on several key issues, including child placements and moves, court activity, services to the child and family to aid in reunification or adoption, and numbers needed for diligent recruitment.
3. All three reports make recommendations regarding the evaluation and improvement of worker supports and performance, especially decreasing caseload size and worker turnover, improving supervision, expanding proven programs such as the PCWCP and MSW Stipend, and streamlining hiring and disciplinary practices.
4. Expand and continue program improvement in the quality of foster care.
5. Improve the partnership with foster and adoptive parents through joint workgroups of DCBS and PCC foster parents and DCBS and PCC agency staff.

The Department has been implementing recommendations from these reports by developing modifications to the TWIST data and tracking systems; working with regional attorneys to track delays in termination of parental rights cases; reviewing existing Standards of Practice related to relative placement; enhancing Recruitment and Certification strategies; providing additional supports to foster parents and developing additional quality assurance practices to enhance both quality case review and data analysis.

The Department has educated legislators and the general public of the need for increased staffing to lower caseloads, enhanced supervisor training with a coaching and mentoring component, and a quality assurance system that will assist with a continuous quality improvement of the overall child welfare system. The Department continues to work at the local, regional and state level with community and state partners to enhance and improve the protective capacity and to ensure the safety and well-being of our children.

The 2007 House Joint Resolution 137 addresses the tracking of citizen complaints about child protection programs and services. This resolution requires the Cabinet to provide the necessary resources and staff to enable the Ombudsman's Office to track citizen complaints for child protective programs and services. It also requires the Cabinet to investigate any occurrence of 10 or more complaints for a single county within a six month period. A mandated annual report to the General Assembly is generated via the data that has been collected.

Agency reorganization: In December, 1998, the then Department for Social Services, now DCBS, created a regional management structure of sixteen regions. Although ours is a state financed, state administered, state supervised system, with most teams organized by county, the regions are the conduits for translating policy into practice, hiring staff and managing business. On February 14, 2006 a restructuring from sixteen regions to four, along with changes in the Central Office structure, was announced. The outcry was so intense that the plan was modified to reduce the number of regions from sixteen to nine. Ten former regions were combined into five, and one former region was redistributed among three existing regions, with only Jefferson County, a region unto itself, remaining unchanged. The plan was implemented in September 2006.

The impact of the reorganization has been far reaching. Staff have had to orient to different management styles due to personnel changes; management has had to adjust to a much broader span of control; decisions had to be made about retaining, merging or discarding practices from former regions and that information shared with all staff; community partners did not change their boundaries obligating staff to relearn resources and develop working relationships with new partners; and, management has had to become accustomed to new judicial circuits. New regional identities are still being forged. All the changes created a distraction from the work at hand evidenced by a decline in some performance indicators such as the frequency of caseworker visits to children and families and a reduction in the number of Family Team Meetings.

Boni Frederick's murder: On October 16, 2006, Boni Frederick, a support service aide, was murdered while supervising a parent-child visit in the parent's home. Understandably, staff safety became a predominant public issue overnight. The manifestation of that threat for many staff was a reluctance to conduct home visits. In response, some staff paired up to do home visits. Though reassuring for staff, this practice may reduce the amount of time spent with families, thus slowing down the casework process and impacting outcomes. The full impact may never be quantified because this happened immediately on the heels of the reorganization.

Out of this tragedy came a call for action. The Boni Fredrick Memorial Law (07 Senate Bill 59) was enacted on April 5, 2007. This landmark legislation enables DCBS to continue on the path of establishing a culture of safety within the organization. A total of $6 million in funding was allocated to address immediate safety needs of front-line staff, including:

- Hiring additional front-line staff ($2.5 million of the appropriation);
- Funding for additional security ($3.5 million of the appropriation):
  - Updating local offices to provide a secure working environment;
  - Procuring emergency alert technology for front-line staff;
  - Providing safe and appropriate family visits for children in the Cabinet's custody;
  - Establishing regional safety liaisons and a central office safety officer;
  - Enhancing the existing critical incident reporting database;
  - Providing 24/7 access to criminal history records for front-line staff prior to investigations and home visits; and,
- Establishing a study group comprised primarily of front-line staff to make additional recommendations for improving worker safety.

Works in Progress

Blue Ribbon Panel on Adoption: The Blue Ribbon Panel on Adoption was created by administrative order on July 7, 2006, to review the processes and practices that lead to the termination of parental rights and adoption of children in Kentucky's child welfare system. The Panel includes representatives from community advocacy groups, the state legislature, academics and social service workers.

Three workgroups, consisting of Blue Ribbon members and other appointed representatives, were impaneled to study the complex issues of: (a) transparency, i.e., opening juvenile proceedings to the public; (b) providing legal counsel for children and birth parents, such as appointment notices, training requirements for attorneys and appropriate fee schedules: and, (c) determining enhancements to existing policies or new policies including, but not limited to, developing a voluntary paternity registry, that will provide additional supports to birth parents and children involved in the child welfare system.

AOC Summits: The Administrative Office of the Courts at the direction of Kentucky's Chief Justice Lambert and in collaboration with multiple public and private agencies, convened a three-day statewide Summit on Children in August 27-29, 2007. The Summit was attended by 580 participants including judges, guardians ad litem, attorneys; court personnel, social workers, foster youth, and others involved in child welfare and juvenile justice systems. Replicating the process of the Court Improvement Project, the State Summit was followed by nine Regional (DCBS service regions) Summits between October and December 2007. The purpose of the State and Regional Summits was to:

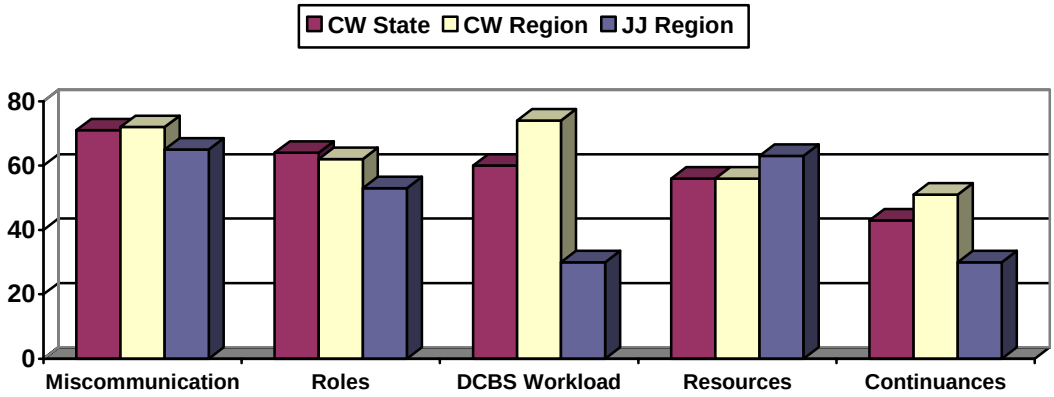
- Educate high-level decision-makers about issues associated with child maltreatment and juvenile delinquency, and national programs and services
- Explore solutions for providing a comprehensive system of care for our children
- Provide a forum to debate how administrative procedures can ensure a comprehensive approach to meeting the physical, emotional and educational needs of children

An integral component of each State and Regional Summit was a panel of foster/extended commitment/former foster youth sharing perspectives on their foster care experience. They shared ideas of what is needed to ensure successful transitions to adulthood, opportunities to maintain family relationships and community ties, and actions that could be taken to improve the system. These panels were powerful kick-offs to the summit work groups.

The nine Regional Summits on Children were attended by a total of 1311 participants. Each summit included 3 workgroup sessions with assigned attendance to ensure cross representation; each group addressed the three purposes of the summit in a series of structured questions and feedback. Results are not yet tabulated.

Surveys were distributed at the Summits with nearly 900 surveys completed at the state and regional level. Although the survey analysis is incomplete, preliminary findings are summarized here. The issues identified as hampering child welfare at the state and both child welfare and juvenile justice at the regional level are displayed in this graph.

Issues Hampering the Child Welfare (CW) and Juvenile Justice (JJ) Process



As displayed in the graph, DCBS staff workload was identified as the biggest regional barrier to developing systems of care for youth, but far less of a barrier for Juvenile Justice Staff. Similarly, court continuances were perceived as interfering more often with child welfare than with Juvenile Justice (JJ). Both JJ and child welfare struggle equally with establishing consistent communication, knowing the roles of the other agency staff, and having adequate resources/services for children and families.

More than 40% of participants (the largest single group) recommended that systemic reforms were most needed to create a system of care for children and youth in the state. Most of these respondents believed that reforms should occur through collaboration at the local level. When asked, *in your opinion what type of general reform is most needed to improve the process and create a system of care for children and youth*?

- 64% identified needs to allocate increased resources to the system,
- 55% cited the needs for improved local collaboration, and
- 51% identified needs for mandatory training of professionals involved in the courts.

Participants selected the most promising practices from the Model Court Projects that 'should be' implemented statewide as follows:

- 64% Family Drug Court
- 57% Court/agency/community collaborations
- 51% One judge/one case policy
- 50% Multidisciplinary training
- 46% Implement procedures to limit continuances

The final product from the State and Regional Summits on Children will be an evaluation of strengths, gaps and barriers in the judicial, juvenile justice and child welfare systems, and a description of what communities can do to improve outcomes. The University of Kentucky is completing the analysis.

Changes in Leadership: December 11, 2007 marked the inauguration of a new governor. Customarily that signals changes in public agencies' leadership, either immediately or over the next several months. What, if any, impact this will have on priorities or practices will be revealed during the months leading up to the on-site review.

Technology Modernization: The TWIST Modernization Project, described in detail later, will evaluate a new assessment model called the Dynamic Family Assessment (DFA), the current Centralized Intake process, and will assess desired business processes in relation to the current system functionality. Keeping these desired new business functions as the primary focus area, this analysis will assess the impact on the remaining functionality within TWIST. The outcome of Phase I will provide recommendations to CHFS for optimum decision-making based on cost analysis, time and effort, for technical platform migration and implementation of new system functions. The second phase of the TWIST Modernization Project will utilize the recommended options established in the first phase to design, develop and implement the best system solution for the end users of TWIST.

Child Fatality Team: Kentucky's DCBS child fatality review team consists of a registered nurse and a child fatality specialist. The child fatality review program is funded through the Social Services Block Grant (SSBG), operates statewide, and is administered out of Central Office in Frankfort.

The DCBS child fatality review team is closely linked to Child Fatality Response Teams at both the county and state levels, established according to KRS 211.686. The teams are typically made up of coroners, law enforcement, CPS, health department staff, Emergency Medical Services, medical examiners, and other community partners who have had involvement with the family or who have similar agency missions to prevent child abuse and neglect. Counties with functional teams review each child fatality that occurs in that county and identify needs of the family and systemic needs of the different agencies involved to prevent and investigate fatalities in the future. There are currently 69 counties who report having a Child Fatality Response Team. On the statewide level, multi-disciplinary meetings occur quarterly and are attended by the same cross-section of community partners as the local teams. The child fatality specialist from the child fatality review team serves as a consultant to the statewide Child Fatality Response Team and attends all meetings to present abuse/neglect related fatality and near fatality statistics and updates on trends.

During SFY 07, 33 children in Kentucky were victims of abuse or neglect related child fatalities or near fatalities where the child or family had prior involvement with the Division of Protection and Permanency. Of the 33 total cases, 13 were child fatalities and 20 were near fatalities. In these cases:

- 55% of child victims were 3 years of age or younger
- 73% of child victims were Caucasian
- Type of maltreatment - 70% Neglect and 30% Physical Abuse
- 76% of perpetrators were one or both parents
- Risk factors present in fatality and near fatality cases:
  - Caretaker Substance Abuse was present in 82% of cases
  - Caretaker criminal history was present in 76% of cases
  - Domestic Violence was present in 48% of cases

DCBS continues to work to understand the differences between Child Protective Services cases that result in fatal or serious child abuse and neglect and those that do not. P&P utilizes these

data to identify the children and families who had had prior involvement with Child or Adult Protective Services and to assess the risk factors indicated in those cases. Research by DCBS has identified specific lethality factors that are being incorporated into training and data reports.

A. SAFETY OUTCOMES

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

Item 1: Timeliness of initiating investigations of reports of child maltreatment.
How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

What do Policy and Procedure Require?

Kentucky has a statewide four-track system for reports of child maltreatment. The Multiple Response System (MRS) allows the Cabinet to respond to allegations of abuse and/or neglect in a flexible manner. In the MRS system staff assigns a report into one of four tracks:

- Investigation Track- Reports that meet the Child Protective Services acceptance criteria and based on the "Level of Risk Matrix" are determined to be moderate to high/imminent risk.
- Family In Need of Service Assessment (FINSA) Track- Reports that meet the Child Protective Services acceptance criteria and based on the "Level of Risk Matrix" are determined to be low risk.
- Law Enforcement Track- Reports identifying a non-caretaker as the alleged perpetrator of maltreatment and therefore do not meet CPS acceptance criteria are assigned and forwarded to the appropriate law enforcement. Also assigned to this track are reports where law enforcement requests assistance from CPS.
- Resource Linkage Track- Reports that do not meet CPS acceptance criteria or that only request community services are assigned to the Resource Linkage Track. The SSW links the caller to a community resource.

The following time frames, established in administrative regulation 922 KAR 1:330, are used by the assigned SSW to initiate the Investigation or FINSA by making face to face contact with the:

(a) Alleged victim(s) within one (1) hour if the report indicates imminent risk exists; Kentucky Revised Statutes provide the mandated roles and responsibilities for both law enforcement personnel and Cabinet SSWs in conducting investigations. Law enforcement may be requested if a family or individual fails to cooperate with an investigation or FINSA or other concerns are noted. Law enforcement routinely provides assistance on reports of suspected sexual abuse of a child and when there are allegations of a Methamphetamine Lab. KRS allows law enforcement to remove a child they determine to be in imminent risk. This is followed by court action to ensure due process for the parents.

If immediate removal is required, the SSW requests an Emergency Custody Order (ECO)

from a District, Juvenile or Family Court judge. After consultation and approval by the supervisor, a Juvenile Compliant/Petition is prepared describing the specific allegations as well as any efforts the Cabinet made to prevent removal and filed in the clerk's office. The SSW determines where the child is located at the time of the ECO and formulates a plan to take physical custody of the child in a way that is the least traumatic for the child to include contacting law enforcement personnel to physically remove the child.

It is strongly advised that the SSW secure law enforcement personnel assistance when taking physical custody of a child. If the emergency is such that no law enforcement personnel are available, the SSW may remove the child with the ECO if it can be accomplished without placing the worker or child in jeopardy. If entry is denied or the parents refuse to relinquish the child law enforcement assistance is secured.
(b)Alleged victim(s) and family within twenty-four (24) hours if the report indicates non-imminent risk of physical abuse exists; or
(c)Alleged victim(s) and family within forty-eight (48) hours if the report indicates non-imminent risk not involving physical abuse exists. The supervisor determines the initial level of risk, based on the information received, history of the family, and the existence of prior reports and the CPS Multiple Response Matrix. Level of risk examples include (but are not limited to):

- Low risk - physical includes minor physical injury in non-critical areas, such as extremities or buttocks, resulting from discipline of a child age 8 and older or an adolescent/parent altercation with minor injuries.
- Low risk – neglect includes inadequate food, clothing or shelter; risk of harm or a baby born exposed to drugs/alcohol.
- Moderate to high risk – physical includes serious physical abuse including burns, broken bones, shaken baby, extreme discipline and any physical abuse of child age seven and under.
- Moderate to high risk – neglect includes abandonment, failure to seek medical attention when may result in serious injury or impairment, injuries which suggest lack of attention by caretaker, a baby born dependent on drugs/alcohol or a child fatality alleged to have been caused by neglect.
- Moderate to high risk – sexual includes sexual abuse or a child 10 years or younger with sexually transmitted disease even with no specific allegation of sexual abuse.

Once the level of risk and the appropriate track has been determined by the FSOS, the FSOS or designee assigns a worker to the case to conduct the FINSA or Investigation. The investigation track is followed for reports that meet acceptance criteria and are assessed as high risk or moderate risk which includes matters in which there are additional risk factors, such as when a protection case is already active. The FINSA track is followed for reports that are assessed as low risk. In some circumstances, low risk reports are accepted as investigations. If the report does not meet acceptance criteria (Resource Linkage and Law Enforcement Assist), the SSW refers the caller to needed community or agency resources and documents the resource linkage. These timelines are some of some of the most stringent nationally.

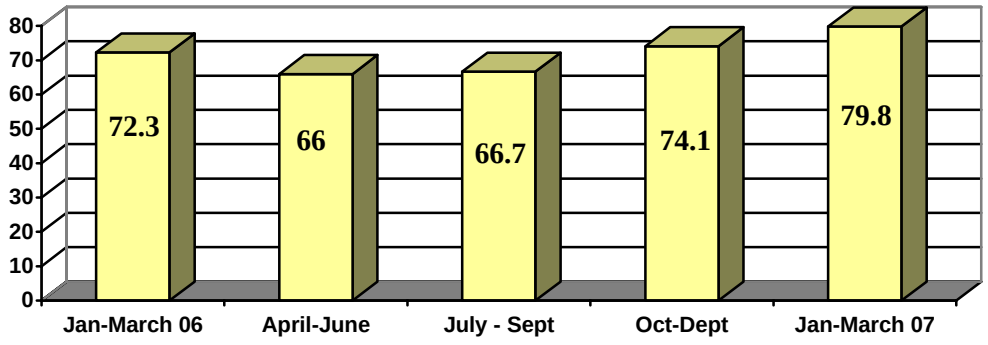
What does the data show?

Kentucky conducted a special PIP in 2006 – 2007 on timeliness of investigations. Item 1 was rated as an Area Needing Improvement during Kentucky's PIP; however, progress in this area was inconsistent and unstable as it was measured. It became clear in the 7th quarter of Kentucky's PIP that the measurement of Timeliness of Investigation was limited by several factors: Timeliness was measured during the main period of the PIP using a single compliance yes/no item during the CQI case review process of cases covering a period of 18 months prior to the pull. This review using a single compliance item was unstable and because the period of cases under review was 18 months long, the timeliness measure was not specific to any PIP quarter making measurement very inaccurate. There are limitations of NCANDS data submitted by all states; this data specifies dates and times of receiving and initiating a report, but does not specify the compliance with the state's standards of practice. To determine timeliness of initiation for Kentucky, we needed information on the risks in the case, the track of the case, any special circumstances constituting an imminent risk, and details of the referral.

As we examined these limitations, it was apparent that the information needed to evaluate compliance with timeliness was incomplete and had been inadequately measured during the first eight quarters of the Program Improvement Plan. Because the measurement of this item was inadequate to track performance and because we desired to know more about timeliness, Kentucky chose with its federal partners to initiate a central office review of 80 randomly selected completed referrals per month using a review tool that examined both timeliness and diligent attempts to initiate investigations such as contacting collaterals or making repeated attempts. The case reviews began in December 2006 after the PIP with one month of pilot testing. The baseline score and goals for improvement were established with ACF in March 2006 after sufficient cases were reviewed. The special PIP covered a one year period from March 2006 to March 2007, prior to the period under review for the 2nd CFSR.

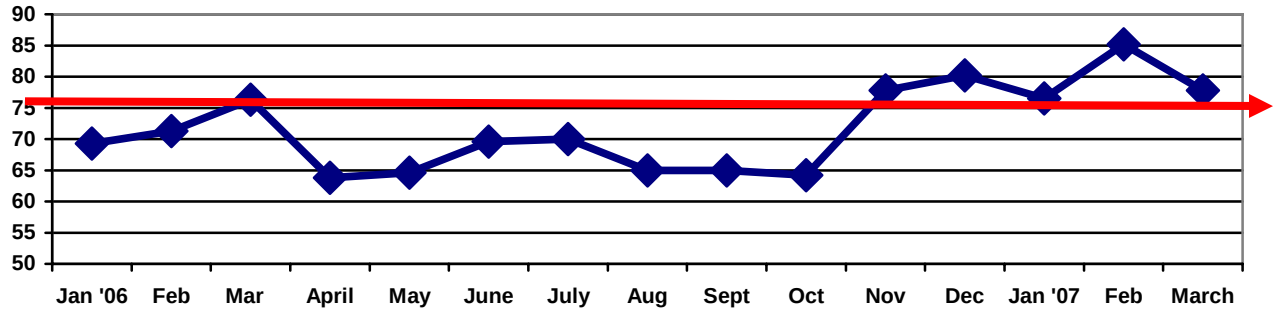
This profile is based on an extensive case review process of 5 cases per month from each of 16 service regions with 1191 total cases reviews. The following chart shows the percent of face to face contacts made with the child victim within the timeframes established in policy as reported in the PIP. The data are based on a stringent criterion of making and documenting that face to face contact with the child victim was completed within SOP guidelines. At the end of March, 2007, Kentucky initiated 79.8% of investigations by making face to fact contact with the child victim within the SOP guidelines.

Percent of Face to Face Contacts with Child Victim in Time Frames



According to the Federal Data Profiles, Kentucky's mean time to investigation (agency file – fiscal year from NCANDS ab files) varied from 28.5 hours (6/14/07 report) in 2004 to 26.7 hours in 2005 to 30.8 hours in 2006 (10/24/07 report). Although variable, the average time to initiate an investigation has consistently occurred within the 2nd day of the referral over several years. Kentucky conducted a special PIP on timelines and made improvements as a result.

Percent of Face to Face Contact with Child Victim within Time Frames by Month



In this monthly graph, some notable trends are apparent. Beginning in mid-February 2006, Kentucky began a statewide realignment initiative that diverted the attention of regional leadership from the coaching and mentoring of front line staff and supervisors and distracted staff from their work. The Continuous Quality Improvement (CQI) process was slowed during the period from March 06 until October 06 as all regional leadership including CQI specialists had to interview for their positions within the new regions. The realignment was effective in September 06. As the new leadership in the regions began their work, they again activated the CQI process and reinforced coaching and mentoring supervisors and staff in achieving and sustaining best practices around timeliness. We believe that the notable decline in performance from March 06 until November 06 was in part due to the dynamics of realignment.

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 1 was assigned an overall rating of Area Needing Improvement based on the finding that in 38 percent of the applicable cases, the agency had not initiated an investigation of a maltreatment report in a timely manner. According to the Statewide Assessment, the State implemented a differential approach to response to maltreatment in June 2001. Under this approach, reports of child maltreatment that do not require investigation are assigned to Families In Need of Services Assessment (FINSA) rather than an investigative track. However, none of the cases reviewed for the CFSR first round were assigned to FINSA.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Kentucky initiated a Timeliness Documentation Template in July 2006 to improve accountability and prompt staff to explain the investigative process when timeframes could not be met. The template structures case recordings, serves as a foundation for supervision,

and instructs staff when timeframes cannot be met. Specific documentation of Face to Face (F2F) contacts with the victim (within or outside of SOP timelines) increased from 87.7% in the first quarter to 98.8% in the final quarter of Kentucky's special PIP. The template is being embedded permanently into TWIST.

- During the special PIP, case reviews were effective in promoting improved practice because of immediate feedback to the worker and supervisor when timeframes were made, notification of regional leadership when timeframes were not made, and extensive analysis that prompted understanding and changes to policy. The case review system continues to be utilized and is further described on page 7 of this document titled Continuous Quality Improvement (CQI). (Reference Page 7).
- The SOP on timeliness was clarified to consistently define the time the 'referral is received' as the time when the 'intake is approved by the intake supervisor'. The Central Intake SSW advises the reporting source that they will submit the report to the FSOS or designee for intake determination and informs the caller that they may call back for additional information once a determination has been made. The caller may then be told the final decision on whether or not a report is accepted but no case specifics are shared. The SSW completes the intake and immediately submits the report to the FSOS, or designee, for approval. SOP does not define immediately as a specific time frame.

  The FSOS or designee ensures the report meets acceptance criteria (FINSA & Investigation). The FSOS or designee reviews the information received, including the history of the family, and the "level of risk matrix" to make an initial determination as to: (a) The immediate safety and risk of harm of the child(ren); and (b) Whether to proceed with an Investigation or FINSA.

  Once the level of risk and the appropriate track has been determined by the FSOS or designee, the FSOS or designee assigns a worker to the case to conduct the FINSA or Investigation.

  The investigation track is followed for reports that meet acceptance criteria and are assessed as high risk or moderate risk, this includes matters in which there are additional risk factors, such as when a protection case is already active; the Family In Need of Services (FINSA) track is followed for reports that are assessed as low risk. In some circumstances, low risk reports are accepted as investigations.

  The following time frames established in administrative regulation 922 KAR 1:330 are used by the assigned SSW to initiate the Investigation or FINSA by making face to face contact with the:

  (a) Alleged victim(s) within one (1) hour if the report indicates imminent risk exists;
  (b) Alleged victim(s) and family within twenty-four (24) hours if the report indicates non-imminent risk of physical abuse exists; or
  (c) Alleged victim(s) and family within forty-eight (48) hours if the report indicates non-imminent risk not involving physical abuse exists.
- Acceptance criteria have been revised to improve clarity of the criteria and the process of investigations.

- Regional Centralized Intake was implemented statewide on Nov 1, 2007. This intake process is designed to promote consistency in the intake process and has been supported by statewide training. If the report does not meet acceptance criteria (Resource Linkage and Law Enforcement Assist), the SSW refers the caller to needed community or agency resources and documents the resource linkage. The FSOS or designee monitors, reviews, and approves these calls.

  Currently, eight of Kentucky's nine service regions have implemented a centralized intake model with the ninth region coming online within the next few months. Concurrent with enhancements to staffing and IT functionality, DCBS refined Intake Standards of Practice to provide increased. Central Office specialists provide regular technical assistance for CI staff and anecdotally, we are aware that the main areas of concern are transitional logistics i.e., transfer of information from county offices to CI and IT performance issues. Consultations with individual staff indicate that practice is, in fact, becoming more consistent related to screening.

  Based on our Multiple Response Risk Matrix, Sexual Abuse is always considered a Moderate or High Risk Investigation. Please refer to the information regarding Imminent Risk in the previous answer for Bullet 3 for more details. If an allegation of physical abuse is reported that meets acceptance criteria involving a foster/adoptive resource home the SSW immediately notifies the SRA or designee who assigns the case for investigation. These investigations are typically handled by Investigative staff.

  If a new report of suspected child maltreatment is received after the case has been opened for services, either in home or out of home care, the SSW enters the new referral and follows guidelines for CPS Intake and Investigation. These reports may be investigated by either the investigative staff in the region or the ongoing staff.

  The SSW follows additional guidelines for specialized investigations which includes foster or adoptive resource homes, Private Child Caring facilities (PCCs), licensed day care providers, subsidized or certified child care providers, school employees, Cabinet employees, placement facilities and hospitals. These investigations involve regional management and may include Central Office consultation.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Our research shows a relationship between caseloads and time to complete a referral. On average, for each increase of one case per worker, the time to complete a referral increases by one work day. For each increase of three cases per worker, the average numbers of referrals in the case increases by 1.0, suggesting that fewer services were initiated to prevent repeat reports.
- The remoteness of certain areas in southern and eastern Kentucky necessitate as much as ninety minutes travel one way from the local office to the family's home. In the event of an imminent risk referral with the child in the home, staff is dispatched immediately, but may be precluded from accomplishing face-to-face contact within the hour by travel times.

- Bordering seven other states, it is quite easy for families to cross into another state when aware of a child abuse/neglect investigation. The Northern Bluegrass Region bordering Ohio has especially encountered this difficulty in conducting investigations. In the Lakes, Fort Campbell straddles the Tennessee border and jurisdiction issues arise over responsibility for these reports.
- High caseloads and staff turnover have significant impact on timeliness, particularly in small rural offices where there may be only two or three staff. In any office, every vacant position means heavier workloads for staff already carrying a full caseload. Investigations are the highest priority for staff, so when staff is overwhelmed, the investigation will be given priority, but the accompanying documentation may lag while the worker attends to crises, emergencies in other cases and makes home visits.
- Receiving reports of CAN and updating and following through on referrals is still an issue for community partners. They want to know what happens to the child and the family. Confidentiality has been a barrier to sharing of information. Some partners worry that it takes very serious abuse to end in the removal of a child from a home. Stakeholders thought they would benefit from additional training on this item. Some stakeholders expressed that the child protective services process is complicated and from the perspective of a reporting source, it is difficult to know what timeframes apply and when.

Item 2: Repeat maltreatment.
How effective is the agency in reducing the recurrence of maltreatment of children?

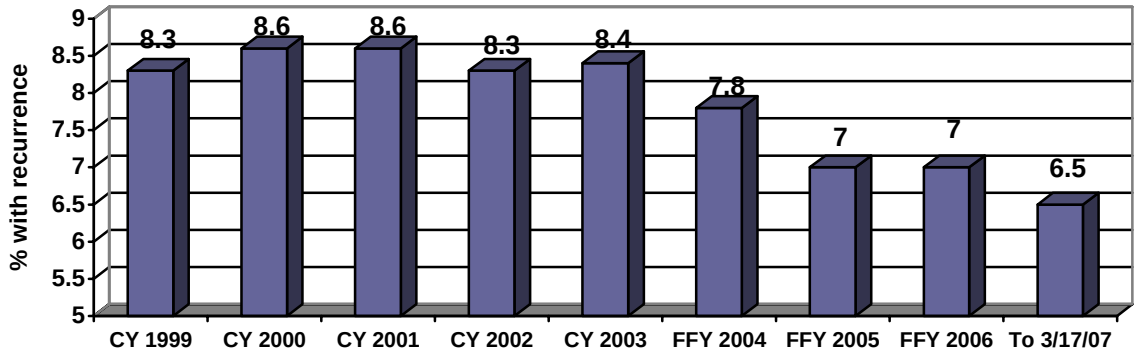
What do Policy and Procedure Require?

All reports that meet the criteria for investigation/FINSA require the worker to assess the safety and overall functioning of the family unit. Based on the risk identified in the assessment, the worker determines the most appropriate course of action needed to insure the safety and well-being of the family with the goal of keeping the children safe. The Family Preservation Program and the Diversion Project can be utilized when it is determined that in-home services are appropriate. When the risk are great and in-home services are not appropriate, court intervention is sought. Services are provided to assist the family with lowering risks so that the family can be reunited timely. When making the decision to accept a report of physical abuse, previous histories of reports are considered. DCBS has had this experience from time to time. Reports that do not meet criteria are documented in TWIST for future reference. The SSW has access to these reports at the time any new report is received.

What does the data show?

Kentucky has reduced the rate of recurrence of CAN from a steady average near 8.6% in 2000 to 7.0% and recently to 6.5% since CFSR Round I. If this improved rate were applied to data in 2003, this reduction means that more than 100 children would be free of second substantiated abuse and neglect episode within the measured timeframes. However, Kentucky has not achieved the federal standard on preventing recurrence.

Trends in Recurrence of CAN from 1999 to the Period Under Review



Kentucky measures recurrence of Child Abuse and Neglect using its NCANDS data and the validation program supplied by federal consultants. During the first PIP, Kentucky worked with the federal data consultants to align the data analysis and syntax with the federal process to produce quarterly reports with a rolling year of data that match federal indicators. The quarterly reports include case specific information that can be examined at the worker and case level and identify children and families with or without recurrence of child abuse and neglect. These management reports have been successfully used to develop team, county and regional plans to reduce recurrence. Each service region developed a plan to address this issue even if their rates were low, with the idea that Kentucky is a whole state team in improving outcomes. For example, service regions addressed this issue with targeted and intensive interventions with the courts to sensitize them to high risk family dynamics, increased family team meetings especially for families with young children, increased visits and service provision to families especially in-home services, engaged community partners especially the schools and FRYSCs to monitor children and support families, and paid more attention to issues of family violence patterns, substance abuse, and mental health issues. The Big Sandy service region with very high rates of recurrence utilized all of these strategies and expanded family preservation to as many families as possible. As a result, rates of recurrence have steadily declined in Kentucky.

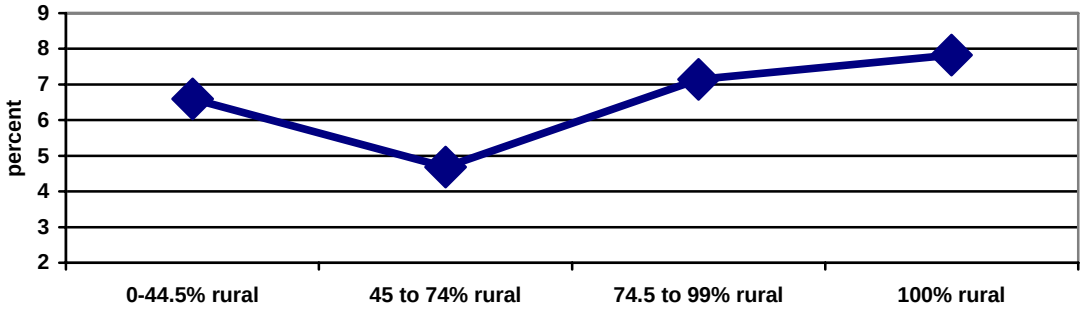
In addition to management reports, Kentucky completed research during the first PIP of factors related to recurrence and used that information to assist the field in reducing recurrence. Workers are trained in the Academy to recognize and respond to high risks conditions. The training is reinforced by regional staff and supervisors through coaching and mentoring. The results of analysis and research were widely disseminated through statewide meetings, the CQI process, and through conversations with Kentucky's training branch. This analysis of the referral preceding the recurrence was intended to help workers identify conditions associated with recurrence; it is briefly summarized here.

- Families with recurrence have 20-25% higher rates on risk factors. Criminal history, income issues, and domestic violence were present in more than 85% of cases with recurrence.
- As the total number of risk factors increase, the rates of recurrence increased so that children with 5 or 6 family risk factors had a 30% chance of recurrence.
- Recurrence of abuse or neglect tended to occur within 200 days of the first substantiation, with the risks decreasing substantially after this time period.

- The regions and counties with lower rates of recurrence also had higher casework quality scores (on the CQI case review tool) in these areas:
    - Providing comprehensive services to the family.
    - Thorough assessment of risks.
    - If the child came into OOHC, they had regular contacts with their family.
    - The child and family had involvement in the case planning.
    - The worker made regular visits to the parents.

Rural regions tend to have higher rates of recurrence, but the trend is not specifically linear. The following graph displays the relationship of recurrence of Child Abuse and Neglect (federal indicator from TWS Q176S) between October 1, 2006 and September 30, 2007 and the counties in each rural group; the lowest rates are in mid-rural counties.

Average Rates of Recurrence of Child Abuse and Neglect by Rural Percent



Where was Kentucky's child welfare system in Round One of the CFSR?

Item 2 was assigned an overall rating of Area Needing Improvement. Although in 98 percent of the 47 applicable cases, this item was rated as a Strength, the State's rate of repeat maltreatment for the year 2001 reported in the State data profile (8.6%) did not meet the national standard of 6.1 percent or less. The criteria and standards for both indicators must be met for this item to be rated as a Strength.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

Reducing recurrence of child abuse and neglect has been a challenge for Kentucky especially in the rural regions where conditions are ripe for chronic family violence. There are few services for families, high rates of poverty, low education, domestic violence, substance abuse and intergenerational patterns of abuse. To address these needs, Kentucky has

- Expanded Family Team Meetings (FTMs) for families served in-home; currently about 35% of all in-home cases have had at least one FTM. On average, 53% of families are served as an in-home case at any point in time. A Family Team Meeting is available to all families at their discretion. A Family Team Meeting requires participation of family member(s), SSW (including internal Cabinet partners, if warranted) and community partners. Attendance by community partners that perform a service in attainment of the family's desired objectives as documented in the Case Plan qualify as an FTM.

A Family Team Meeting is requested:
- On all second (2nd) referrals substantiated on children age three (3) and younger;
- At reunification, adoption finalization and relative placement;
- On all placement disruptions, including Private Child Caring (PCC) resource homes;
- Prior to case closure on all Out-of-Home Care (OOHC) cases; and
- At minimum, one of the following OOHC case reviews:
- Five (5) Day Conference; or
- Three (3), Six (6), or Nine (9) month case reviews.

Use of a Family Team Meeting is encouraged at the opening of all new On-going In-Home cases when the families warrants the services of community partners and the family agrees to their participation. A Family Team Meeting may be used throughout the duration of the case until services to the family conclude.

In Adoption cases, the SSW or a Resource Home parent may make a request for supplemental reimbursement. The SSW, in cooperation with Regional management, holds a Family Team Meeting, as described in SOP 7C - Case Planning, to develop a Memorandum of Justification. SOP 2.4.4 addresses FTM/Periodic Reviews for children in adoptive placement. FTM/Periodic review conference participants include, but are not limited to:

(a) R & C supervisor/designee (chairperson);
(b) R & C worker/ PCP provider if a PCP adoption;
(c) Child of appropriate age and development;
(d) Adoptive parents;
(e) Other interested parties with a legitimate interest in the case with the permission of the adoptive parents; and,
(f) An objective third party (when the conference is a periodic review). An objective third party may be a Cabinet staff person who has no supervisory or case responsibility for the adoptive family or child.

Children receiving Independent Living Services are required to participate in a case planning conference, which may also be a Family Team Meeting. The referral to the Independent Living Coordinator, and the child's Independent Living Services Plan should be included on the Child/Youth Action Plan that is prepared during the Case Planning Conference.

- Improved involvement of children and families in case plan development as measured by case quality reviews currently at an average of 65% of best practices used in cases.
- Worked with the courts to understand family needs for intervention.
- Improved the consistency of visits to families0 for in-home cases to 60% being seen monthly.
- Expanded the Targeted Assessment Program (TAP) that provides comprehensive assessment and early linkages with service providers in counties with the highest rates of recurrence.
- Two Regions, Jefferson and Northern Bluegrass, are network sites for the Annie E. Casey Foundation's Family to Family work. Additionally, Jefferson serves as a Family to Family

anchor site. As network sites, they have had training available to staff focusing on improving birth parent engagement and Team Decision Making™. Jefferson Region has also increased their numbers of Facilitated Staffings. As a reflection of their commitment to outcomes that reflect family safety, child well-being, placement stability, continuity of care, and permanency, the Region has developed a *team decision-making process*. The *team* is comprised of birth family, youth, extended family, DCBS staff, foster parents, PCC staff, therapists, community partners, and any other support people the family identifies. Guided by a trained facilitator from the agency, the team works to reach a consensus towards a plan that will protect children, strengthen families, and seek permanency for children in the most appropriate placement. The FTMs are modeled after the Family Team Decision Making model.

- Kentucky's Partners in Prevention initiative seeks to strengthen primary prevention in each county through regional networks operated through Community Collaborations for Children (CCC) and Community Partnership for the Protection of Children (CPPC) that build community capacity to protection children. Kentucky recently developed an evaluation of primary prevention and is collecting data through the Primary Prevention Meeting and Event Tracking (PP-MET) system for long-term evaluation plans.
- Family Preservation Programs also strengthen family capacity. Kentucky's extensive evaluation of FPP recently found that 2.7% of families completing FPP services (20 families of 739) had a subsequent substantiated referral within six months of ending services, compared to 6.5% of other families. Because families served by FPP have higher risks and more risk factors on average, this rate of recurrence is an impressive indicator of the success of the FPP program.
- The Speakers' Bureau was created to raise public awareness and support regarding child abuse and neglect as public health and safety issues (Community Development Campaign).
- The Department revises and re-distributes the Child Abuse and Neglect reporting handbook annually, to include a guide for parents re: legal rights and ASFA. The Department also developed a statewide curriculum and model protocol for regional implementation with community partners concerning roles/responsibilities regarding reporting and investigation of child abuse/neglect.
- The Department provides support and collaboration with Prevent Child Abuse Kentucky in their public awareness efforts such as the "Kids Are Worth It!" Conference, the 1800CHILDREN line and other public campaigns.
- The Department collaborated with the Medical Examiners Office in Jefferson County to develop a public awareness campaign that expresses the dangers of co-sleeping with infants, and planned for expansion as requested by specific regions.
- Child Advocacy Centers (CAC) added a medical unit in each center for improving examinations of sexual abuse victims. CACs attempt to ensure that all physical and mental health needs are met. Medical providers who are specially trained in Child Sexual Abuse Examinations perform comprehensive medical exams on abuse victims. CACs either provide therapy services to the child and family, or refer to community partners for the services. Per the contract each CAC has with CHFS, the CACs are mandated to follow-up with a family at least one month post CAC service delivery. Some of the CACs also offer long-term follow-up mental health services.
- The mission of the Child Fatality or Near Fatality Reviews includes providing individual case review and consultation to front-line workers when there has been a child fatality or

near fatality; collecting data on each child fatality and near fatality; conducting analysis of child fatality/near fatality data to identify trends, staff training needs, systemic issues affecting prevention and investigation of child fatalities/near fatalities; and strengthening social work practice in high risk cases in efforts to reduce future child fatalities/near fatalities.

- Kentucky's DCBS child fatality review team consists of a nurse and a child fatality specialist. The DCBS child fatality review team is closely linked to Child Fatality Response Teams at both the county and state levels.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Staff is trained to assess the totality of risk, rather than focusing solely on the specific alleged incident of abuse or neglect. Tip Sheets are used to enhance staff's assessment skills. For example, the Substance Abuse Tip Sheet provides concrete examples of indicators of substance abuse and recommendations on how to monitor treatment success/failure. The Mental Health / Mental Illness Tip Sheet assists in identifying indicators of mental illness, as well as past and familial history of mental illness. The Concurrent Child Maltreatment and Domestic Violence Tip Sheet identifies safety issues for adult victims of domestic violence, their ability and willingness to protect children in the home, and the effects of domestic violence on children
- Substance abuse by parents and the lack of available treatment resources are considered to be significant factors in repeat maltreatment.
- The Cabinet for Health and Family Services provided "Preventing Child Fatalities" training statewide to front line staff in 2005. Presentation items included topics such as Substance Abuse as a Risk Factor in Child Maltreatment, Domestic Violence as a Risk Factor, Collaborating with your Medical Community, as well as many others. This training was provided by CHFS staff as well as community partners.
- The intensity with which DCBS remains involved with a family post-crisis is influenced by workload. Staff believes that greater involvement could prevent repeat occurrences of maltreatment.
- The Statewide Assessment Team (SAT) suggested developing community volunteer parent mentoring programs to coach and support parents. This effort would be independent of any agency, thus removing some of the reticence of parents to participate.
- Stakeholders commented that substance abuse issues are a major risk in CPS cases. Community partners are alarmed by stats on substance abuse assessment. This high need in families and risks to child accompanied by very long waiting lists for entering treatment and then moving through treatment will increase the time to recovery. Relapse prevention is an integral part of substance abuse treatment and reduction of repeat maltreatment.

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

Item 3: Services to family to protect child(ren) in the home and prevent removal or reentry into foster care.
How effective is the agency in providing services, when appropriate to prevent removal of children from their homes?

What do Policy and Procedure Require?

Once an assessment is completed, the SSW works collaboratively during the FTM with the family and service providers to assist the family in addressing the identified areas of concern. FTMs are available to all incoming families on a statewide basis. When children are returned to the family an FTM is held to assist the family with the needs in the home. A FTM is requested at the time of reunification. "FPP and the Diversion Program are examples of services used to safely transition children home to insure that the children are safely monitored at home.

What does the data show?

PERIOD	# OF REPORTS	# OF UNIQUE CHILDREN IN REPORTS	PERCENT SUBSTANTIATED	PERCENT ENTERING OOHC
CY 1999	39,356	46,251	32.1%	15.3%
CY 2000	41,731	49,704	32.4%	16.8%
CY 2001	37,080	46,643	32.2%	17.3%
CY 2002*	41,218	51,327	29.8%	19.6%
FFY 2003*	45,348	56,278	29.2%	22.4%
FFY 2004*	49,951	59,486	29.1%	20.3%
FFY 2005*	47,960	60,905	29.1%	21.5%
FFY 2006*	48,649	61,758	29.2%	23.0%
Period under review*	47,954	61,176	28.5%	22.4%

*Note**: Kentucky initiated a multiple response (MRS) track in mid 2001 that established a low-risk track for Family in Need of Service Assessment (FINSA). By 2002, the MRS system was fully functioning and reduced the rates of substantiation because low risk cases were shifted to the FINSA track without a finding of substantiated or unsubstantiated.

As this data shows, the number of reports to DCBS has increased by 2,606 reports between 2003 and the period under review, representing a 5.7% increase in reports. During the same time period, there were 4,898 more unique children in CPS reports, an increase of 8.7%. The disproportionate increase in the number of unique (unduplicated) children is likely due to the decrease in the recurrence of child abuse and neglect. Using point in time data as shown above, the rates of victims entering OOHC has varied but remained level between 2003 and the period

under review. Internal longitudinal analysis shows that 32.7% of children with substantiated abuse or neglect enter OOHC at some point in the case.

Where was Kentucky's child welfare system in Round One of the CFSR?

This item was assigned an overall rating of Area Needing Improvement because in 19 percent of the cases, reviewers determined that the agency had not made diligent efforts to maintain children safely in their own homes. The key concern identified was an inconsistency on the part of workers with respect to ensuring that all of a family's service needs are met.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- The Family Resource and Youth Services Centers (FRYSC) initiative is a part of educational reform. In the 2000 General Assembly, the criterion was changed to any school that had 20% of its' enrollment qualified for free or reduced priced meals had to have a FRYSC located in or close to the schools. Each center is designed to enhance student's ability to succeed in school through a comprehensive assessment of their needs. They are brokers of existing services and they work to identify gaps and barriers to services as they assist students and their families. DCBS recently developed an information package that is posted on the FRYSC's web-site in order to assist them with making appropriate referral to our agency.
- The Family Preservation Program (FPP) is a short-term crisis-intervention available in all 120 Kentucky counties. It is designed to maintain children safely in their home, improve parenting capacity, and facilitate the safe and timely return home for a child in placement. FPP providers, through a network of non-profit agencies, intervene within 72 hours of a DCBS referral and are available 24/7 to work with the family. Providers spend at least 32-40 hours in the home. They teach skills, promote and model positive parenting, assess the family's ability to demonstrate skills taught and connect families with community services. The program has expanded and been more closely monitored since the first PIP.

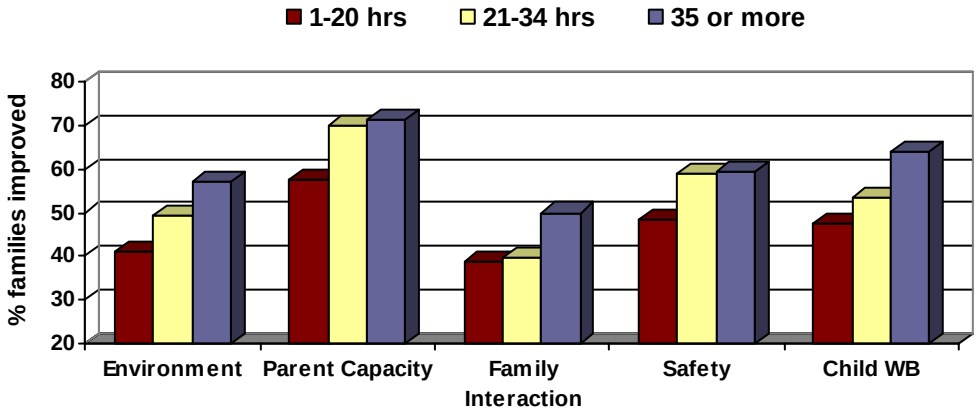
  Between July 1, 2006 and June 30, 2007, 1901 families with 4133 children were referred for FPP services; 185 families (10.1%) were served or referred to a second or third service during the year. 219 families received assessment services only and 172 families were in ongoing status, having begun but not completed FPP services at the end of the reporting period. The remaining families received a range of FPP services as displayed.

	0-20 hours service	21-34 hours service	More than 34 hours service	Total Families	Ongoing Status
Total	515	494	501	1510	172
Overall %	34.1%	32.7%	33.2%		

  1151 families were rated at both intake and closure using the Northern Carolina Family Assessment Scales (NCFAS). Parenting capacity (parent's supervision and discipline of children, parental mental and physical health) was the most improved. Despite gains in all areas of family function, more than 30% of families continued to struggle with weaknesses in parental capacity and environmental barriers at discharge. Those with longer FPP service

made more progress on family functioning and parenting capacity as measured by the domains of the North Caroline Family Assessment (NCFAS). The longer that FPP services were provided the more likely that the family made progress from intake to closure as shown in the following graph.

Percent of Families that Improved NCFAS Scores and Hours of FPP Service



Only 6.3% of all children served (252) by FPP between July 1, 2006 and June 30, 2007 experienced an episode of OOHC *after* FPP services.

- The Diversion Project, started in two counties in 2005, expanded to four counties in 2006, and to twenty counties in 2007, provides intensive in-home services for up to four months, with the possibility of an additional two months being authorized. The design includes serving adolescents living at home for whom removal is imminent or who are preparing to reunite with their family. A wrap-around service delivery approach, including intervention and treatment plans, is based on needs identified in the assessment that is conducted within 96 hours of the referral for service.
- Two urban areas, Jefferson and Kenton/Campbell counties, have adopted geographical assignment of staff to facilitate better working relationships with schools, law enforcement, and community services. Staff is actually located in the neighborhoods. It is believed that understanding grassroots supports for families in their communities and neighborhoods will lead to discovering untapped resources that could support families and keep children safely in their homes during times of crisis. Staff neighborhood assignment allows staff to spend more time in direct contact with families and less time traveling.
- A Parent Advocate program, begun in Jefferson County in 2005, is demonstrating promising practice in achieving a low removal rate for birth parents that are paired with an Advocate. The Parent Advocate is a birth parent who had an open abuse/neglect case; either successfully kept their child at home or was reunified, and has not had a new abuse/neglect report. After training, advocates are paired with current birth parents involved with DCBS to help that parent successfully navigate the court and child welfare systems.
- In 2007, the department initiated the START (Sobriety Treatment and Recovery Team) program in 3 counties. START pairs a social work clinician with a family mentor, someone who has personal experience with the child welfare system and in recovery, to work together with substance-addicted parents whose children are at-risk of removal.
- Kentucky is fortunate to have been awarded two Children's Bureau (ACF) Regional Partnership Grants, both for five years of federal funding for co-occurring substance abuse

and child maltreatment in rural Appalachian Kentucky. One grant awarded to DCBS expands the START program to Martin County, a county with at 25% rate of recurrence of abuse and neglect and extremely high rates of substance abuse. The second grant awarded in the Eastern Mountain Service Region will build region-wide capacity to treat co-occurring child and substance abuse. DCBS, as the child-welfare lead partner, will be evaluating the effects of these projects on child welfare outcomes and identifying innovative strategies to address these very difficult problems.

- DCBS has Preventative Assistance funds to assist families when no other resource is available and the provision of emergency funds would:
  (a) Prevent the removal of children, when the existing emergency is financial;
  (b) Meet the needs of adults who, without intervention, would require placement outside their home;
  (c) Provide for a child to be returned home, when the barrier to return is financial;
  (d) Address the needs of adults identified to be at risk;
  (e) Provide for a family which is homeless due to a natural catastrophe, such as a fire, flood or earthquake; or
  (f) Assist a family when a special emergency exists.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Stakeholder input, as well as the SAT, affirmed the department's emphasis on collaboration with community partners. DCBS staff and community partners meet frequently to discuss cases; however, it was noted that communication must be sustained and that the immediacy of the needs of children and families require both prompt and routine communication.
- Parent feedback from focus group discussions tells us that birth families need assistance in understanding and navigating the child welfare system (including court) and the case plan. Those who knew of the Parent Advocate program (see Promising Approaches) strongly recommended expansion.
- An issue that bears further exploration is truancy as a cause of removal. While data is inadequate to track truancy as a significant factor in removals, three of nine regions anecdotally noted this as a growing reason for adolescents entering foster care. This is not necessarily a new trend. Over the years, depending on the Court jurisdiction, Judges have become frustrated with the lack of resources available to address truancy issues, and place these children in the care of the Cabinet. In Kentucky, the school system initially must provide services to children and youth who are not attending school per KRS 159.140. Family Resource and Youth Services Centers were also placed in school systems to remove barriers that allow children to effectively learn (such as the need for clothing, school supplies, family issues, attendance etc). DCBS does not accept a report of educational neglect until the school as exhausted these resources to address the problem. Likewise, when the school files a petition for educational neglect or files charges against a youth (status offense), the youth first sees a Court Designated Worker, who attempts to divert the youth from the Court system by providing supervision to the child and family, refers them to resources to assist with identified needs, etc. If this diversion does not go well, the case is then sent to Juvenile/Family Court. DCBS staff engages with school systems to address

needs of these children and youth, and to discuss what services are appropriate at different points in these difficult situations.

- The cyclical nature of substance abuse is viewed as a contributing factor to reentries. While it is understood relapses are to be expected, we struggle with how to institute a safety plan with parents who are reluctant to acknowledge this is likely to happen.
- The waiting list for FPP services, due primarily to the level of funding, is a factor the Cabinet hopes to mitigate in the upcoming legislative session. A recent analysis found that in a year period unmet need for FPP services included more than 2,400 families in referrals, more than 1,400 children entering OOHC and more than 1,700 children reunified. African-American children exiting OOHC were especially underserved by FPP.
- Some Courts are reluctant to allow children who have been abused or neglected to remain in the home even when intensive services are being provided. The work of the Court Improvement Program, involving both AOC and DCBS, will continue to address this issue. Parents as well as stakeholders Regular completion of case plans by Protection and Permanency is seen as improving, but the quality of case plans could be improved in several ways. Fathers, especially dissatisfied fathers, are not formally and consistently included in the case plan; there is no special place for the concerns of fathers to be identified and addressed. Stakeholders recommended training to empower parents and youth with the skills and knowledge needed for meaningful involvement in writing the plan. They suggested increased use of parent advocates to assist families in case planning.

Item 4: Risk assessment and safety management.
How effective is the agency in reducing the risk of harm to children, including those in foster care, and those who receive services in their own homes?

What do Policy and Procedure Require?

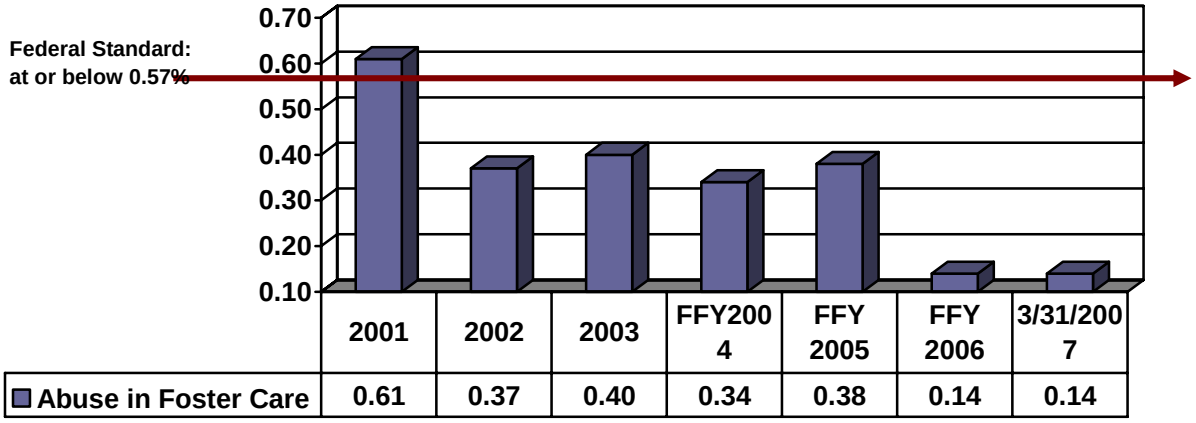
When a child is placed in OOHC/ or relative care the SSW or other Cabinet staff has to assess the safety of each child through face-to-face contact a minimum of every thirty (30) calendar days) and more often if needed, including Supports for Community Living (SCL) programs. When services are provided within an in-home case, the worker must assess the safety of the child through face to face contact in the home environment every thirty days or more if needed. If a child is in a **Private Child Caring (PCC)** facility or **Private Child Placing (PCP)** Foster Care, the SSW or other Cabinet staff has private, face-to-face contact with the child at least quarterly. The CQA is the instrument used by the SSW to reveal information, which may pose a risk to family well-being. The SSW uses the risk assessment guidelines outlined in the Continuous Quality Assessment (CQA) to determine issues of child safety. The SSW negotiates a Prevention Plan with the family to address immediate safety concerns when the SSW believes the child(ren)'s safety may be compromised and the child remains in the home or in the temporary care of a relative. There are supports in place that may identify risk of harm such as in addition to the SSW visiting with the child, service providers may be involved in the case such as FPP, Impact, CASA- and if the child is medically fragile a Commission nurse visits the child on a monthly basis and a quarterly meeting is held to identify needs of the child.

What does the data show?

NCANDS data from the federal profile for the period under review indicate that 167 children of 13,200 in foster care were abused by their parents during the foster care stay. Because there is no national comparison and little trend data, this rate of 1.2% of children with maltreatment by parents during foster care is difficult to interpret. However, Kentucky has steadily reduced the rates of recurrence of child abuse and neglect overall, suggesting that the agency is becoming increasingly more effective in reducing the risk of harm to children.

Percent of children in foster care that experience substantiated maltreatment of children in foster care based on the federal data profiles have consistently declined per federal data profiles.

Percent of Children in Foster Care with Substantiated Abuse/Neglect: 2001 to Period Under Review



	2001	2002	2003	FFY2004	FFY 2005	FFY 2006	3/31/2007
Abuse in Foster Care	0.61	0.37	0.40	0.34	0.38	0.14	0.14

Since 2006, the Private Child Care agencies track abuse or neglect allegations in residential, therapeutic foster homes or independent living situations. This data showing 60 substantiations between July 1, 2005 and June 30, 2006 and 12 substantiations between July 1, 2006 and June 30, 2007 are consistent with federal data.

DCBS investigates all specialized investigations or FINSAs pertaining to:

- Foster or Adoptive Resource Homes (DCBS or Private Child Placing Agency):
- Private Child Caring Facilities;
- Certified Family Child Care Homes or Licensed Child Care Facilities;
- Registered (Subsidized) or Family Child Care Providers;
- Cabinet Employees;
- School Employees;
- DJJ Facilities;
- Crisis Stabilization Units;
- SCL/CMHC Facilities;
- Psychiatric Hospitals;
- Camps; and
- Day Treatment Facilities.

Specialized Investigations are traditionally more complex, as they typically involve multiple victims and agencies, centers or facilities rather than families. As a result, additional investigative considerations need to be addressed when handling these types of reports. It is strongly recommended that experienced CPS investigative workers be assigned to handle Specialized Investigations. Having prior experiences in handling these types of investigations, as well as, having the necessary training is also suggested. Investigations involving licensing agencies are coordinated between the agencies with information shared.

Where was Kentucky's child welfare system in Round One of the CFSR?

This item was assigned an overall rating of Strength because in 88 percent of the applicable cases reviewers determined that the Cabinet made diligent efforts to reduce the risk of harm to children. The key concern identified in the case reviews pertained to a lack of investigations or follow-through on new reports or allegations of maltreatment on open cases.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Embedded in casework are four strategies key to reducing risk:
    - When an investigation reveals risk, but the referral cannot be substantiated, prevention plans are developed with families to link them with community resources that will reduce the risk of future maltreatment.
    - Continuous Quality Assessment (CQA) prompts staff to maintain a fresh outlook on conditions in the family by asking targeted questions about safety and risk factors, such as substance abuse, domestic violence, disciplinary methods, and other family dynamics.
    - Tip sheets help guide discussions between family and worker during home visits.
    - The observations of professionals supervising visits between children and parents contribute to a comprehensive risk assessment. Visits are to be held in the home or other neutral location, including situations when the court orders supervised visitation. Approval by the SRA or designee is required to hold visits in the office. The SSW should document why visits are not being held in the home or other neutral location (e.g. unsafe physical environment, safety risk to staff, homeless).
- DCBS has also implemented other strategies to reduce risk of harm to children in foster care including the following:
    - Coaching and mentoring staff regarding the issue of having private conversations with children in foster care
    - Established a statewide mentoring program for newly approved foster parents.
    - Instituted a Critical Incident Review process when there is an investigation of a foster home, whether publicly or privately supervised, to ensure that safety concerns are addressed, appropriate plans made for the child and foster family needs identified. Critical incidents are identified and shared with management staff during each local and regional CQI meetings where systemic issues are identified and addressed.
    - Reduced the maximum number of children who may reside in a foster home from six to five, in an effort to reduce stressors on the foster parent. Requests for approval of exceptions include:

- Exceeding the number of children in a Resource Home;
- Exceeding more than two children under the age of two in a the Resource Home, including children placed in out-of-home care by the Cabinet and the resource home parent's own children; or
- Placing a medically fragile child in a placement other than an approved medically fragile home.

o Northern Bluegrass which has the highest rate of children in privately supervised foster care placements has instituted a monthly discussion with the private agencies around training and supporting foster parents and sharing of information between agencies. They monitor foster families wanting to transfer between agencies, to prevent a foster family closed by one agency because of concerns to be opened by another agency. Public and private agencies obtain a release of information from foster parents who want to transfer to a different agency. The release of information is sent to the agency where the foster parents are currently, or have previously, in order to request a letter of reference. A copy of the foster parent's home study and foster home record is also requested by the agency.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Focus groups with foster parents and foster youth indicate that foster parents lacking adequate training to deal with the emotional and behavioral problems of adolescents may contribute to incidents of maltreatment.
- Locating and engaging absent parents at the time of case initiation is an area for improvement reported by SAT.
- Staff and community partners identified a need for DCBS workers to be better trained in holistic family system assessment in order to address issues contributing to risk even though the particular issue or family member may not be the focus of the investigation or reason for the immediate contact.
- Community stakeholders and SAT report that incomplete assessments and a general lack of services for mentally disabled parents impede strategies to reduce the risk of harm.

B. PERMANENCY OUTCOMES

Permanency Outcome #1: Children have permanency and stability in their living situations.

Item 5: Foster care re-entries.
How effective is the agency in preventing multiple entries of children into foster care?

What do Policy and Procedure Require?

A Continuous Quality Assessment (CQA) is completed at every major junction or change in a case, no less than every six months and prior to case closure. The assessment determines risk to the family and children and insures that proper services are provided to the family to lower risk or address any factor that may pose a risk to the family or child. Based on the assessment, case planning is done and services are provided. When children are returned home reunification services are used to assist the family and the child with the transition. At case closure an aftercare plan is develop to assist the family with the identification of risk factors and services available in the community.

What does the data show?

During the first CFSR, Kentucky's rate of reentry was at 10.8%. Reducing foster care reentry rates proved challenging especially for children entering care for the first time at age 10 years or older. We set and achieved separate PIP goals for children 10 years and younger and 10 years and older at entry; this strategy was effective in targeting services to meet the needs of these diverse groups. Using the calculations included in Permanency Composite 1, Kentucky's rate of reentry was 17.0% in FFY 2005, 14.0% in FFY 2006, and 14.9% for the period under review. This places Kentucky's current performance just below the 50th percentile nationally with lower scores being preferred.

More than 76% of children discharged from foster care are reunified with families or relatives within 12 months. These data and the other measures in Composite One confirm that Kentucky achieves reunification with families or relatives without increasing reentry and in fact has gradually reduced the rates of reentry into foster care. Although Kentucky exceeds the standard for Permanency Composite One, the rate of reentry to foster care remains an area needing improvement.

Where was Kentucky's child welfare system in Round One of the CFSR?

This item was assigned an overall rating of Area Needing Improvement. Despite the finding that no cases were rated as an Area Needing Improvement for this item, data from the State Data Profile indicate that Kentucky's re-entry rate for FFY 2001 (10.8%) does not meet the national standard of 8.6 percent or less. It is necessary that the criteria and standards for both the case review and the statewide data measures be met for the item to receive an overall rating of Strength.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

The classification of the reentry into foster care, during Kentucky's PIP, as problems within two groups (10 and younger and 10.1 and older) coupled with understanding the risks for reentry from a very short time stay in foster care and the critical need for services during the first four months of reunification was pivotal in developing region specific action plans for success in Kentucky. Examples of those plans include:

- Eastern Mountain Region, rural and with limited services, developed a transitioning protocol to ensure intensive service and support by DCBS for a minimum of six weeks

after reunification, followed by linking the family with community resources for continued support. The worker providing placement services to the child, the family case worker and both supervisors jointly review case history, discuss service provision and identify potential issues. For the first two weeks, workers, parents and children (required) meet weekly in the family home to discuss transition issues and assess risk. After that, the family worker makes weekly home visits for a minimum of four weeks. Continuous assessment of family stability determines whether the family will be referred for in-home services through a contract provider or linked with other community resources.

- Northern Bluegrass Region identified families with substance abuse issues being high risk for re-entry. Families participating in the START program in Kenton County will receive services and support for six months post-reunification. The success of that effort will determine whether the six-month model will be implemented region-wide.
- Family Preservation Program Services were provided in SFY 2007 to 11 children exiting to adoption and 10 additional children in adoptive homes to prevent disrupted adoptive placement. These services are available to families that have adopted a child from DCBS and reside in Jefferson County. This region has chosen to utilize its Title IV-B allocation to fund a Family Preservation Program contract with Seven Counties which is the Community Mental Health Center in that region. According to anecdotal information, the number of adoptive placement disruptions has remained relatively constant.
- A secondary change that was made concerned "DCBS children" who had been adopted, and needed to be stabilized to prevent disruption of the adoption. Previously, the adopted child could be placed in a residential program without any consultation, case management or oversight by DCBS. Children would linger there until the adoption unwound in some cases. Regulation now requires that DCBS receive reports and offers help in case management with the goal of returning the child to the adoptive parents within a specific period of time.
- These strategies plus the cumulative effects of professional training, family team meetings, the court improvement project, and increased knowledge and confidence finally began to decrease the rate of reentry into foster care. Increasing the regular visits to parents of children in foster care from 62.1% to 68.3% also contributed to success. To continue to improve, Kentucky needs to improve the quality of case visits to the parents and provide more support and preparation for reunification.
- During SFY 2007, 995 children being reunified with their parents received Family Reunification Services (FRS – intensive FPP), representing 41% of all children reunified. However, the rates of FRS provision varied from 16% of children in Eastern Mountains and Two Rivers - that have the highest reentry rates of 15.5% and 14.95% respectively – to 82% in Northern Bluegrass with a low rate of reentry at 9.39%. Three of the four regions with the lowest rates of FRS had the highest rates of reentry to foster care, suggesting that FRS may be associated with preventing reentry to foster care.
- The Lakes Region has two, soon to be three, Kinship Care workers who complete home evaluations of relatives, assist kinship care providers in accessing funds, and provide monthly home visits until permanency is achieved.
- In Fayette, the Family Care Center is providing visitation and in-home services to Kinship care providers on referrals from DCBS.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Regions continue to work with their court systems to ensure adequate preparation and time for reunification. At issue are courts that order reunification immediately upon a parent's first clean drug screen without demonstration of sustainability of sobriety or resolution of other risk factors.
- Specific analysis is needed around reasons children are re-entering from relative or kinship care. It is generally believed, but not verified, there are two primary reasons: child behavior or financial hardship. Ways to help caregivers understand the child's behaviors and needs, link them with community resources and provide support when placements encounter turbulence are being discussed.
- Staff and kinship caregivers have expressed concern that the mutual exclusivity of receiving a monthly stipend or day care assistance is resulting in dissolution or refusal of kinship placements. All child care requests by the Kinship Care provider are referred to the local county Child Care Assistance Program (CCAP) agency. All child care assistance for Kinship Care Providers is based on the income and work status of the relative caregiver. Kinship Care benefits are not calculated as part of the relative's income.
- Stakeholders and SAT expressed concern about inconsistent application of kinship care policies across the state.
- Although Kentucky is a state that uses relative placements and kinship care, we have limited objective information about the situations and patterns of reentry among this group. One issue is that 'kinship care' is an entitlement program with the cases tracked through the Division of Family Support. Recently we began to receive data from the Family Support - we intend to do a more thorough evaluation of the program and its impact on child outcomes.

Item 6: Stability of foster care placement.
How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

What do Policy and Procedure Require?

SOP 7E: CPS ONGOING – OUT OF HOME CARE (OOHC)
The child's first OOHC placement is crucial, because it is intended to be the child's only placement until legal permanency is achieved. One of the current challenges is maintaining a child in a stable foster home placement until the child is able to return home, be adopted or emancipated. Thorough deliberation in the choice of the child's initial placement and sufficient support of the Family Team, especially the child and caregiver, after placement is made prevent the need for a change in placement and avoid replication of the child's initial trauma in the majority of circumstances.

Placement Stability Tip Sheet
Some of the guidelines are as follows:

- It is crucial that careful deliberation and consultation occur between the R&C team, SSW and FSOS to insure that the characteristics of the child are compatible with, and "match" the characteristics of the foster parent at the time of initial placement.
- The transition process, whether the initial placement, or placement move from DCBS foster home, adoptive home, PCC, Residential etc., should include a plan that encourages the child to maintain connections with the previous family or social environment. The connections may be maintained through retention of life books, and whenever possible contact with the family.
- Insure that foster parents/ care providers are provided with a medical passport, which list the child's current doctors, medications, and medical conditions.
- Insure that efforts are made to initiate a visit between parent and child as soon as a child enters care.
- Foster parents are advised of typical reactions to expect from the child, particularly following visitation with parents.
- Allow the child to voice his /her views about visitation and be included in the visitation agreement.
- SSW assesses placement stability during foster home visit made within 3 days of placement and interviews the child.
- SSW provides the family with a list of resources to assist with crisis intervention, which includes the Foster Parent Support Network number and a DCBS home/office phone listing.
- SSW is encouraged to maintain weekly phone contact during the first 30 days of placement and continues to assess the stability of the placement.
- If feedback from care provider/s and SSW observations indicate risk of placement disruption, the SSW requests a family team meeting with the goal of providing the needed support to preserve the placement.
- SSW may place the child in respite while assessing the services needed to prevent disruption.
- SSW makes referrals for supportive services.
- Insure that the foster parents are active participants in the child's treatment plan and therapy.
- Insure that a mental health assessment is completed on the child within the first 30 days of placement.
- Insure that an educational assessment is completed on the child within 30 days of entering care.

What does the data show?

Kentucky's performance on placement stability is below federal standards and an area needing improvement. Currently, Kentucky is 26th of 51 states on stability of placement with a composite score (Permanency Composite 4: Placement Stability) at 93.8, well below the 101.5 standard. Although placement stability for children in care less than 12 months is just above the 75th percentile at 86.2%, placement stability after 12 months in care is significantly worse. For children in care 12 to 24 months, only 59.9% have had two or fewer placements (at the 50th percentile) and after 24 months in care, only 28% (below the national median) had two or fewer moves. These trends, with some minor exceptions, are flat suggesting that Kentucky needs an intensive focus on placement stability in order to improve over several years for children in care more than 12 months.

During CFSR I and the PIP, Kentucky improved placement stability. The rate of children in care for 12 months or less with 2 or fewer placements improved from 76.7% to 87.8%. Because placement stability for children in care 12 months or less exceeds federal standards, Kentucky focused less on this goal once it was achieved. The new federal composites highlight additional opportunities to improve placement stability for children.

Currently, Kentucky has less information on placement moves for children in PCC foster homes. Although Kentucky knows the agency of placement, we do not have the addresses of private foster homes in TWIST data fields and consequently do not capture moves between private foster homes within the same licensing agency. In launching the PCC tracking system, the AFCARS data submission will be improved. The following table displays these improvements. With these improvements, Kentucky anticipates a need to calculate a new baseline rate and goal for placement stability during the 2nd state PIP, perhaps at the mid-point. This enhanced data will also enable Kentucky to develop a statewide diligent recruitment plan that includes needs for both PCC and DCBS foster home capacity.

*AFCARS Data Elements to be improved by PCC Track*ing

Element Number	Description	Additions in the PCC Tracking interface
23	Date of placement in current foster home	Entered by PCC for placements within licensed programs
24	Number of Previous Placement Settings in This Episode	The number will now include moves in placement within licensed programs
49	Foster Family Structure	Demographic indicators will be consistent for DCBS and PCC foster homes.
50/51	1st and 2nd Foster Caretaker's Birth Year	As above
52/54	1st and 2nd Foster Caretaker's Race	As above
53/55	1st and 2nd Foster Caretaker's Hispanic or Latino Origin	As Above

In the next few months, Kentucky will implement a web-portal to TWIST for its PCC providers to enter the specific placement for each child and record moves. The data will be stored in the existing SACWIS. Although we anticipate some reduction in placement stability rates with expanded information, we welcome the opportunity to have comprehensive and specific placement move information for each child and for systemic improvement. Coupled with the PCC tracking portal to TWIST, Kentucky is revising move reasons to a common taxonomy for public and private agencies that will be useful in the CQI and QA process.

Not all counties have emergency shelters. TWIST indicates there are two DCBS emergency shelters homes. These are used only as a last resort when no other placement can be located. Emergency Shelter foster care services are provided to a child age 12 and above for a period of less than 14 days. The SRA can make an exception for a child between 8 and 12 years old to be placed in an emergency shelter. The SRA can grant an extension of up to 16 additional days if it is necessary. There are 15 Private Agency Emergency Shelters with varying age limits.

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 6 was assigned an overall rating of Area Needing Improvement based on the following:

- In 32 percent of the applicable cases, reviewers determined that children experienced multiple placement changes that did not promote attainment of their goals or their treatment needs.
- Data from the State Data Profile for FFY 2001 indicate that the percentage of children experiencing no more than 2 placements in their first 12 months in foster care (80.3%) does not meet the national standard of 86.7 percent or more.

A key finding of the review was that even when assessments indicated that children had special placement needs, children were not placed in appropriate settings, usually due to a scarcity of placement resources.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Children are placed in their home community whenever possible because maintaining family and community ties is one key to stability. Diligent recruitment efforts focus on neighborhoods with high removal rates; families willing to parent adolescents; homes for African-American children; and, Spanish speaking homes. The three urban regions have implemented zip code specific recruiting emphasizing attending community events, participating in school fairs, developing relationships with neighborhood service providers, distributing of information printed in English and Spanish to attract foster parents.
- An emphasis on more appropriately matching the child's needs with the foster home's strengths will decrease moves due to the foster parent's inability to cope with the child's behavior.
- Some regions (Northern Bluegrass, Jefferson) have implemented Ice Breaker meetings between foster and birth parents that provide and opportunity for the foster parents to learn more about the child. These encourage the parents to participate in their child's care, creating more support for the child's experience.
- Some regions call a crisis team meeting when disruptive placement appears imminent. The child/youth, foster parents, caseworker, worker for the foster home, supervisor, and involved service provider(s) develop a plan to defuse the immediate situation and brainstorm solutions to issues that contributed to the crisis. With the recently developed Utilization Review (URC) process, this is a statewide expectation. A placement change may be another loss, rejection, and possible trauma for a child, and may impact the child's ability to form positive attachments in the future. Therefore, the SSW does not make unplanned placement changes without careful consideration of all available alternatives for support of the current placement. Participation in a meeting such as a Family Team Meeting may help to support and preserve the current placement if there is a risk of disruption. The FSOS, Recruitment and Certification staff, and Regional Placement Coordinator may assist the SSW in reassessment of the child's placement and possible alternatives to change in placement. The SSW continually assesses the child's adjustment to the placement, the resource parents' relationship with the child, and special circumstances, which include the child's permanency goal, the likely timeframe for its achievement, and placement of siblings. If removal

becomes necessary, this information is to be used to facilitate the child's planned placement into another setting.

- If, under exceptional circumstances, a placement change appears to be necessary, the change is to be well planned and the child is to be prepared. Appropriate placement changes include those that lead to timely accomplishment of legal permanency, such as reuniting siblings or placing a child with a relative.
- The transition process should include a plan that encourages the child to maintain connections with the previous family or social environment through retention of personal keepsakes, such as life books, and whenever possible, contact with the family through visitation, letters, telephone or email.
- Having placement coordinators in each region has improved matching child's needs with placement resources, but resource availability still forces some placements to become the first placement, rather than the best placement.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Approximately 30% of Kentucky's children in OOHC are in foster homes supervised by private agencies. Uniformity in standards for foster parent recruitment and training, disruption protocols would benefit placement stability.
- SAT expressed concern that while involving multiple resources/providers as well as DCBS in a family's case is appropriate and necessary, the resulting diffusion of responsibility for accomplishing tasks may result in fragmentation; to paraphrase, "if everyone's responsible, no one's responsible". Holding all providers accountable for clearly articulated outcomes was recommended.
- Foster parents expressed needs for additional training in coping with adolescent behaviors, understanding the impact of the trauma of abuse/neglect on behavior, improving communication with the child's worker, and strengthening foster parent support groups that would aid in stability.
- Poor continuity of care, such as transfer of records and discussion of treatment issues, between foster care providers was identified as a barrier by SAT. There is specific policy for transfer of cases. There have been issues when required TWIST information is not completed by the sending county and this delays the transfer.
- Cultural awareness should be embedded in the practices of agencies providing foster care and child services.
- Increased specialized services, such as treatment for sexually reactive children, would prevent children from experiencing multiple moves resulting from inadequate placements. African American children have on average more moves in placements and are more often placed in more restrictive settings such as residential settings. The reasons for this disparate outcome are unclear.

Item 7: Permanency goal for child.
How effective is the agency in determining the appropriate permanency goal for children on a timely basis when they enter foster care?

What do Policy and Procedure Require?

Permanency goals are to be established during the initial case planning five (5) day Family Team Meeting. The SSW and the FTM members select a Permanency goal based on the best interest and the specific needs of the child. The Social Service Worker is to assess each case using the Concurrent Planning Review tool, the CQA and negotiation that occurs during the initial five (5) day FTM. A copy of the completed Concurrent Planning Review tool is placed in the case record. Concurrent planning is considered when the initial Case Plan is developed. A tool is available for staff to assist in the consideration of concurrent planning. By the Three Month Case Review, if the parent has made minimal progress, concurrent planning is again considered. All CPS, Out of Home Care cases, excluding Status cases, are converted to concurrent planning no later than the Six Month Periodic Review.

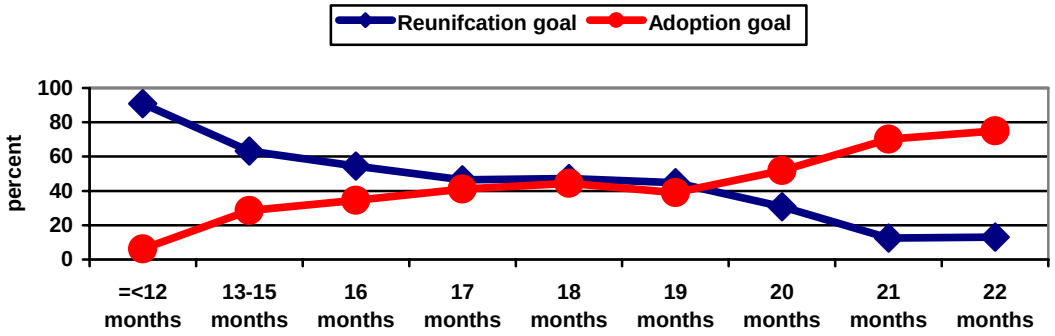
- The SSW converts all CPS, OOHC cases, excluding Status cases, to concurrent planning no later than the Sixth (6) month FTM periodic review. DCBS staff advocate with the court that a child fourteen years of age or younger who is charged with a first time misdemeanor offense against a family member be treated as a status offender. If a child is subsequently committed to the Department of Juvenile Justice as a public offender, the SSW facilitates termination of the child's commitment as a status offender.
- This is documented by adding a concurrent alternate Permanency Objective on the OOHC section and associated task in the Case Plan as a contingency plan should efforts to achieve the Permanency Goal of return to parent(s) prove unsuccessful. Although many of these children will be reunified, alternative permanency planning is pursued to ensure that all children have a permanent family as quickly as possible. Converting OOHC cases to concurrent planning does not mean moving the children. It does mean adding a concurrent alternate Permanency Objective on the OOHC section and associated task in the Case Plan as a contingency plan should efforts to achieve the Permanency Goal of return to parent(s) prove unsuccessful.
- All permanency goals must be reviewed by the court no later than 12 months from the time the child enters OOHC. The SSW must consider TPR at the permanency hearing. A Permanency Hearing is a special type of post-dispositional proceeding designed to reach a decision concerning the permanent placement of a child; and unlike review hearings, which involve routine oversight of case progress, Permanency Hearings represent a review to determine what the permanency goal for a child shall be. The Annual Permanency Hearing, which is held no later than twelve (12) months after the child entered into custody and every twelve (12) months following the preceding permanency hearing.
- A child in OOHC is required to have an appropriate and current permanency goal recorded in the Case Plan and the SSW selects the most appropriate permanency goal from one of the following:
    - Return to Parent;
    - Adoption;

- Legal Guardianship;
- Permanent Relative Placement;
- Planned Permanent Living Arrangement; or
- Emancipation

What does the data show?

Kentucky's permanency teams and system are diligent in working with courts to change the permanency goals for children. The following graph is based on data from all children in care during September 2007 (TWS M043) and shows the time in care and the change in goals from reunification to adoption.

Length of Time in Care and Changes in Permanency Goals: Point in Time Data



Statewide the number of children with a goal of return to parent at this point in time was:

- At 13 to 15 months of the last 22 in care, 319 children with a goal of return to parent
- At 16 months, 85 children
- At greater than 21 months in care, 263 children had a goal of return to parent

For children in care 15 or more months of the last 22, a total of 649 children had a goal of return to parent and 1805 had a goal of adoption.

Children in state custody are predominately assigned the goal of return to parent when entering care, but over time this goal is changed to adoption as shown above. The search for relatives appropriate to care for the child sometimes takes longer and the data reflect this trend. On average, goals of reunification are set by 2 months in care but a change to a goal of permanent placement with relatives occurs on average at 10.2 months. As children stay in care longer, the goal is most often changed to adoption and diligent attempts to find an adoptive home are completed. However, for some children the goal may later be changed to emancipation or planned permanent living. Changes to a goal of emancipation are set on average after 34 months in care and to legal guardianship on average after 51 months. At any point time, fewer than 1000 (of 7200) children have a goal of emancipation or planned permanent living. The following chart shows that between October 2003 and 2007, the percent of children with a goal of adoption has declined while the percent with a goal of reunification has increased. This trend likely reflects increased efforts toward reunification and the reluctance to set adoption goals following recent scrutiny (referenced in the introduction). Changes in the rates of permanency goals of

Permanent Relative Placement and Legal Guardianship are not significantly different between these two time periods.

The following chart shows that over time, the percent of children with a goal of adoption has declined while the percent with a goal of reunification has increased.

Permanency Goals for Children in Custody: October 2003 and 2007 Point in Time

	October 2003	**October 2007**
Reunification with biological parents	47%	52%
Adoption	35%	31%
Permanent Relative Placement	4%	2%
Planned Permanent Living	6.4%	6.8%
Emancipation	8%	8%
Legal Guardianship	0%	<1%

Children in more rural regions more often have a goal of return to parent with rates as high as 67% of children in The Cumberland region to a low of 39% in Northern Bluegrass and 40% in Jefferson (largest metropolitan county). Conversely, Jefferson tends to have the highest rates of children with a goal of emancipation at 12% and the Northeastern region tends to have the highest rates of goals for planned permanent living at 13%. Such differences reflect a variety of factors including court preferences, cultural expectations, and the mix of children entering care.

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 7 was assigned an overall rating of Area Needing Improvement based on the finding that in 50 percent of the applicable cases, reviewers determined that the agency had not established an appropriate goal for the child in a timely manner. This was more of an issue of the goal not being established in a timely manner. In some cases there were issues regarding changing goals and moving the cases through the court system. Although stakeholders mentioned the use of concurrent planning to expedite permanency, the Statewide Assessment notes the need for more training and implementation of concurrent planning processes. Concurrent Planning has been implemented on a statewide basis. Some counties follow the policy more consistently than others. Jefferson County does a good job of making initial assessment for children coming into foster care who meet the Concurrent Planning criteria. DCBS provides copies of case plans to the appropriate court advising them of the permanency goal for each child in OOHC. The Judge educates the parent about the requirements of ASFA and the expectations of the court in seeking permanency for the child in OOHC. Concurrent Planning trained Recruitment and Certification workers are training foster parents. Investigative and Ongoing workers do not have the same opportunities for this training. In addition, information from the Statewide Assessment is consistent with stakeholders' perceptions that some courts are reluctant to change a child's permanency goal from reunification or to grant permanent custody to relatives.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

Since PIP I, tracking children to ensure timely achievement of permanency was initiated, emphasized and required; data systems and local tracking logs were developed and used.

- Concurrent Planning services are aimed at reducing the number of placement moves and the time spent in foster care by efficiently and effectively overcoming barriers to securing permanent families for children in OOHC. The Standards of Practice related to concurrent planning were strengthened and training was provided to all staff during the 1st PIP.
- At a minimum, the supervisor and a regional attorney review every case quarterly from the date of entry to determine if the goal is appropriate and if necessary tasks, such as involving absent parents, establishing visitation plans, have been performed. The attorney assures that statutory requirements have been met and that the parent's rights have been preserved.
- Permanency Teams holding pre-permanency reviews were reported as effectively keeping a case moving toward permanency. Presenting the case to regional management staff, recruitment and certification staff, and other specialists allows the worker and immediate supervisor to re-examine casework efforts, review parent's progress and contemplate alternatives. The team develops an action plan to address any barriers. This plan is reviewed within 3 months to determine progress. Case reviews are triggered based on the time a child has been in out of home care. This is in addition to the 6 month review. Policy is the same for coordination of the reviews but there is some variability in the regions. This is a statewide process
- Advice from regional counsel assists workers in ensuring the goal is appropriate, attainable and in the best interest of the child. Regional attorneys do not review all cases regardless of the case plan.
- Permanency reports sent to staff and permanency teams identify ASFA exceptions for difficult cases and prompt discussions and solutions.

Interested Party Reviews conducted by the Citizens Foster Care Review Board (called when a child under 12 has been in care 9 months) maintain a focus on permanency and provide supporting information to the Court.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Failing to schedule timely permanency reviews in some courts (usually in jurisdictions without Family Court) is a barrier to achieving permanency. There is not an issue with timely filing of petitions. The issue most often is with court dockets in jurisdictions where there is not a dedicated Family Court. Since these courts deal with a myriad of issues, there is significant competition on the court calendar for child welfare issues. We do not have quantitative data to define the timeframe between filing of petitions and the court order. The receipt of final orders is, at times, an issue as different jurisdictions have different expectations related to timeliness. DCBS staff often receive verbal orders and are able to act related to the child's situation so as not to delay ultimately permanency. Continuances often push reviews beyond their due date, Regional staff, as well as regional attorneys, work with the respective court to try and alleviate barriers.

Postponements are an issue in some court jurisdictions, but these are the exceptions. All children are to be provided with a GAL, but several counties throughout the state have only one attorney who serves in this capacity so this can lead to delays related to scheduling scarce resources. CASA volunteers are available to all children, but similar resource issues exist.

- Identified in community forums and at the AOC Regional Summits, is the practice of the Court finding dependency instead of adjudicating abuse or neglect in order to push a case through the docket. Should this case ultimately result in a petition for termination of parental rights, the Court essentially has to re-adjudicate the first petition before the termination petition can proceed, slowing the process. Kentucky statutes require specific adjudicatory and dispositional hearings that must occur prior to TPR depending on the original action (abuse, neglect or dependency). The potential delay occurs related to scheduling and although it may not be time consuming related to specific hearings, the time delay between hearings can be significant. These issues happen sporadically throughout Kentucky and are usually related specifically to cases that lead to TPR, but there may also be impact on other goals including Reunification.
- SAT recommended more training for the judiciary related to permanency needs of children and federal policies surrounding casework practice. A partnership between DCBS and AOC was established several years ago that provides concurrent training events for GALs and DCBS staff. Select judges have also attended, but there is currently no specific cross training requirement for all judges to receive this training.

Item 8: Reunification, guardianship, or permanent placement with relatives.
How effective is the agency in helping children in foster care return safely to their families when appropriate?

What do Policy and Procedure Require?

The SSW immediately pursues Relative Placement upon a child's entry into OOHC. The initial placement of a child should be with a relative whenever possible. When the father is unknown, the SSW should have the mother complete a Voluntary Affidavit of Paternity. Attempts are made to contact the biological father or conduct an absent parent search within the first thirty (30) days if the father is not present in the home and his whereabouts are questionable. When the name of the father is known but his address is unknown or when the agency is unaware of the location of the mother, an absent parent search should be done. The SSW should make diligent efforts throughout the case to locate appropriate relatives or to locate the biological parents.

What does the data show?

Kentucky has consistently exceeded the national 75th percentile in the percent of children reunified with parents or relatives in less than 12 months. Since FFY 2003, using the new composite calculation formulas, Kentucky has consistently reunified between 76% and 78% of children in 12 months or less. Similarly, the median length of time to reunification has been 5.5 to 5.7 months, just exceeding the 25th percentile score since 2003. Again, reunification data using entry cohort and the percent reunified in less than 12 months from removal exceeds the

75th percentile national score, suggesting that Kentucky is a high performing state on this indicator. Kentucky's Composite 1 for timeliness and permanency of reunification consistently places Kentucky among the top 5 states in the nation (42 of 47) with a score of 138.1 (15.5 points higher than the federal standard).

Exit to relative placements occurs quickly in Kentucky. Relatives are eligible for a 'kinship care' benefit administered through TANF funds. Although at any point in time 6-7% of children in state custody are placed with approved relatives, 30% of exits are to kinship care or relative placements. On average, exits to relatives occur within 6 months and exits to kinship care occur in 8 months; 30-40 children exit each year to guardianship. This 30-40 number of children represent youth who are transitioning out of foster care into adulthood. They are exiting into Adult Guardianship due their inability to manage on their own.

Where was Kentucky's child welfare system in Round One of the CFSR?

This item was assigned an overall rating of Area Needing Improvement. Although data from the State Data Profile indicate that for FFY 2001, the percentage of reunifications occurring within 12 months of entry into foster care (82.5%) meets the national standard of 76.2 percent or more, in 50 percent of applicable cases, reviewers determined that the agency had not made diligent efforts to attain the goals of reunification or permanent placement with relatives in a timely manner. It is necessary for the criteria for both measures to be met for this item to be rated as a Strength.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- A critical practice not captured as data is direct placement of children in relative care when a relative is identified at the time of removal. The court may award custody directly to the relative and the children never enter the foster care system. An informal poll of thirteen teams in one region revealed that between July and September 2007 approximately 100 children were placed directly in the custody of relatives. This often depends on several factors: (1) if the matter is in Court due to abuse or neglect reasons, and the relative wishes to pursue kinship care, the Cabinet remains involved in the case until the children are either reunited with their parents, or until the relative is granted permanent custody, (2) the Court often requests the Cabinet to remain involved and provide services to the birth family and relative, (3) a relative may file a petition and the Cabinet may not be directly involved as there are no clear indications of abuse and neglect; in those cases the Cabinet may or may not remain involved depending on the wishes of the Court (the Cabinet may not even be notified by the Court on these types of situations).
- Kinship caregivers must seek permanent custody after one year, bringing permanency to those children. Prior to the twelfth month of the child's placement within the caretaker relative's home, the SSW facilitates a meeting to review the child's case plan and placement; determines, with the Family Team, if permanent Kinship Care is in the best interest of the child; prepares a court recommendation pertaining to the permanent custody of the child; and requests that the case be redocketed for court action to determine permanent custody.

- Efforts to engage and work with non-custodial fathers have increased. The child support office assists in putative father location. Community Collaborations for Children receive funding for fatherhood initiatives, including training service providers about engaging fathers and special activities for fathers and their children.
- Regularly completed genograms and ecomaps have been cited as valuable tools in identifying both maternal and paternal relatives, as well as providing the parent supplying the information with a concrete visualization of family strengths. Standards of Practice includes guidelines for genograms to be developed during the five day conference to develop a case plan for all out of home care cases; or at the initial case conference for all in home cases.
- The Lakes Region recently initiated a pilot project that contracts out relative searches through a national search.
- Affidavit of Paternity identified at some court hearings ensures that non-custodial fathers are found.
- Kentucky has a family-centered culture where relatives are accustomed to taking care of their family members.
- DCBS Central Office receives more requests for consultation on possible ICWA cases now that there is a designated ICWA contact staff person who can advise them on procedures related to the law. There are no federally recognized Indian Tribes in Kentucky today. Workers call Central Office to get clarifications on how to handle situations where parents are indicating they are of Native American origin.
- Diligent Recruitment plans for each region continue to provide statistics regarding the number and location of American Indian children in OOHC. These plans also outline targeted recruitment efforts which are being conducted in order to attract American Indian resource home applicants.
- Enhancing Safety and Permanency (ESP) training for staff and foster parents is mandatory in all regions. This teaches ways to involve birth parents, foster parents and community partners in identifying culture as one of the critical areas of development for every child.
- The 4-day "Serving the Resource Family" training for Recruitment and Certification staff will maintain its component on Cultural Competency. We will continue to contract with an American Indian trainer for the section on ICWA as it relates to the importance of services to the family, maintaining cultural connections and compliance with the law.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- While staff embraces the concept of Concurrent Planning there is concern that placing a child in a concurrent home or a relative placement mitigates the urgency of pursing reunification. A foster home that has been through specific Concurrent Planning training after completing the initial pre service training is considered a Concurrent Planning home. Concurrent Planning is not a mandatory training for all foster homes. Training/retraining staff about the immediacy of a child's need for permanency, even when the child is in a potential adoptive/custodial home, has been identified as a need
- With nearly half the children in care being served by private agencies, the communication between DCBS and the PCC is critical to permanency efforts. This is an area for improvement in both sectors. In-depth discussion is needed about philosophy, treatment models, caseworker responsibilities, engagement of children and families, visitation, and

permanency goals. DCBS maintains custody of all children being served by private agencies. Regulation and the Private Child Care agreement establish a minimum level of services for the private agencies to provide, depending on the needs of the child.

- SAT suggested planning for incarcerated women and the children they give birth to while in prison as an area needing improvement. Incarceration of a parent alone does not relieve the SSW of the requirement to provide services unless reasonable efforts to work toward reunification have been waived by the Court. Even in circumstances where the length of incarceration makes reunification unlikely, it is usually beneficial to the child and parent to provide services that promote parental attachment and facilitate contact.
- Although notification of absent parents has been highly reinforced with policy changes, we continue to struggle to get timely notifications to absent parents. This presents a barrier to reasonable efforts and TPR for absent parents.
- Since 2003 and the first PIP, the count of children in OOHC of American Indian heritage has not changed despite suggestions by tribal leaders that we under-count this group. For example, during Calendar Year 2007 there were between 11 and 13 children located in six counties in any month during CY2007 identified as American Indian. Similarly foster parents identified as being of American Indian heritage was also flat with 5 DCBS foster parents and 2 PCC foster parents covering 5 counties identified. According to the TWIST-049 report there were three American Indian foster homes in three regions. These numbers are nearly identical to 2003 numbers.
- Although the court impact is significant for each child, in reference to the American Indian children, it is difficult to determine the impact of the court system based on the small volume of this group of children.

Item 9: Adoptions.
How effective is the agency in achieving timely adoption when that is appropriate for the child?

What do Policy and Procedure Require?

When it is determined that a child cannot be returned to his own home and relatives are not an option, the SSW is responsible to insure that other permanency goals are explored including adoption. If adoption is the most appropriate goal, it should be completed in a timely manner.

What does the data show?

The number of finalized adoptions completed by Kentucky has risen and then declined since FFY 2003. We speculate that this reduction may be due in part to the OIG report, the end of the PIP, the difficulty of recruiting foster parents, and focusing on safety issues as adoption indicators improved.

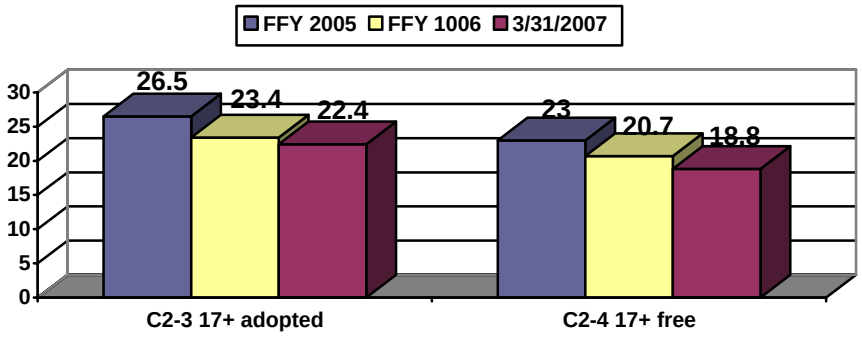
Number of Finalized Adoption from Data Profiles: FFY 2003 to 2007

FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007
634	721	876	759	679

Kentucky focused on improving permanency through adoption in the CFSR Round 1 and its performance is now a Strength. The percent of adoptions in 24 months or less from the date of the most recent removal improved steadily from a 2003 PIP baseline of 16.2% to 29% and currently stands at 31%. Similarly, the median length of stay to adoption declined from 31.3 months in FFY 2005 to 29.4 months currently.

Despite these incremental and sustained levels of progress, some recent indications suggest that the speed of adoption is declining especially for children in foster care for 17 months or longer. The following table displays a slight, but steady downward trend in movement toward adoption for children in care for 17 or more months that were either adopted within 12 months or become free for adoption within 6 months.

Percent of Children in Care for >= 17months adopted in 12 months or legally free within 6 months



Once legally free, 52.3% in the period under review, were adopted within 12 months or less. This performance is just under the 75th percentile of performance nationally.

Despite this slight trend toward declining performance in the number of adoptions, and speed toward adoption, Kentucky's performance on Data Composite Two has consistently exceeded the federal standard: FFY 2005 at 121.4, FFY 2006 at 128.8 and FFY 2007 at 123.4 compared to the national standard of 106.4.

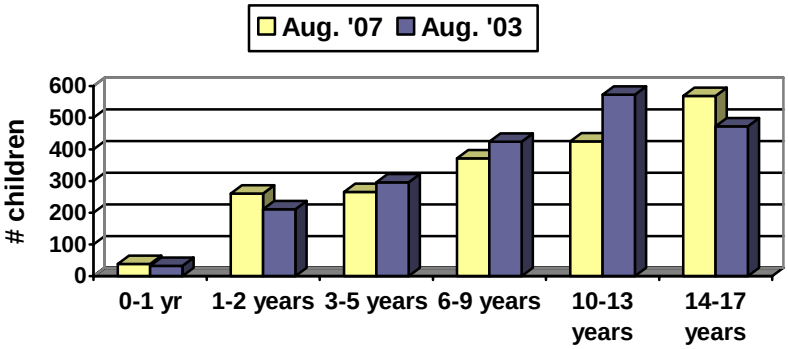
One reason for a strong performance is the supervision of the regional attorneys charged with consistently moving the case from goal change to TRP to adoption. The Social Services Worker contacts the Regional Attorney or Office of Legal Services (OLS) and requests their attendance at the Pre-Permanency Planning Conference to assess the evidentiary needs of the case. Based upon the findings at this meeting, a joint decision is made to pursue a goal change and TPR. The regional attorneys are supervised by a Central Office attorney. Timeframes are tracked in a data base maintained by OLS. The following chart shows the consistent and strong performance of the regional attorneys who are expected to complete the TPR process within 180 days of the goal change. This chart uses estimates median days based on Kaplan Meier statistics for years where cases are still open, but shows that regional attorneys are maintaining consistent and timely progress toward TPR.

Regional Attorney's Timely Progress toward TPR

# Days between Paperwork for TPR and TPR Judgment by TPR Cohort				
TPR Cohort (year TRP request was completed)	**Estimated Median # Days**	**Estimated Mean # Days**	**# Closed Cases**	**# Open Cases**
2003	179	199.6	599	0
2004	168	201.6	679	4
2005	182	217.3	617	12
2006	179	199.4	535	88
Overall	*177*	*206.3*	*2430*	*104*
Note: The means and medians for Cohorts 2004 - 2006 are higher than represented in this table due to the open cases. The time that the open cases have been open was used in calculating the estimated means and medians. Data from the Office of Legal Services				

The statewide profile based on age of children with a permanency goal of adoption is about equal in August 2007 to what it was in August 2003. Children with a goal of adoption in August 2007 spent 39.5 months in care compared to August 2003 with 43.9 months in care. The age group span of children with a goal of adoption is similar in August 2007 and August 2003 as shown here.

Age Profile Comparing Children with a Permanency Goal of Adoption: 2003 and 2007 (point in time comparisons)



Despite this similar profile of children with a goal for adoption, the comparison of children adopted to children ready for adoption, depicts the challenge for Kentucky. As shown in the following table, many more infants are adopted, but few are available at any time; conversely many adolescents are free for adoption, yet few are actually adopted. In December 2, 2007 there were 1416 children in 'agency' cases ready for adoption.

Comparison of Children Adopted to Children Free for Adoption

	Infants to 1 year	1 and 2 year olds	3 to 5 year olds	6 to 9 year olds	14 to 17 year olds	African American Children
Children adopted in 2006	32.7%	18.7%	19.6%	18.5%	1.4%	20.4%
Children free for adoption August 2007	0.4%	7.6%	10.4%	17.1%	24.5%	26.6%

Where was Kentucky's child welfare system in Round One of the CFSR?

This item was assigned an overall rating of Area Needing Improvement based on the following:

- In 100% of the applicable cases, reviewers determined that the Cabinet had not made diligent efforts to achieve adoptions in a timely manner.
- Data from the State Data Profile indicate that the State's percentage of finalized adoptions in FFY 2001 that occurred within 24 months of removal from home (15.9%) does not meet the national standard of 32.0 percent or more.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Kentucky implemented permanency teams in every region that identified ways and worked with courts and community partners to streamline and simplify the process. These teams worked diligently to examine every step toward adoption and find ways to shave time off the process so that children found permanent homes more quickly.
- Service regions dedicate a position to coordinate adoption efforts, especially for older youth. All youth who do not have an identified adoptive family within 30 days of the TPR are referred to the Special Needs Adoption Program (SNAP). Most of these children are teens. 269 of the 378 children currently registered with SNAP are age 13 and older. SNAP uses a variety of strategies to facilitate the adoption of these children. They are featured on WLKY's (Louisville Channel 32) Wednesday's Child segment and also on WLEX's (Lexington Channel 18) Thursday's Child Segment. Children are also featured in numerous print publications (i.e. Lexington Herald Leader, Shelby County Sentinel News, Larue County Herald, Bowling Green Daily News, Franklin Favorite, Tompkinsville News, Butler Co. Banner, Glasgow Daily Times, Barren County Progress, Fast Track and Children Awaiting Parents) We also utilize the internet. The SNAP website (**http://chfs.ky.gov/SNAP.htm**) is one of the most visited websites that the Cabinet for Health and Family Services maintains. SNAP kids are also posted on the AdoptUsKids website **http://www.adoptuskids.org/** and Adoption.com website **http://www.adoption.com/.** Kentucky currently has four (4) traveling photo galleries. Portraits of waiting children are displayed at various public places and events. A brochure

accompanies each picture which has a brief narrative describing the child along with contact info. SNAP holds various matching events throughout the year as well. These are events where approved parents can meet and interact with our children. For 2007, SNAP had matching events at the Louisville Zoo, the Salato Wildlife Center and a Christmas party in Lexington. We are planning a career day matching event at Eastern Kentucky University this year where approved parents can interact with our waiting children while they receive information about various careers from numerous booths that will be set up.

- In 2003-2004 all staff was required to attend the training "Enhancing Safety and Permanency" that sensitized workers to the risks of long term foster care and focused on attachment issues.
- The Court Improvement Project was pivotal in engaging the courts as partners.
- Community partners including the Private Child Care Providers assisted with finding adoptive parents. In 2001, DCBS worked with the PCC providers to permit PCC providers to complete adoptions. This permitted the PCC foster homes to become adoptive homes and avoided moving the child to another adoptive home. In 2004, DCBS reduced the financial barriers to adoption which reduced the loss of adoptive homes and improved supports and services for adoptive parents. DCBS changed the timeframes for signing the adoption finalization agreement so that it is now signed as close to the date of the adoption finalization as possible. This allows the PCP agency to continue to draw the per diem for the child and pay the foster parents their agency's established rate, which is sometimes more than the foster/adoptive parents will receive in the adoption subsidy rate for the child. This also allows the agency to continue to provide services and supports to the family and child up until the adoption. Also, the changes allow the agency to provide post-adoption services, up to a capped amount, when the adoption is at risk of disruption.
- Most children adopted are adopted by their foster parents, resulting in children achieving permanency more quickly and having fewer placement moves. Over the past five years the percent of foster parent adoptions were as shown here.

Percent of foster parent adoptions FFY 2003 to 2007

FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007
83.2%	88.7%	85.5%	89.9%	88.9%

- Analysis of the children waiting to be adopted has prompted regions to embark on diligent recruitment of adoptive homes tailored to their region's needs. For example, some are focusing on homes for children twelve and over, while, others are particularly concentrating on homes for sibling groups of three or more.
- More attention is being given to approaching both DCBS and PCC foster homes that have expressed interest in fostering teens to determine their interest in being adoptive homes.
- There are currently over 7,200 children in OOHC while there are only 2,220 DCBS resource homes. This is a particular problem in the Eastern Mountain Service Region where there are 486 children in OOHC while there are only 180 DCBS resource homes. There is a critical need to recruit more resource homes statewide. 2,186 children are currently placed in PCC foster homes statewide.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Kentucky has seen a recent decline in the raw number of adoptions, believed to be, at least in part, due to the fall-out from external reports questioning the ethics and speed of adoptions.
- According to the APA report, even though the number of children adopted has increased 136.76% from 1999 to 2005, Kentucky's children adopted from state custody in FFY 2005 spent an average of over three years in foster care. The APA report recommends that concurrent planning for adoption needs improvement so that adoptions can be finalized in a shorter amount of time to protect the child. Overburdened court dockets, staff shortages, increase in the number of children entering OOHC and the need for more foster and adoptive homes are a few of the contributing factors.
- While we celebrate the number of foster parent adoptions, we realize this means intensified recruitment is necessary to provide the next wave of children the same opportunity for permanency
- SAT raised questions about ASFA: (a) should 15 out of the last 22 months be reconsidered given the length of time it takes for entry into substance abuse programs and then the time needed to complete treatment. Depending upon the location within the state, there are varying wait times for parents to begin substance abuse programs. There are some regions of the state that have a multitude of resources available to families, while there are other regions that do not have any resources that address this issue; (b) could there be adjustments made related to the child's age, such as a 2 year olds waiting 22 months is different than a 12 year old.
- There has been no additional funding for foster parent recruitment since the last CFSR.

Item 10: Other planned permanent living arrangement.
How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship or permanent placement with relatives, and providing services consistent with the goal?

What do Policy and Procedure Require?

Planned Permanent Living Arrangement is a permanency goal of last resort. It is selected only when other permanency goals have been considered or have not worked due to the child's particular circumstances. The Service Region Administrator or their designee must review and approve this goal for children ages sixteen and up. Approval of this goal for children fifteen and under must come from the Commissioner or designee. The Case Plan with permanency goal is presented to the court and the Judge must approve the permanency goal included in the Case Plan. If the court does not approve the permanency goal, the SSW convenes another Family Team Meeting, to change the goal per court order.

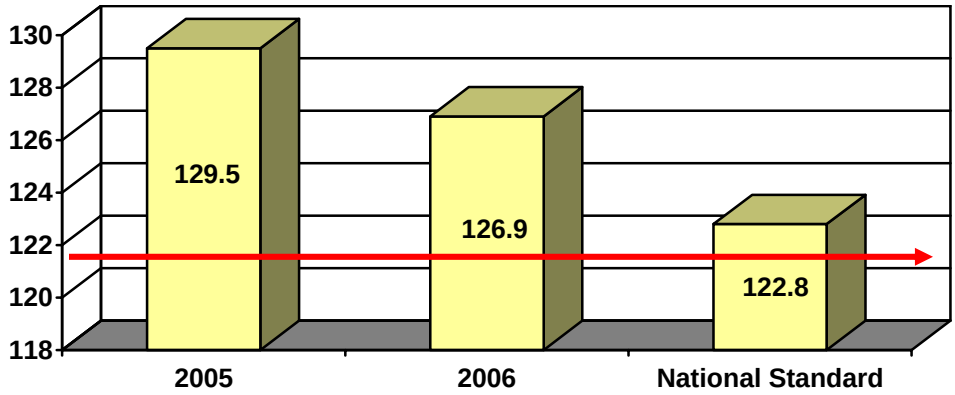
What does the data show?

In the past four calendar years, the rate of children exiting care to emancipation has increased from 9.7% in 2003 to 11.0% in 2006. However, in each of these years, 17% (2003) and 22% (2006) of emancipated youth were 19 years and older, suggesting that these youth extended their commitment in care for tuition reimbursement or other supports for independence. Each year, about 130 youth extend their commitment to DCBS for at least one year.

At any point in time, Kentucky has about 500 children with a permanency goal of '*emancipation*' and 400 children with a permanency goal of '*planned permanent living'*. In August 2007, 45% of youth with a goal of '*emancipation'* were 18 years or older and 85% were 17 years or older. There was one child age 13 years with a goal of emancipation. 73% of these children entered OOHC for the first time when they were 13 years or older, but 5% entered care between infancy and 6 years. Among children with a goal of '*planned permanent living'*, 31.8% were 18 years or older, 65.5% were 17 years or older, 10 children (2%) were less than 12 years of age, and the remaining 32.5% were between 13 and 17 years.

Based on data from Permanency Composite 3 (Permanency for Children and Youth in Foster Care for Long Periods of Time), Kentucky's performance exceeds the national standard and has stayed above the national standard since 2005 as shown here. This places Kentucky's performance at 37 of 51 states.

Permanency Composite 3: Achieving permanency for children in foster care.



According to the federal data profile, 24.9% (at the national median) of children in foster care for 24 months or longer on the first day of the year exit to a permanent home before their 18th birthday and by the end of the year. 90.1% of children legally free for adoption exit to a permanent home prior to their 18th birthday (below the national median). Kentucky's best performance is regarding emancipation where 31.6% of children emancipated or turning 18 years old had been in foster care for 3 years or longer. Here a lower number is better and this percentage is well below the 25th percentile nationally.

Where was Kentucky's child welfare system in Round One of the CFSR?

This item was assigned an overall rating of Strength because in 100 percent of the applicable cases, reviewers determined that the agency had made concerted efforts to ensure permanency for children with regard to alternative living options. In contrast to stakeholder comments regarding independent living services, information in the Statewide Assessment indicates that

independent living services are available to all youth age 12 and older, but are not always adequate.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Independent Living Coordinators (ILC) in each region are responsible for providing independent living skills education to all children 12 and above in DCBS foster homes and for developing transitional plans with those youth for whom the goal is emancipation. The ILC assists youth through the legal process of extending commitment, enrolling in post-secondary education, applying for financial support, and, in general, becoming established in a community. IL services are available for adolescents in private homes, group homes and institutions. Referrals for IL services can be made by foster parents, workers and private contractors. The PCC agreement requires the private agencies to provide IL services for youth in their care.
- The state budget passed by the 2006 legislature included a line item of $1,000,000 yearly in state funds to supplement the Chafee Independence Program room and board program. This Foster Youth Transition Assistance (FYTA) program and funding became available for distribution in February 2007. Private providers work with aged out youth to secure housing, tuition, medical, dental, transportation and clothing assistance. Referrals for independent living services can be made by contacting regional Independent Living Coordinators. Referrals to the program may be made by foster parents, workers, and private contractors or by the youth. Children are not automatically enrolled in the program. All children in OOHC between the ages of 12 – 21 are eligible for independent living services. The following services are available through the Chafee Independence Program:
    - 12 – 15 year-olds: foster parents are being trained to work with 12–15 year-olds in the home on "soft" skills such as anger management, problem-solving and decision-making, and on daily living skills such as cooking, household responsibilities, and laundry and money management.
    - 16 – 17 year-olds are eligible for formal Life Skills classes taught in each region by Independent Living Coordinators or private contractors. The curriculum includes instruction on Employment, Money Management, Community Resources, Housing and Education.
    - 18–21 year olds committed to the Cabinet and who extend their commitment are eligible for formal Life Skills classes, tuition assistance and a tuition waiver.
    - 18–21 year olds who left OOHC because they turned 18 are eligible for formal Life Skills classes, a tuition waiver and assistance with room and board.

  The Kentucky Organization for Foster Youth (KOFFY) is a statewide group open to youth currently and formerly in foster care. The aim of the group is to provide an opportunity for former and current foster youth to educate the public and policy makers about the needs of youth in foster care. The group will also seek to change negative stereotypes about foster kids, develop a mentoring program and create a speaker's bureau of youth. Membership is open to any current or former foster youth, regardless of age.
  For youth transitioning from out of home care a special request may be considered to cover basic living items, e.g. iron, bedspread, dishes, rent and utility deposits not to exceed $250.

The primary goal for independent living services is to provide a youth with those skills necessary for him to live a healthy, productive, self-sufficient and responsible adult life. Referrals for independent living services may be made by foster parents, workers, and private contractors or by the youth.

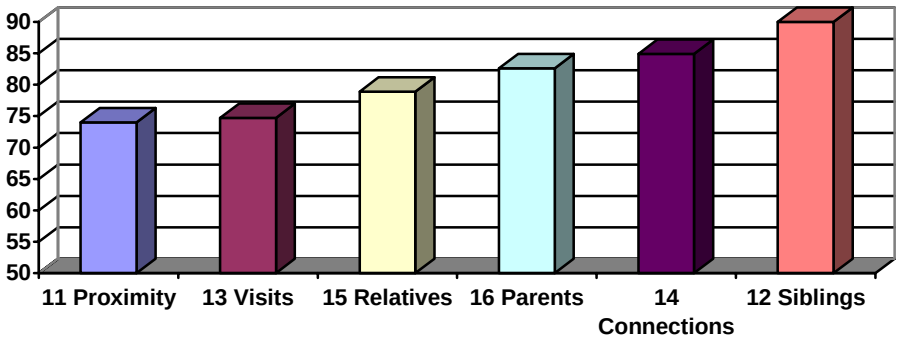
What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- SAT identified three practices that could be improved to benefit youth aging out/emancipating from the system: (1) more opportunities to practice living skills under supervisions, demonstrating mastery of skills being taught; (2) ensuring there is a FTM for all youth at age 17.5 to ensure necessary tasks, responsibilities are assigned, completed; and, (3) developing adult mentors to work with youth through the transition to adulthood.
- Teen panelists in the AOC Summits requested that workers spend more time with older teens, talking to them about their future and their family even when the teens are reluctant to engage in the conversation.

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

On items 11 through 16, Kentucky tends to have the highest performance in maintaining relationships between siblings and strives to place sibling groups together. Overall, case quality work on maintaining sibling relationships is steady at the 90% level. Secondly, Kentucky performs well and has made progress in maintaining the continuity of relationships with a focus on creating Life Books, considering cultural differences, and focusing on attachment with a current performance near the 85% compliance with best case work practices. In contrast, Kentucky's lowest levels of performance were in placing children close to their home and the frequency and quality of visits between children and families. Overall case work on proximity of placements was at the 74% and performance varied on Item 13 visits with family with the lowest scores sometimes falling at 60% compliance and average performance flat at about 74% compliance. Although placement with relatives is low when considering case quality work for children in OOHC, Kentucky's kinship care program diverts many children from foster care to subsidized relative placements.

Permanency #2: Items and Average Scores on Case Quality Reviews



Item 11: Proximity of foster care placement.
How effective is the agency in placing foster children close to their birth parents or in their own communities or counties?

What do Policy and Procedure Require?

The SSW seeks a placement for a child in the:

- Most family-like, least restrictive setting;
- With the child's siblings;
- That is in closest proximity to the family's home.

What does the data show?

Kentucky has only recently begun to formally track an indicator that shows the percentage of children in each region and county placed in the same county as the county of removal. To achieve this indicator, the manually reported data from the PCC agencies must be hand merged with data from TWIST in a time consuming process. Using this manual process, during the first six months of 2007, 46.3% of children were placed in the same county as the county of origin. However, the data are limited because of an inability to track in specific data fields the exact location of children in PCC foster homes. Because the process is manual, differences in time of data collection and missing data fields limited the utility of this measure. When the PCC tracking system is operational, Kentucky will have consistent and comprehensive data that will permit comparison of all children on their placement of origin and their foster home placement.

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 11 was assigned an overall rating of Strength because in 100 percent of the cases, reviewers determined that the Cabinet made diligent efforts to ensure that children were placed in foster care placements that were in close proximity to their parents or relatives, or, if not in close proximity, were necessary to meet some special needs.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- In late 2003, DCBS and the PCC agencies agreed to allowing children to be placed in a private agency's therapeutic foster home if that meant maintaining the child in his/her home county and/or with siblings. When there was no DCBS foster home to meet the need. We believe an increase in the number of private agency therapeutic foster homes has allowed more children with mid-level needs to be maintained in their home community.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Recruiting competitively with private agencies for foster homes, coupled with the impact of foster homes closing due to adoption makes it difficult for DCBS to maintain a sufficient number of foster homes. The Southern Bluegrass Region employs a Spanish speaking worker to recruit Latino and Hispanic homes.
- A significant challenge is the location of residential therapeutic programs for children. The 54 programs providing residential treatment are primarily clustered in or near the state's three urban areas, which means children may be placed several hours drive away from their family, impeding both treatment and visitation.
- In December 2006, there were 60 children placed in out-of-state facilities due to the intensity of their needs and the unavailability of any in-state program to serve them. Examples of those needs include: physical aggression, sexual acting out behaviors, self mutilating behaviors, suicidal ideation, and abuse of animals, bi-polar disorder, and Autism.
- Further analysis about the proximity of placement (item 11) is needed to better inform diligent recruitment efforts. Today regions know the scope of the issue in aggregate terms, such as one county has more than sixty children in care, but only one foster home. The details are not readily captured and the state needs a unified public and private diligent recruitment plan.

Item 12: Placement with Siblings.
How effective is the agency in keeping siblings together in foster care?

What do Policy and Procedure Require?

When placing a child in foster care, the initial placement plan should be to place siblings together, unless circumstances exist that would not be in the child's best interest. The sibling bond is irreplaceable. Connections between siblings and significant others should be maintained to preserve the child's emotional well-being and self-esteem. The Placement with Siblings Tip Sheet should is utilized to assist the SSW with placing Sibling groups.

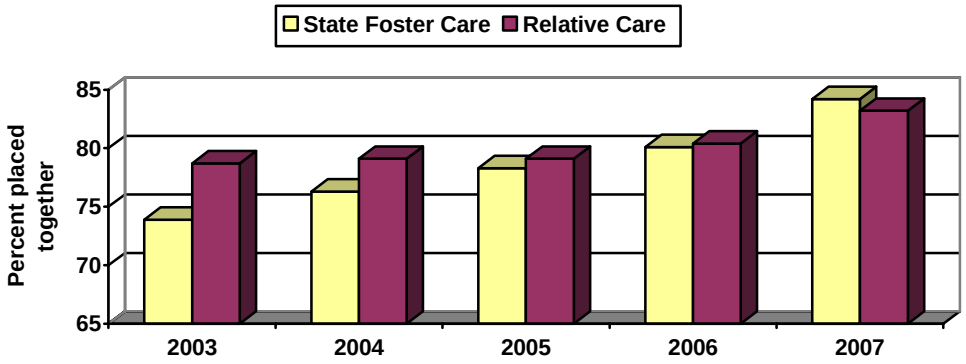
There are three primary reasons siblings are separated:

► a sibling requires a higher level of care;
► siblings are harming one another or one is perpetrating abuse on the other; or
► half-siblings are placed with paternal relatives.

What does the data show?

Kentucky regularly monitors placement of siblings together in the first placement by entry cohort. Placements with siblings in the first placement by entry cohort is displayed in this graph and shows improvement since 2003 with consistent performance of at least 73.9% or more placed together with siblings.

Placement of Siblings Together in the First Placement by Entry Cohorts 2003-2007



This important indicator is tracked in the CQI case reviews using these two items:

- If the child and siblings are not placed together, is there clear evidence that separation is necessary to meet the needs/best interest of the child?
- Is there clear evidence that efforts were made to keep siblings together?

Compliance with these two indicators, based on 640 case reviews per quarter has consistently fallen at or above the 90th percentile, showing a strong focus on keeping siblings together.

Where was Kentucky's child welfare system in Round One of the CFSR?

This item was assigned an overall rating of Area Needing Improvement based on the finding that in 16 percent of the applicable cases, reviewers determined that the separation of siblings in foster care was unnecessary. This finding is not consistent with information in the Statewide Assessment indicating that State policy requires that siblings who have a relationship must be placed together unless it is determined more beneficial to them to be in separate placements.

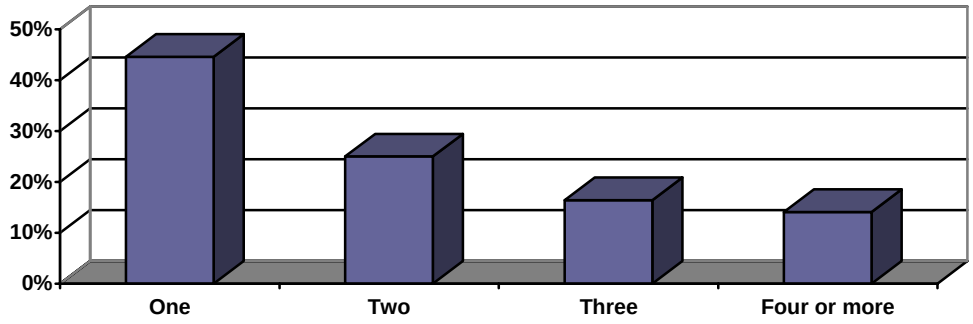
What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Siblings of children with therapeutic needs are allowed to be placed in the therapeutic foster home in order to keep the group together.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Staffing issues are a barrier that affects this outcome due to the volume of visits required and the number of children placed in out-of-home care.
- Large sibling groups with significant needs may be difficult for one family to adequately provide care for requiring multiple placements. On any single day, more than half of the children in OOHC belong to a sibling group that is also committed to the state. The approximate mix of children has held steady with groups of 4 or more up to 11 or 12 siblings in a group making up 14% of the OOHC group.

Number of all children in OOHC in care alone (one) or with siblings (two to four or more)



The largest groups of siblings tend to be in the Eastern Mountains and Two Rivers service regions that also have higher rates of reentry to foster care. When a large sibling group returns to OOHC, this single event compounds the percent of children reentering OOHC.

Item 13: Visiting with parents and siblings in foster care.
How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

What do Policy and Procedure Require?

Visitation agreements are negotiated during the initial five (5) day FTM. Parent Visitation should be scheduled no less than once every two (2) weeks for children and two (2) to three (3) times a week (when possible) for infants. If siblings are separated during placement, a sibling visit should be scheduled once every four (4) weeks. Visits should last no less than one (1) hour and should be increased as progress is made as long as it posses no risk to the children. Visits should take place in the parent's home or other neutral location including situations when the court orders supervision. The SSW must have the permission of the SRA or designee to hold visits in the DCBS office. All terms of the visitation are documented on the visitation agreement

What does the data show?

Through the Kentucky CQI case review process scores on these items have been essentially unchanged since the first CFSR review. Our PIP baseline was 76.9% and currently performance is at 77.1% with a few quarters above 80%. The average score over two years was 74.7%. For item 13, the following quality case work points are monitored:

- Is there a current, appropriate visitation agreement (including parents/siblings/others)?
- Are visits occurring with parents as required by the Visitation Plan?
- Are visits occurring with siblings as required by the Visitation Plan?

- Is the frequency of visits consistent with the child's need for connection with his parents and siblings?
- Does the frequency of visits support achieving the permanency plan?
- Are all modifications signed and a copy in the file?
- Did the worker persist in helping the family overcome barriers to visitation?

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 13 was assigned an overall rating of Area Needing Improvement because in 40 percent of the applicable cases, reviewers determined that the Cabinet had not made concerted efforts to ensure that visitation was of sufficient frequency to meet the needs of the family. This finding is not consistent with information in the Statewide Assessment indicating that State policy requires that visits between children in foster care and their parents occur at least every 2 weeks. This frequency was evident in less than half of the applicable cases (for both fathers and mothers). The Statewide Assessment notes that in interviews with children leaving foster care, the children reported a need for more frequent visits with their parents and siblings.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Contracting with community partners, such as Family Preservation Program and Community Collaboration for Children, to provide supervised visitation has helped mitigate the demand on DCBS staff time, as well as offsetting the unease a parent may have about coming to the DCBS office for a visit. The contractor is expected to complete the visitation checklist as well as provide parenting skills training. Although this improves visitation, we realize the need to remain vigilant to ensure the connection between the worker and the family.
- Efforts are made to plan visits that work with the birth parents' schedule, meaning after customary work hours.
- When possible, supervised visits are held in family-friendly settings, such as those provided by Families and Children First in Jefferson or For Jamie's Sake in Northeastern.
- Foster parents who have been sufficiently trained and are willing may initiate and transport children to their family's home if unsupervised visits are approved.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- As evidenced by flat performance, we try hard, but we struggle. Parents who do not attend scheduled visits, foster parents who are not comfortable dealing with children's emotional upheaval after visits, workers who fear for their safety when they take children to the parent's home, parents without transportation, children placed some distance away requiring significant staff travel time to transport are factors diminishing performance. A Social Services Worker may transport a parent only with the written permission of the Family Service Office Supervisor. The frequency of visitation between siblings in care often depends on the foster parent's willingness to initiate and transport. The visitation agreement documents who will be supervising the visit. The Social Services Worker (SSW), Social Services Aide (SSA) or contracted agency staff (where applicable) will supervise visits,

however in some special case appropriate situations the foster/resource parents, relatives or other persons deemed appropriate may supervise visits, upon approval by the FSOS or designee. The SSW or designee uses the Visitation Checklist/Summary to document observations, behaviors and required interventions during the supervised visit. The SSW or designee uses the Developmentally Age Appropriate Activities Chart to assist and guide the parent(s) in thinking about developmentally age appropriate activities that the child will enjoy and promote healthy attachment. The SSW also encourages the parent to attend medical appointments, school conferences and other activities the child is involved in. The SSW or designee documents each visit in the service recording, including observations of parent-child interactions before, during, and after the visit, when it is supervised. The SSW also documents the child's behavior prior to and after visits, as well as the caregiver's observations.

- One youth's comment may appropriately characterize what happens – "my worker said it was ok (to visit), but no one ever worked out the details".
- SAT recommended staff work more closely with residential substance abuse treatment centers to ensure that parent-child visits can occur in these settings.
- The SSSW develops a visitation agreement with the incarcerated parent, within the guidelines for visitation of the correctional facility. The SSSW determines from the correctional facility whether any special arrangements may be made for parent-child visitation that promotes attachment in a child-friendly environment. If the incarcerated parent does not wish to visit the child while incarcerated or if visits are not possible for other reasons, the SSSW documents this information and may encourage other types of contact, such as exchanging letters, when appropriate and beneficial for the child.

Item 14: Preserving Connections.
How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school and friends?

What do Policy and Procedure Require?

Every effort is made to place children in the least restrictive environment (relative) in close proximity to the child's home, with the child's siblings. A tip sheet called Attachment of Children in Out Of Home Care, has been developed to assist workers with insuring connections are preserved for children.

What does the data show?

Kentucky has shown gradual progress in preserving connections for children based on the CQI case review scores. The 2003 PIP baseline was 80.1% with the current compliance with best case practices at 84.9% and gradual progress over time. For this indicator, items are monitored to track progress on the current CQI case review tool. A sample includes these:

- Have cultural issues been addressed (related to biological family or OOHC placement) and connections with Native American tribes been assessed and addressed?
- Were the primary connections of the child to his/her neighborhood, community, faith, and family, friends identified and documented in the Case Plan?

- Were those connections supported and promoted?
- Is there documentation that a Lifebook has been initiated for any child in foster care? Lifebooks are required for all children in out-of-home care. Following an order in which a child enters the custody of the Cabinet for initial placement, either via a temporary order of custody or commitment, the SSW provides information to the caregiver regarding development of a Lifebook.
- If the child is Native American, were ICWA requirements followed as outlined in SOP Chapter 7?
- Is there documentation that describes barriers to achieving permanency?
- Where appropriate, has the SSW made efforts to promote or maintain a strong, emotionally supportive relationship between the child in foster care and the child's parent(s)?
- If the child/ren experienced a move(s) during the current OOHC episode, did it occur for reasons directly related to helping the child maintain family connections or achieve the permanency goal(s)?
- Are there appropriate Objectives and Tasks for attachment for each child in care? Visitation agreements are negotiated during Family Team Meetings, which helps generate more options and reduces conflict. Planning involves parents, children and significant others who are important in the child's life.

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 14 was assigned an overall rating of Area Needing Improvement because in 25 percent of the cases, reviewers determined that the agency had not made diligent efforts to preserve children's connections.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- P&P Case Planning SOP 7C.3 relates to maintaining cultural connections for families and children. It gives specific instructions for field staff to use to determine whether the child may be an Indian child, the steps to take to comply with the ICWA, and a link to the ICWA. The SSW assesses culture, which consists of all the ideas, objects, and ways of doing things in terms of describing the family's entire way of life, defined or observed by the family members and community partners. The SSW assesses the needs of children, biological families and caregivers to maintain cultural connections including identified fathers as outlined in SOP 7E.1.1(B).
- Family team meetings are used to bring foster parents and biological parents together to enhance the communication and relationship and develop methods to maintain the relationships and develop co-caring for the child.
- Training of foster parents, creating partnerships between biological parents and foster parents to do informal contacts such as phone calls. If visits are not normally supervised, the SSW occasionally observes visits and follows the process discussed above in documenting the contact. The SSW or other Cabinet staff has private, face-to-face contact in the child's placement setting with all children in OOHC monthly (every thirty (30) calendar days). It is preferable that the SSW for the family make contact with the child with the required frequency; when this is not possible, the DCBS foster home's R&C SSW or other appropriate

staff may make a contact. Topics which are discussed with the child may include: (a) The child's progress; (b) The family's progress; (c) The child's reactions to visitation; (d) Visitation between siblings; and (e) Others that are important to the child.

- Families are encouraged to work on Life Books with children during visits or to bring items for the child to include in the book later. Lifebooks are required for all children in DCBS custody in out-of-home care.
- For children in contracted placements with PCC, the contract language requires the providers to respect the religious and cultural differences of the children.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- A particular challenge presents when a child of Native American heritage enters care. The previous practice of notifying the Bureau of Indian Affairs Regional Office, which in turn notified the tribe, has changed. Staff is now expected to notify the specific tribe; however, with no federally recognized tribes in the state, this can become a daunting task. In one recent Lakes case, the worker contacted 27 tribes before making the right connection.
- The multiple needs of children for maintaining relationships such as proximity, placement with siblings, school placement, and placement for treatment issues must to be balanced by staff with priorities set among these sometimes conflicting goals.

Item 15: Relative Placement.
How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

What do Policy and Procedure Require?

Relative placement is the first to be considered. At the five (5) day FTM, the SSW is to complete the DPP 1275 Relative Exploration form with the family. Within thirty days of the five (5) day FTM, the worker is to diligently seek out maternal and paternal relatives.

What does the data show?

Kentucky has two possible placement arrangements with relatives for children in state custody that can be specifically identified and tracked. First, children in state custody may be placed with approved relatives without any financial support. At any point of time, about 6-7% of all children in state custody are with approved relatives without kinship care benefits. These children tend to exit placement to permanent relative placement within 6 to 8 months. This does include independent living services. Generally we close the case after the relative receives permanent custody for the child however, an aftercare plan should be completed to identify and implement needed services for the child.

A second type of relative placement is Kinship Care that is an eligibility determination funded through TANF. These children must have been abused or neglected and the relative must assume permanent custody of the child. When a family qualifies for 'kinship care' we refer to a specific eligibility benefit that provides up to $300.00 per month per child for care by relatives.

At any point in time, there are more children in kinship care than in state custody in foster care. These figures, from May 2007 illustrate the demographics of children placed in the custody of relatives and supported with kinship care benefits:

- 8,086 children in the custody of 4,939 families.
- 25% were African American children (compared to 9% of the child population)
- Only 2.7% were infants under age one, but 40% were between the ages of 6 and 12 years.
- Most current recipients (62%) were receiving benefits for three years or less.
- 89% of recipients were female and 64% were grandparents.
- 32% also received food stamps.

The introduction of Kinship Care in the last seven to eight years has enhanced the ability to support relatives in caring for children. It has reinforced and supported the Department's philosophy and practice that relatives are the first option for placement upon removal.

Where was Kentucky's child welfare system in Round One of the CFSR?

This item was assigned an overall rating of Area Needing Improvement because in 21 percent of the cases, reviewers determined that the agency had not made diligent efforts to locate and assess relatives as potential placement resources. This finding is not consistent with information reported in the Statewide Assessment indicating that the Cabinet considers relatives a preferred placement option for children in out-of-home care. The Statewide Assessment also notes that the percentage of children residing in Relative Foster Family Care is increasing.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Focusing on gathering information about putative fathers and absent parents at the first FTM has propelled the effort.
- Genograms are regularly used by case managers to guide the identification or relatives and understanding of family dynamics and relationships. The use of genograms is strengthened by SOP and specific forms to guide the worker in completing the genogram.
- It is a widespread practice, especially in family courts, to compel a mother under oath to identify the father. Since the last PIP, the process of identification of fathers has been strengthened by SOP that emphasizes the importance of early identification and engagement of fathers and paternal relatives; SOP is supported by specific DCBS forms and compliance timeframes.
- Developing kinship care stipends, including start up funding for items such as beds, has made it easier for relatives to assume responsibility for children.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- The interstate process to have a relative home evaluation completed timely (experienced most intensely by those regions on our northern and eastern borders) is cumbersome and frustrating. The average time between the referral and actual placement date varies. In general, the placement recommendation is made within sixty days. The approval is valid for

six months. At that time, it is the sending states decision on when to place a child and that timeframe can vary as with Kentucky. There may be extenuating factors that influence the placement date such as school enrollment, mental health needs, medical needs, court involvement, etc. The approval process time ranges from thirty days to several months. The time difference depends on the availability of staff, the relative's cooperation with the process, and completing necessary background checks. Some states require FBI fingerprint checks on all relative caregivers and this can create a barrier to making a final recommendation as it can take weeks before these results are received. Once the local office completes the study, the results are forwarded to the ICPC office. The Kentucky ICPC office processes all correspondence within three working days to ensure a timely deliverance of information to the other states. However in some states, the processing time is longer for unknown reasons.

- In those rare circumstances in which a relative is identified and evaluated only after a child has been placed with a non-relative caretaker for a significant period of time, the Relative Decision Making Matrix should be utilized as a guide to document the basis for deciding which placement option serves the child's best interest.
- Preparing relatives to deal with the emotional and behavioral issues many of the children experience is an area that needs to be strengthened.
- Ensuring that supportive services are available in order to sustain relative placement is a future focus.

Item 16: Relationship of child in care with parents.
How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

What do Policy and Procedure Require?

Contact between children their parents and extended family is facilitated through visitation agreements, phone calls, letters, attendance of school functions, and medical appointments when appropriate and is strongly supported by DCBS.

What does the data show?

As measured by the quality of case work measured during CQI case reviews, Kentucky's performance on maintaining relationships of the child in care with the parents improved nearly 10 percentage points from 72.6% at 2003 baseline to 82.6% most recently. This progress is based on achieving these case quality practices; a sample is included here:

- Is/was there evidence of a strong, emotional supportive relationship between the child in foster care and the child's parent(s)?
- Where appropriate, has the SSW made efforts to promote or maintain a strong, emotionally supportive relationship between the child in foster care and the child's parent(s)?

- Were both parents, as appropriate, involved in decision making process regarding the child's needs and services? (e.g., education, medical, and religious decisions).
- Were both parents, as appropriate, asked to be involved in activities with the child? For example, school functions and special occasions.
- Is the frequency of visits consistent with the child's need for connection with his parents and siblings?
- Did the worker persist in helping the family overcome barriers to visitation?

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 16 was assigned an overall rating of Area Needing Improvement because reviewers determined that in 40 percent of applicable cases, the agency had not made concerted efforts to support the parent-child relationships of children in foster care.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Engaging both parents in case planning conferences and visitation is a focus of staff. Routine supervisory review of parental notification and participation maintains that focus.
- We believe that there are opportunities to foster team work between foster parents, workers and families that need to be explored.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Parents are being incarcerated more frequently due to drug related crimes. This both increases foster care entry and diminishes the continuity of the parent-child relationship.
- New SOP has been developed with staff guidelines for providing services and maintaining connections.
- Staffing needs are realistic barriers. Our staff often deals with the challenge of caseloads that are too high and increasingly more complex. They are often torn between providing case manager services versus truly having time to engage the family. A visitation agreement is developed with the incarcerated parent, within the guidelines for visitation of the correctional facility. Consideration is given to the correctional facility and whether any special arrangements may be made for parent-child visitation that promotes attachment in a child-friendly environment.

C. WELL-BEING OUTCOMES

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

Item 17: Needs and services of child, parents, and foster parents.
How effective is the agency in assessing the needs of children, parents and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

What do Policy and Procedure Require?

Once a CQA assessment is completed, the Cabinet works collaboratively during the FTM with the family and service providers to assist the family in addressing the identified areas of concern. When a child is placed in OOHC/ or relative care the SSW or other Cabinet staff has to assess the safety of each child through face-to-face contact a minimum of every thirty (30) calendar days) and more often if needed, including Supports for Community Living (SCL) programs. When services are provided on an in-home case, the worker must assess the safety of the child through face to face contact in the home environment every thirty days or more if needed. If a child is in a PCC facility or PCP Foster Care, the SSW or other Cabinet staff has private, face-to-face contact with the child at least quarterly. The SSW uses the Visitation Between Caseworker, Child(ren) and Care Provider Tip Sheet.

What does the data show?

Measuring the actual provision of services to child, parents, and foster parents is difficult. Kentucky's current case quality review process yields a single score on this item, but does not differentiate between components of service provision. Currently, TWIST does not track specific services provided to clients or foster parents. According to scores from the case quality review process, Kentucky's performance on providing for children, parents, and foster parents improved from a 2003 baseline of 72.5% to the current performance at 80.5%. Within the past two years, this score has been flat near the 80% level. Twenty-three items on the case quality review tool are used to rate this item and include items specific to each group. For example, cases are rated on:

- If services were assessed to be needed, were they provided?
- Was an Aftercare Plan developed with the family, as appropriate?
- Were services provided that matches the level of risk and maltreatment?
- Are there appropriate Objectives and Tasks for independent living for each child 12 or older?
- Are comprehensive services being offered/provided to adoptive/foster parents that demonstrate consideration of the identified needs as well as the type of home?

In some cases, Kentucky has developed decision rules to identify unmet needs for services. For example, to examine needs for FPP services based on DCBS referrals, the total number of families with substantiated referrals that occurred between July 1, 2006 and June 30, 2007 was obtained from TWIST. The difference between the percent of families actually served with FPP and 32.7% of families with substantiated referrals (the percent that enter OOHC) estimated the number of families with unmet need, calculated as shown here. Only 25% of the families (826/3257) at imminent risk of entering OOHC received services.

A. Number of families served with IFPS, FPS, or FACTS	829
B. Number of families with substantiated referrals in same time period (from TWIST Y084 report of 7/20/07)	9960
C. 32.7% of families with substantiated referrals (line B)	3257
D. Unmet need based on referrals = families with imminent risk (line C) minus families served with FPP (line A)	2428

Similarly, 1435 adults received a TAP evaluation during SFY 2007. During the same time frame, 9960 families had a substantiation of abuse or neglect. Thus, at most 14% of adults in substantiated referrals received a TAP evaluation that identifies their unique needs and assists in coordinating service delivery.

Customer surveys over the past several years identify needs for services as highlighted here:

- Transportation and child care are cited as service needs by clients for attending family team meetings, for being involved with substance abuse treatment, and for access to services. Once children are removed from the home, the parents often have no access to community supports for transportation and health care, making it very hard to improve parenting capacity.
- Less than 50% of clients that responded to a survey about FTMs agreed or strongly agreed that the meetings had 'helped them know the resources available to their family'. Although 73% of clients responding to a statewide survey on FTMs felt that "It was easier to meet all the people at once rather than go from office to office", less than 50% agreed or strongly agreed that the family team meetings had 'helped them know the resources available to their family'. FTMs are a statewide practice occurring in about 59% of all cases in OOHC and in 40% of cases served in-home. The use of FTMs was an essential element of change in the first PIP and the rate of FTMs expanded during the PIP from near zero to the current rates. However, there may not be services available to the family in the community or the FTM could focus more on the immediate safety or permanency needs of children rather than adult services. Because FTMs are a powerful practice with opportunities for improvement, DCBS recently developed a strategic plan to improve both the use of and quality of FTM practices. FTMs are also described in the introduction.
- Public and private foster parents identified the needs of biological parents for substance abuse treatment, mental health services, transportation, housing, parent skill training, and family counseling.
- Public and private foster parents identified the needs of children in their care for after school programming, activities to be involved with peers, classes to help them prepare for adoption, and mental health services.

- Father's involved with DCBS asked for a father's support groups, help with legal problems, family therapy, housing, more visits with their children, and parenting classes.
- Foster youth asked for more time with their family and opportunities to drive, have a job, visit with their friends, and see their siblings more often.

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 17 was assigned an overall rating of Area Needing Improvement because in 32 percent of the cases, reviewers determined that the Cabinet had not adequately assessed and/or addressed the service needs of children and parents. Reviewers determined in all applicable cases that the needs of foster parents were adequately addressed. Only 6 (21%) of the 28 foster care cases were rated as an Area Needing Improvement for this item compared to 10 (45%) of the in-home services cases. This suggests that while meeting the service needs of children and families is problematic in some foster care cases, it appears to be a significant concern in cases in which children remain in their homes. In general, the key concern identified was that children and parents had service needs that were not identified by the caseworkers either because a comprehensive assessment was not done or because services were not provided in accordance with the findings of the CQA.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- The *Continuous Quality Assessment* (CQA) is the mechanism for assessing the needs for all children, both in-home and out-of-home, and then to align the case plan with the child's needs.
- FPP, Diversion Program and START program all use the *North Carolina Family Assessment Scale* (NCFAS) to measure child and family wellbeing at least at intake and closure and often through an interim assessment. Results of this guide the case plan. Since the PIP, we have expanded the use of the NCFAS, trained all providers in using this tool, and provided 200 licenses to DCBS and community partner providers to ensure high quality assessments.
- Every child age 4 and over that is placed with a private child care provider must receive an assessment and level of care (LOC) assignment as determined by a private contractor, the Children's Review Program (CRP). Completion of an Achenbach Child Behavior Checklist (CBCL) is required and can now be completed on-line via a secure web-server and submitted to CRP where the CBCL is computer scored. A narrative report summarizes key information useful in making decision about diagnosis and treatment planning for use by the DCBS case manager and private provider.
- DCBS contracts with the Children's Review Program (CRP) to measure and report on the quality of clinical services provided by the private child care providers. Under contract with DCBS they provide emergency shelter, residential, therapeutic foster care and independent living residence services to youth in the state's custody. CRP conducts a Clinical Services Review (CSR) to measure the quality of a provider's assessment, treatment planning, and service delivery and discharge planning. Both program and agency level reports are generated and distributed. Providers with consistently low scores are required to attend additional training. Providers with consistently high scores have received certificates of achievement.

- In SFY06/07, the Children's Review Program developed an Assessment Summary which summarizes critical treatment information on high-risk youth. By including youth strengths and "what has worked," the Assessment Summary often balances the negative picture created when placements disrupt. CRP employs Masters level staff to create summaries, proving valuable in determining the best placement for youth needing treatment.
- For older youth who will be extending their commitment or emancipating from care, the work of the Independent Living Coordinator (ILC) is critical to their success. Having the ILC involved in case conferences and planning with the youth beginning at age 16 provides an opportunity for that relationship to develop prior to the youth's moving out of foster care and establishing either in an apartment or in college. This enables them to jointly plan for those events, logistically, financially and emotionally. When the child turns seventeen (17) years of age at the first available case conference, the following are suggested:
  - Planning if needed for Chafee I.L.P. Room and Board.
  - Review Individual Graduation and Transition plans.
  - Planning if needed for Guardianship.
  - Invite Adult Protective Services staff to conference to discuss available community resources.
  - Invite Community Mental Health Center representative if client has mental health or mental retardation issues.

  At seventeen and a half (17.5) years the youth should be indicating towards extending or ending commitment which should be written in a case plan and entered as a pre termination agreement. Commitment can be extended to 21 years and begins with an Extension or Reinstatement of Commitment Agreement. The Extension of Commitment Agreement is signed by the SSW, FSOS and the youth during the Periodic Review that occurs prior to the youth's eighteenth (18th) birthday. Independent living services are available to all youth ages 12 and over in out of home care. The SSW and Family Team determine, with assistance from guardianship staff, whether guardianship will be appropriate for a youth in OOHC. When it has been determined that it is appropriate, guardianship staff is invited to attend the Periodic Review following the youth's seventeenth (17th) birthday. If it does not appear that guardianship will be appropriate and the child will not be extending his commitment, an Adult Protective Services staff member is invited to attend the Periodic Review following the youth's seventeenth (17th) birthday to discuss available community resources and supports for adults. If the youth has a diagnosis of a disability which impacts his ability to make informed life decisions (e.g. mentally retarded, developmentally delayed, mentally ill or brain injury) and appears to be in need of continued assistance or support, an extension of commitment is generally sought. The basis is to increase the youth's self care or other skills that will allow the youth greater independence by the time of his exit from care. To the extent of his ability, the youth should agree to the extension of commitment. If the SSW feels that the youth does not have the decisional capacity to make an informed choice, the SSW may request that the committing court review the matter.
- Kentucky uses a regional 'scorecard' to highlight areas needing focus. Since June 2007, the scorecard has displayed regional performance on 17-18 year olds in OOHC with a FTM in the past 6 months with the intent of highlighting transition planning for these youth. We want to ensure that they understand the benefits available to them and have community supports; the FTM is the vehicle for ensuring this. Currently, about 60% of youth have had an FTM within 6 months of turning 18. Data collection, as well as anecdotal reporting from

staff, evidences the success of FTMs. Our analysis shows that FTMs are held for more complex cases with more risks and generally poorer outcomes, but when the complexity of the case is considered, FTMs tended to equalize the outcomes for children and families to those achieved by lower risk cases. Surveys of staff, clients, and community partners identify the strong support for FTMs and the sense that these meetings are worth the extra effort and are effective in coordinating services for families. Logistical challenges of scheduling agency staff, families and community partner could be reduced with additional supports for the FTM included in a recent FTM strategic plan and reinforcement of policy and best practices. Unfortunately, we do not have any information specifically regarding the youth perspective on the effectiveness of the FTMs.

- The Diversion Project requires that providers complete a comprehensive assessment with the family as they open the case and tailor the case plan to meet these needs.
- Engaging absent/non-custodial parents in case planning for their children offers the opportunity for the parent-child relationship to develop/prosper, and may provide other relatives emerging as integral forces in the child's life.
- FORECAST is a program in Jefferson Region consisting of an interdisciplinary team of therapist, psychologists, and psychiatrists who assess families and assist workers with best placement, resources, and referral recommendations.
- Through a contract with the University of Kentucky Institute on Women and Substance Abuse, Targeted Assessment Program specialists have been placed in selected communities. TAP specialists focus on identifying and addressing issues of domestic violence, substance abuse, mental health problems and learning difficulties. Each county site has an advisory council. Victims may be included on advisory councils, but not because they were invited because of that status, and they are not identified as victims. TAP staff invites anyone who provides services to DCBS clients as well as DCBS and TAP staff to serve on the councils. As you know, many service providers may have a personal history in any of the areas that TAP address, including intimate partner violence.
- A range of assessments is available through community partners for substance abuse assessment, domestic violence, mental health needs, and other. For example, the Christian Appalachian Project Outreach programs help people by addressing immediate physical and emotional needs. Each year they provide assistance to thousands of individuals and families in various stages of crisis.
- The Comprehensive Assessment and Training Services (CATS) project provides timely, multidimensional, comprehensive assessments of families and children identified by the Department for Community Based Services (DCBS) that meet specific eligibility criteria. This assessment provides an evaluation of the child and family strengths and vulnerabilities within five major domains: 1) family/social; 2) emotional/behavioral/psychological/physiological; 3) attachment; 4) life history/traumatic events; 5) developmental/cognitive/academic. For each of these domains, quantitative and qualitative data are gathered using overlapping methodologies; structured observations, structured interviews, psychometric testing and a content analysis of the medical, legal and DCBS record. A multidisciplinary team of psychiatrists, pediatricians, social workers and psychiatric nurses then synthesizes the data into findings, conclusions and recommendations.
- The Fatherhood Initiative focusing on early identification of putative, non-custodial or absent fathers is a promising effort to engage fathers in case planning and assess their needs.

- Foster parents are surveyed after each training program about their training needs and satisfaction with the agency. The results are used to inform future trainings. Foster parent surveys are initiated by DCBS, training, or foster parent support groups bi-annually. An extensive survey of both PCC and DCBS foster parents was conducted in 2005-2006. The foster parent support group is conducting a survey of foster parents on their needs in spring 2008. The results are used to guide strategies for supporting foster parents, designing policies and changing practice.
- An annual reassessment of strengths and needs for foster home is conducted by Recruitment and Certification staff for DCBS staff and by PCC staff for PCC foster homes. The process provides the foster parent and agency an opportunity to discuss non-child specific issues related to the foster parent needs.
- Foster parents are formally represented in the CQI process with CQI teams at the regional level and more formal process for input on issues affecting their performance.
- Intensive Family Based Support Services (IFBSS) were established to help implement the DCBS goal of keeping families united and, when removal is necessary, of placing children in the least restrictive setting consistent with their individual needs. IFBSS are designed to match the unique needs of child and family with a wide range of creative interventions that are directed toward: 1) Stabilizing the child in his own home or foster home; 2) Preventing further hospitalization or institutionalization; and 3) Enabling the child and family to improve their own lives. IFBSS are effective in stabilizing the family situation to prevent further deterioration and ensuring the safety of the children. These services are usually less costly and a less restrictive alternative than hospitalization or a residential treatment program. IFBSS shall also be available to families with children living in their biological home, foster home or adoptive placement. Both the variety and flexibility of the available IFBSS services have been successful in diverting youth from hospitalization and more expensive types of services. Services are provided through a network of approximately 90 providers who provide medically necessary and intensive services to approximately 5,000 children and families each year.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- A most critical intervention is comprehensively assessing the needs of the child in placement. Too frequently, this happens after a crisis, when the disruption has occurred, rather than as a means of defusing the crisis.
- Assessing a child's special needs is sometimes overlooked in the process of assessing risk and family functioning. Staff, both public agency and contractors, could benefit from refining assessment skills, and expanding specialty assessment services.
- SAT members reported that more attention needs to be paid to the reasons for a child's behavior for example, why a child is running away, before developing an intervention plan; otherwise, the symptom is being treated, but not the problem.
- Although the CQA assesses the child's special needs and developmental level, there is no comprehensive information about child's level of functioning and needs for specific services that supports state level planning and response. Program evaluation is needed to further link services to outcomes.

- A change in service provider due to re-procurement often results in a temporary setback for families as they have to build trust and establish a working relationship with a new worker, new organization. A parallel process occurs between DCBS and the new contractor. As may be expected, this may significantly affect services based on the availability of regional resources.
- This same rebuilding occurs when there is turnover in the DCBS worker. The annual turnover rate of front line workers is approximately 12% as discussed in the introduction under with staffing listed under challenges. New workers need to develop the knowledge of community partners to assist families in connecting to services. Many regions have locally developed service array handbooks that help, but the personal connections to service providers requires time and experience.
- Not having access to all assessments completed by other agencies is detrimental to the planning process. This may be an issue of timeliness, provider capacity, or HIPPA. The cabinet is seeking to overcome these barriers in a variety of ways, to include improved communication, strengthening contract language, additional education with providers on HIPPA, and having the Children's Review Program, the cabinet's agent, collect assessment information and complete assessment summaries for youth with more complex treatment needs. As it may be necessary to gain or increase cooperation when requesting records in either a Child Protective Services or Adult Protective Services investigation, a signed letter from the Cabinet's General Counsel is available to field staff. The letter explains the statutory obligation for the request and asks for the requested records to be provided in five (5) business days from the date of the letter.
- Some assessments of parent functioning rely on self-report information that may be biased. TAP assessors spend time to establish rapport that may result in more reliable information.
- DCBS staff struggle at times to ensure that information on the parent's needs are communicated to providers to help focus the assessment and highlight special concerns. There is an increased understanding and local attempts to promote information sharing.
- DCBS case plans, court expectations, and family expectations often focus on completing the process of parent training for example, with less focus and ability to assess the behavioral outcomes of the case plan.
- Foster parents in focus groups report that more information is needed about the child at the time of placement. Absent this, they feel at a disadvantage in dealing with the child's behaviors, physical and mental health needs, which can impede placement stability.
- Foster parents need to have ongoing communication regarding the status of the case so they can assist in preparing the child for reunification or adoption. During focus group conversations, it was noted that their participation in FTMs, case conferences, court hearings is limited either by not being invited, being given very short notice or the meetings being held at times not compatible with their schedule.
- More attention needs to be given to coaching and mentoring staff that the relationship with foster parents is one of partnership.
- Documentation expectations of foster parents are much greater than in the past. SAT suggested requirements are reviewed and simplified revisions considered.
- Foster/adoptive parent advisory groups report insufficient support services in some parts of the state. Further exploration with the group is needed to understand the scope of the issue.

- Foster/adoptive parent advisory groups and their constituents report they are not always consulted or listened to when they offer information about the case. The relationship between the worker and the foster parent determines the degree of partnership.

Item 18: Child and family involvement in case planning.
How effective is the agency in involving parents and children in the case planning process?

What do Policy and Procedure Require?

The SSW involves, to the fullest extent possible, the participation of the family. The family includes all children, ages six (6) and older and other significant persons in the child's life not living in the family unit, such as legal and/or biological parents and relatives.

What does the data show?

Kentucky measures its involvement of children and families in case planning through case quality reviews and surveys of clients. By both measures, Kentucky's performance is between 50% and 60% of optimal performance, making this item one of Kentucky's largest opportunities for improvement. Results of customer surveys in the past three to four years show:

- 52.6% of private foster home parents agreed or strongly agreed that they felt involved in decisions about the children in their care (2006 survey)
- 47.4% of state foster home parents agreed or strongly agreed that they felt involved in decisions about the children in their care (2006 survey)
- 58.9% of youth 12-21 years of foster care felt that their ideas were listened to and used at least sometimes (2006 survey)
- 56.7% of judges in Kentucky felt that DCBS kept them informed about developments in the case (2004 survey)
- 36.9% of fathers involved with CPS agreed that they were involved in important decisions about their child or their case (2005 survey)
- 49.5% of clients involved with family team meetings felt that their strengths were considered when working with the agency.

Similarly, case quality review scores indicate little progress from the CFSR Round 1 PIP baseline of 61.6% to a current performance of 65.1%. The following is a sample of case quality review items that comprise this case quality indicator:

- Was the parent involved when changes were made to any of the following: visitation plan, case plan, or placement?
- Were the individual/family, child/ren, and foster parents/relative/kinship engaged in the Case Planning and decision-making process?
- Were non-custodial parents involved in the case planning process, if appropriate?
- Were the community partners and/or others invited by the family engaged in the Case Planning process, or was there documentation that all efforts were made to engage the family in accepting community partners?

- Is there documentation that the FSW has engaged the family and community partners in the decision making process?
- Was the decision to close the case mutually agreed upon?
- Was the child/ren involved in the development of the case plan?

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 28 percent of the cases, reviewers determined that the Cabinet had not made diligent efforts to involve parents and/or children in the case planning process. Lack of parent involvement in case planning was particularly evident in the in-home services cases.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Anecdotally the regions report that employing a family team meeting approach has a positive impact on parental participation. Having a neutral party facilitate the discussion and having the family make decisions about who attends emphasizes the family's needs, not the agency's. In contrast, SAT feedback offers that participants feel that, although there is more engagement, the FTMs are still DCBS meetings. This bears further exploration during the review.
- Parent advocates and family mentors are uniquely qualified to support families and mentor them through the process of making joint decisions on case plans.
- DCBS has a pamphlet for parents entitled "*When your Child is Removed from Your Home: A Parent's Guide"* that should be left with parents to promote understanding. This is posted on the DCBS policy website for easy access. Another pamphlet is in design that includes more extensive information on working with the courts and DCBS.
- A workgroup of the Blue Ribbon Panel on Adoption developed legislation that has been sponsored and filed as House Bill 151, which requires the Chief Justice to develop rules of administrative procedure which specify the duties and responsibilities of the Court of Justice and the Administrative Office of the Courts in relation to the protections and rights of and notice to biological parents, foster parents, and relative caregivers. This legislation includes specific provisions requiring the court to explain, verbally and in writing, to the parent (parents or other person exercising custodial control or supervision of a child) before the court for a temporary removal hearing, the court procedures from the temporary removal hearing through termination of parental rights. The law requires the description to be designed to help all parties understand the nature and importance of each legal proceeding, what is expected from all parties as the case moves through the court system, and the rights of each party.
- Written notification of rights and responsibilities are given to every family at the 5-day case planning conference and each subsequent periodic review. This document includes information on CAPTA.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Some regions have few FTM facilitators under contract resulting in scheduling difficulties. Each FTM is facilitated, but not all are facilitated by contractors who have this as their only role. Therefore, this responsibility often falls to the supervisor or other DCBS staff which can cause difficulties in scheduling due to their busy schedules. The optimal situation would be that all regions have access to contracted facilitators for FTMs, particularly in out of home care cases. DCBS has created a strategic plan for FTMs and is currently reviewing the frequency and structure of these meetings. Additionally, we are reviewing the potential for expanding the use of contractors for this purpose, but significant expansion is unlikely due to current budget constraints.
- In regions where there are few service providers, their participation in FTMs is waning due to the time commitment competing with direct service delivery. This places an additional burden on agency workers to get either written or verbal feedback from service providers when case conferences / FTMs occur. Formulation of goals and tasks on case plans may not then be as comprehensive due to this missed input by service providers. As a result, family members may feel more "out there on their own". Additionally, the burden on community partners in rural area can be a potential disincentive to involvement in future DCBS related activities.

  Parents, Guardians ad Litem, parent advocates and community partners report that parents feel intimidated by the case planning document (both format and content) and overwhelmed by the complexity of the process, including court hearings. The Case Plan is negotiated with families in hard copy and then entered in the Kentucky's SACWIS (TWIST). Once entry occurs, a hard copy of the completed document is shared with families in order to gain their buy in and maintain this as a signed contract between DCBS and the family. There continue to be ongoing challenges for staff in clearly identifying behaviorally specific tasks that address the safety and risk issues found in agency CPS cases. Efforts are ongoing to provide enhances process flow from assessment to case planning for all families.

  Although some court jurisdictions have had concerns about the complexity of the completed case plan, DCBS staff continues to educate judges to the necessity of behaviorally specific objectives and tasks. The case planning process and the completed document continue to serve the agency well and provide a comprehensive tool for measurement of individual and family progress toward the ultimate goals of safety and permanency.
- Practice needs to ensure that absent and non-custodial parents are invited to case planning conferences. The Cabinet's focus has been on increasing the involvement of fathers. We have partnered with the Division of Child Support in order to enhance early, accurate identification of putative birth fathers and CBCAP contractors across the state focus on this initiative, among others, in their local communities. Additionally, the DCBS SOP was recently updated (June 2007) to enhance locating and involving absent fathers, and locating relatives at the beginning of a case, so that a least restrictive, appropriate placement can be made at the earliest possible moment of the child's ultimate permanency and well being.
- A concern expressed during discussions with service providers, parents, surveys, and the SAT is that worker and community partner follow-through on specified tasks were not timely or completed.
- Service providers need to be more fully involved in case planning, including timely notification.

- Involving youth who are placed in residential programs or some distance away from their home county is particularly problematic due to transportation issues.
- SAT offered that engaging foster parents in case planning would promote foster children's engagement. The foster parents must prepare the children and answer their questions and concerns.
- Parent focus groups, SAT and a Blue Ribbon Panel workgroup offered that parents would feel more engaged if case plans were realistic in terms of services that are available in their locale and were modified to reflect changes in their environment or beyond their control. They report feeling that the plan is DCBS's plan or the court's plan and that it is unyielding. For example, a parent referred for parenting classes as one condition of reunification; next round of classes are postponed; alternatives are not provided creating a delay in decisions about reunification. Another example requires a parent to be assessed for substance abuse, domestic violence and mental health issues; parent's car breaks down and they have limited funds for transportation; assessors are not amenable to coordinating schedules so that one trip could accomplish all; parent misses appointments and "fails" the case plan.
- SAT identified additional "family based decision making" training as a need.
- Involving teens in a frank discussion of family issues, both improving their understanding of their situation and gaining their insights into family dynamics, was noted as an area for improvement by SAT.
- Previously, African American children had fewer FTMs than white children, but in the past two years the rates of FTMS are equal for both groups.
- Involvement of foster parents in case planning continues to be a struggle. Often foster parents and workers have difficulty meeting when the birth parents are available. For initial case planning conferences the notice is sometimes very short and foster parents may not be able to adjust their schedules.

Item 19: Caseworker visits with child.
How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

What do Policy and Procedure Require?

All children in DCBS foster home are to be seen a minimum of once a month, with children in DCBS medically fragile or Care Plus homes being seen twice during the month. Children in PCC placements are to be seen quarterly by DCBS. DCBS retains case management responsibility for all foster children placed with private providers. DCBS makes referrals to resources for service provision during the time the agency is involved. DCBS maintains an open case during this time period. There are times when a family may be linked to a Resource during an investigation at their request. If the investigation is not substantiated, the case may be closed at that time. If a child is in a PCC facility or PCP Foster Care, the SSW or other Cabinet staff has private, face-to-face contact in the child's placement setting at least quarterly.
The SSW visits with children in out-of-state residential placements at least annually. If a child is in a Supports For Community Living (SCL) program, the SSW may use the Support for Community Living Program Visit – Review of Records and Facility Form at each monthly visit to the child's placement setting, providing a copy to the Central Office SCL Liaison. Children in

out of state placements are to be visited annually. Children in custody placed with relatives are to be seen monthly. When a child is placed in out of home care/relative care, the child's progress is to be assessed by the SSW at least monthly during home visits in the placements. If the child is in a care-plus or medically fragile home, this contact must take place twice a month. The SSW is to assess the child in the placement and have a one on one conversation with the child if age appropriate.

What does the data show?

The following table compares visits to children according to SOP for two points in time: September 2004 and October 2007. Because this data is fairly consistent month to month, this table displays performance during the PIP and current performance to demonstrate any changes. Kentucky's performance on caseworker visits is lowest in relation to relative caregivers. Overall, since the PIP, Kentucky has made fewer visits to children according to SOP.

Caseworker Visits to Children in State Custody by SOP standards: Point in Time

	Relatives	PCC homes and Agencies	DCBS Homes	Overall
September 2004	58.4%	81.7%	75.9%	77.5%
October 2007	53.5%	77.5%	74.8%	74.2%

Recent reports to federal representatives set Kentucky's baseline on the new federal visitation standards at 33.2%. Meeting the standard for monthly visits presents a most rigorous challenge which will be intensified with the federal requirement that 90% of the children must be visited monthly by 2011.

Kentucky Baseline Data for Caseworker Visits Each and Every Month to Children in Custody

FFY2007 ACF Caseworker Visits	
Data	
# of distinct children that were in care at least 1 day	12371
# of children that were in care for **at least a full calendar month**	10399
# of distinct children that had a visit **each and every full calendar month in care**	3450
# of visit months for children that had a visit **each and every full calendar month in care**	18873
# of visit months that were in child's residence for children that had a visit **each and every full calendar month in care**	17783
Calculations	
% of children in care who were visited **each and every full calendar month in care**	33.2%
% of visits that occurred in the residence of the child	94.2%
*10/01/2006-09/30/2007	

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 19 was assigned an overall rating of Area Needing Improvement based on the finding that in 22 percent of the cases reviewers determined that caseworker visits with children were not of sufficient frequency and/or quality. Foster care cases were less likely to be rated as an Area Needing Improvement for this item (11%) compared to in-home services cases (36%).

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- During Kentucky's PIP, caseworker visits to children and families in their homes was emphasized and tracked in several ways. We monitored visits to children in foster care with weekly and quarterly reports and found increased regular visits to parents of children in foster care from 62.1% to 68.3% according to SOP standards. At times during the PIP, the rates of successful visits were in the 70% range. We also monitored the consistency of visits to families for in-home cases and these improved from 69.4% to 82.5%; we attributed a decrease in recurrence of child maltreatment to these improved visits for in-home cases.
- Currently, Kentucky is developing the work plan to meet the federal standard of 90% of visits completed monthly by October 1, 2011. Our plan is due on June 30, 2008. To support the plan, Kentucky has developed a quarterly dataset (management report) to track and monitor visits and send to the regions, a weekly compliance report to alert children needing visits and children with visits. In March 2008, armed with data reports and expectations, we will ask the regions to develop a regional plan to define the visits in placement and improve the rate of face to face visits.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- On December 2, 2007 there were 2,216 children in Private Child Care foster care and 1,281 in Private Child Care Residential care, requiring a quarterly visit by their state worker. The majority of these children do not reside in the same county as their worker. Meeting the upcoming federal standard of monthly visits will exponentially compound the number of face-to-face visits DCBS will be required to make.
- Staffing issues impact achievement of this goal perhaps more than any other. High turnover rates result in existing staff having to pick up additional cases while the position is vacant, and if a new hire, until the employee completes Academy training. Those workers already carrying a full caseload, as part of an understaffed team, are relegated to first responding to referrals (if a generic team), emergencies and crisis situations, and then having limited time, even with overtime, to make monthly visits. When new workers come on board there is a period of coaching and mentoring around managing caseloads, including making monthly visits, before the activity becomes embedded in the worker's practice. Our calculations demonstrate that at least 138 additional ongoing workers will be needed to meet the federal standards. Although we realize that the current staffing situation poses challenges in light of enhanced practice expectations, Kentucky is currently facing fiscal challenges that preclude us from increasing DCBS staff. Due to this restriction, we will be exploring creative solutions with existing staff in order to meet these requirements.
- A secondary condition that bears further exploration is related to documentation: (a) determining if visits are being made but not documented and (b) determining the number of

cases that are waiting for service payments or other documentation for case closure, that are still appearing in the case load as an active case. Visits are to be held in the home or other neutral location, including situations when the court orders supervised visitation. A Visitation Checklist/Summary is utilized to document observations, behaviors and required interventions during the supervised visit. A developmental age appropriate activities chart is used to assist and guide the parent(s) in thinking about developmentally age appropriate activities that the child will enjoy and promote healthy attachment The SSW also encourages the parent to attend medical appointments, school conferences and other activities the child is involved in. Private face-to-face visits between the SSW and child in the placement setting are encouraged.

Item 20: Worker visits with parents.
How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

What do Policy and Procedure Require?

Face to Face home visits are to occur with the parents of in and out of home care cases at least monthly and more if needed. The Home Visits With Parents Tip Sheet is used to assist the workers with assessing the progress parents have made, how to properly document said progress, as well as how to identify any new areas of concern that need to be addressed. The SSW is to have monthly contact in the home with the parents of the children in out of home care no less than once per month. The SSW is to discuss the child's needs and progress with the parents as well as assess the parent's ongoing needs and progress on case plan goals. Any new area of concern identified needs to be addressed.

What does the data show?

Making consistent visits to families for children served in-home and in OOHC is a challenge for DCBS staff. A new report was just generated for use in improving this practice. This report will be generated weekly to identify the children and families that still need a visit during that calendar month. In December 2007, 58% of cases served in the home had a monthly contact to the family in their residence. For out-of-home cases, the rate of monthly contact to the family in their residence was 68%.

Where was Kentucky's child welfare system in Round One of the CFSR?

This item was assigned an overall rating of Area Needing Improvement because in 37 percent of the applicable cases, reviewers determined that the frequency and/or quality of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Northern Bluegrass Service Region staff schedules home visits in the first two weeks of the month and conduct the visits in the second two weeks.
- Family team meetings are used to meet the requirements of face to face contacts with parents.
- Integrated planning teams, which include families, provide an opportunity for workers to have monthly face to face contact with families.
- A survey of some of the top performing staff regarding this issue revealed that time management and organization were keys to their success in visiting parents on a monthly basis. Workers are required to make face to face contact with the father to verify case progress and document accordingly. If the father has objectives on the case plan, contact must be made to ensure his progress. This includes both custodial and non-custodial fathers.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- In some rural parts of the state, the travel time from the worker's office to the family's home is a barrier in conducting home visits especially if the family is not home at the time of the visit and a second visit is required.
- Kentucky's variety of cultural norms and practices requires us to coach and mentor staff in developing competencies around engagement of families. This is accomplished through formal training, as well as coaching and mentoring by co-workers and supervisors. For parents with children in out of home care, the SSW assures that the family receives a face-to face contact at least once a month in the family's home unless the SRA or designee approves an alternate arrangement in writing. During the monthly contact, the SSW is guided to discuss information such as the progress on the case plan; information about the child's placement, educational progress, current mental health, physical health, medications, social activities; the parents' concerns about quality of services provided to their child while in out of home care; barriers to maintaining regular visitation with children, or barriers to achieving case planning objectives. For parents of children receiving in-home services, the SSW visits at least monthly , making face-to-face contact with the family and child in the home to assess progress on accomplishing Family Case Plan goals, objectives and tasks; observe the interaction among parent, child and siblings; and determine the suitability of these interactions and protective capacity of the parent, including identified fathers.

Well-being Outcome #2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child.
How *effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?*

What do Policy and Procedure Require?

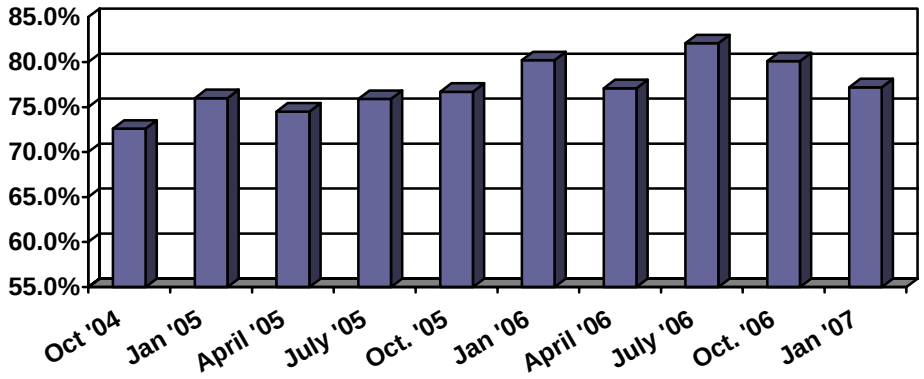
The SSW facilitates an educational assessment through the local education agency (LEA) to be completed and submitted to the court of competent jurisdiction within sixty (60) days of commitment. If the child is under the age of five (5), the SSW makes a referral to early start, EPSDT, or other appropriate resource for a developmental screening within thirty (30) days. Any assessed needs are to be included on the Child/Youth Action Plan and Aftercare Plan and noted in the CQA. Children under the age of three (3) should be referred for a First Steps Evaluation.

What does the data show?

Kentucky's performance on meeting the educational needs of the child has improved in the past 30 months from a baseline of 72.6% to 80.1%. Although this progress is significant, overall performance rarely exceeded 80% compliance with the best case work practices as shown in the following graph. These items are monitored during the case review process:

- Have educational needs been assessed for all children in the case?
- Does the Case Plan address what the current level of educational functioning is for all children in the case?
- If the child is in OOHC, were the resource parents provided educational records?
- Was educational information transferred to the new school using the educational passport?
- Have services been provided for Objectives and Tasks for education/development for each child in care?

Case Work Quality Scores: Child Educational Well-being



Where was Kentucky's child welfare system in Round One of the CFSR?

Item 21 was assigned an overall rating of Strength because in 95 percent of the applicable cases, reviewers determined that the Cabinet had made diligent efforts to meet the educational needs of children.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Recent policy dictates that children under age 3 in a substantiated abuse or neglect case are referred to First Steps for a developmental assessment, and children under 5 to Early Start for a developmental screening; this provides early identification of potential learning disabilities.
- Standards of Practice were revised to include an educational assessment component in both the assessment and case planning phases of case work.
- Educational Assessments are completed every 6 months for each child in out of home care and included as a standard case plan objective. During investigations educational needs of each child in the home are assessed and for in-home cases educational assessments are completed every 6 months and included in the case plan.
- DCBS collaboration with Family Resource and Youth Service Centers, available in most school districts, provides a venue for agency involvement with the educational system as a whole. This relationship carries over to FRYSC staff helping gain services, assessments, and meet general needs of foster children and other children known to DCBS.
- KECSAC, Kentucky Educational Collaborative for State Agency Children, has the primary goal of assisting local education agencies in providing a quality education to at-risk youth served in programs operated, funded by, or contracting with the Kentucky Cabinets for Justice, Health and Family Services and Mental Health and Retardation Services. Established in 1992, KECSAC provides funding and a comprehensive evaluation of the delivery of educational services to State Agency Children. This evaluation includes the administrative process, service delivery, program monitoring and outcomes. There are over 16,000 children currently served by KECSAC who are defined as State Agency Children from many state agencies.
- The Family Court judge in the Jefferson Service Region utilizes a booklet by NCJFCJ – "Asking the Right Questions: A judicial checklist to ensure the educational needs of children and youth in foster care are addressed." This document provides a field-tested checklist that judges can use to make inquiries regarding the educational needs of children and youth under their jurisdiction with the goal of positively impacting their educational outcomes and preparing them for adulthood.
- The 2001 KY General Assembly passed legislation that allows any child in custody of the Cabinet on his/her eighteenth birthday to attend any state university tuition-free. This, along with the federal education funds available, encourages many youth to extend their commitments for post-secondary education. In CY 2006, 532 current, former and adopted youth applied for the tuition waiver, a 30% increase over the previous calendar year. Approximately 90% of the applicants were eligible for the assistance. IL Coordinators and Central Office staff provides ongoing training to foster parents in the regions, at Foster Parent conferences, and at the State Foster Parent Association meetings in order that the foster parents advocate for the youth to continue their education. High school Guidance Counselor's offices are aware of the program and Central Office staff works closely with Financial Aid offices of post secondary schools across the state to implement the program. There have also been ongoing newspaper articles about the program.

- The Independent Living Coordinators in each region are instrumental in helping youth navigate the myriad forms, applications, secure housing, buy supplies and other activities associated with achieving self sufficiency and independence.
- Two P&P staff from Southern Bluegrass created a non-profit organization to provide additional financial and leadership to children in foster care. F.O.C.U.S is a 501(c) 3 non-profit organization that aims to better the lives of youth that are in the foster care system. F.O.C.U.S works in partnership with social services and other organizations that assist older foster youth to help them by reaching out to the community for support of the following programs:
    - C.A.R.E. (Communities Acquiring Resources for Education) - Some foster youth are able to overcome many obstacles in their lives and continue their education past high school. The C.A.R.E. program provides the youth with necessities to help them in their transition to post secondary education by providing them packages with school supplies, towels, hygiene products, laundry materials and much more. Child care assistance may be approved for teen parents attending high school or GED classes.
    - H.O.M.E. (Helping Out Mothers Expecting) - Youth who are in the foster care system are more likely to have children at an earlier age than the average person. The H.O.M.E. program aims to assist these youth as they prepare for the birth of a child. The youth are given packages that include necessity baby items such as bottles, diapers, baby powder, soap and much more.
    - Achievements for Life - This program aims to recognize the accomplishments of foster youth by rewarding them with gift certificates and allowing them to celebrate their life achievements.
    - Christmas Wishes - F.O.C.U.S collects gift cards to give out to older youth who are in foster care for Christmas. They distribute gift cards to over 100 different foster kids throughout the state from donations by individuals and businesses within the community.
    - SAFE Mentors – Special Advocates for Education – DCBS foster parents in every region receive specific training. Assistance is provided to foster parents as they advocate for children in schools. The program is administered through the University of Kentucky Training Resource Center.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Both staff and foster parents report the educational passport is not used as effectively as it could be. The Educational Passport provides demographic, developmental, educational and social information to the new school.
- Stakeholders involved with the educational system suggest that foster and adoptive parents be trained as advocates for their children. They believe foster parents are reluctant to advocate for fear of they and their foster children being labeled "problems".
- Children may not be identified as having special needs and therefore not receiving the educational supports they need. Training needs to be developed and provided to both foster parents and workers in the special education process.

- SAT reported that in some areas where there are significant concentrations of children in foster care, the services those children need are not provided because they are not considered "our kids" in the eyes of the local education agency.
- SAT reported difficulty in getting educational representatives involved in collaboration. The extent of this as an issue is unknown and may need to be explored in the review.

Well-being Outcome #3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child.
How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

What do Policy and Procedure Require?

The SSW is responsible for insuring that within forty-eight (48) hours of a child entering OOHC, that the child receives a health screening. Within two (2) weeks of a child entering OOHC, the SSW is to insure that arrangements are made for the child to have a medical examination, dental examination, and ear and eye examination. These are to be documented using the DPP 106 series and kept by the care giver in the medical passport. This medical passport should always travel with the child when there are placement changes. Examinations are to be continued no less than once a year and more often if needed.

What does the data show?

Similar to the well-being #2, Kentucky shows improved performance on providing children with adequate services to meet their physical needs. Although performance has increased from 60.9% in October 2004 to 73.3% in January 2007, this is an area in need of continued improvement, as shown in the next chart. Kentucky's performance, based on case quality scores, is below expectations for meeting the physical health needs of children.

Case Work Quality, Compliance with Best Case Practices on Child Well-being Physical Health

Oct '04	Jan '05	April '05	July '05	Oct. '05	Jan '06	April '06	July '07	Oct. '06	Jan '07
60.9%	65.8%	67.3%	67.5%	70.1%	73.3%	71.6%	74.7%	74.0%	73.3%

These are sample items monitored in the case quality reviews. They are arranged by the percent with the poorest compliance with best case work practices based on 2900 case reviews.

- Were the child's medications logged in the DPP 106A-5 Medication Administration History form by the foster parent and placed in the case file on no less than a quarterly basis? *Not present for 45% of the reviews.*

- Do all the children in the case have current immunizations? *Not present for 33% of children in the reviews.*
- Have preventative health and dental needs been assessed? *Not present for 29% of children in the case reviews.*
- If health or dental needs were identified, were services provided? *Not present for 22% of children in the case reviews.*
- Is there current medical, dental, and visual information in the case file for each child in OOHC? *Not present for 22% of children in the case reviews.*
- If medically fragile, are services driven by the child's current Individual Health Plan? *Not present for 18% of children in the case reviews.*
- Was the foster parent provided the child's medical passport and all other relevant medical/dental information? *Not present for 3.7% of children in the case reviews.*
- *There were services and tasks in the case plan specific to the physical health care needs for 90% of the children in the case reviews.*

During and since the PIP, DCBS made progress in achieving these best case work practices so that in the most recent quarter only 6 (1.5%) of 92 cases were missing documentation of the medical passport being shared with foster parents. However, attending the preventative health and dental needs, getting complete vaccinations, and providing services to meet the health care needs continued to be absent in 25-30% of children in the case reviews.

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 22 was assigned an overall rating of Strength based on the finding that in 88 percent of the applicable cases, reviewers determined that the Cabinet was adequately addressing the health needs of children in foster care and in-home services cases. In the cases reviewed, medical and dental services were accessible and services were provided. Stakeholders, however, noted that dental services are not consistently available throughout the State.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- The medical support units from central office with three full time nurses and a part-time physician who is triple certified as an adult and child psychiatrist and pediatrician provides extensive support. The team consults on individual cases with multiple issues; trains foster parents, DCBS staff, and community-partners; promotes policies, practices, and state leadership, and serve as advocates for children's physical health.
- Physical health needs of the child are documented in the CQA. Home visitation tip sheets ensure that medical issues are routinely discussed at home visits and medical passports are checked.
- Children entering care receive a physical health screening within days of entry, followed by complete medical, dental and visual exams for children remaining in custody after the temporary removal hearing. These exams are repeated annually.
- All medical information is included in the medical passport, which is reviewed by the worker during visits to the foster home.

- A major step forward in making sure appropriate physical health needs are met is the addition of a nurse in every region in 2007. This arrangement with the Commission for Child with Special Health Care Needs provides a regionally located nurse to assist in obtaining medical records, assist with interpreting medical documentation, make home visits with workers to help assess medical needs of children either in their in own home or in foster care, and support foster parents caring for children with special medical needs. These regional nurses augment the statewide services of the Medical Support unit in Central Office.
- Referrals for Early Periodic Screening, Diagnosis and Treatment are made for children.
- Foster children meeting the criteria for a Medically Fragile Child are placed with specially trained foster parents and receive an individual health plan.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Extended commitment youth/former foster youth panelists at the AOC Summits on Children identified losing health insurance once they turn 19 and are no longer eligible for a medical card as one of the most significant barriers they face. Not only does it impact the quality of their health because they put off medical appointments, when they do go for treatment, it can catapult them into debt as they have limited financial resources.
- Many parts of Kentucky, especially in the eastern rural Appalachian region are officially designated as medically undeserved areas. Both practitioners and facilities are sparse, resulting in service inaccessibility and unavailability. In some areas, there are limited providers who accept the medical card.
- Placement changes disrupt medical care. The Medical Passport does not always accompany the child and distance may preclude the child continuing with the same practitioner.
- Medical Passports need to be updated regularly. SAT questioned whether technology could be used to make transmission of records more effective. Private child care providers report that they do not routinely receive the medical passport.
- SAT members reported more attention should be focused on understanding the impact of prenatal substance abuse on the child's development.

Item 23: Mental/behavioral health of the child.
How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

What do Policy and Procedure Require?

Within thirty (30) days of a child's OOHC entry, the SSW facilitates the completion of the child's mental health screening performed by a qualified mental health professional. If the assessment indicates a need for further screenings or treatment, the worker is to make arrangement for the initial service provision within two (2) workings days after the information was received.

What does the data show?

Based on case quality review scores, Kentucky's performance has improved from the PIP baseline of 69.2% compliance to the current 79.2%. Within the past two years, compliance with the following quality case practices averaged 79% for providing for children's mental health needs based on these review items:

- Have the child's mental health needs been assessed?
- If mental health needs were identified, were services provided?
- Are there appropriate Objectives and Tasks for mental health for each child in care?
- Was an initial formal mental health screening or assessment provided upon the most recent entry into care?
- Have services been provided for Objectives and Tasks for mental health**?**

Kentucky conducted a comprehensive assessment of its service array as part of the PIP. A total of 1358 community partners and Cabinet staff evaluated the service array in every county in Kentucky. Collectively, they identified four areas and thirteen specific services as having the biggest gaps between (a) the availability and quality of current services, and (b) the importance of that service. Across all regions, community partners identified the greatest gaps in service for mental health services for families and youth especially treatment for:

- Sexual Abuse and Trauma
- Adult Substance Abuse
- Adolescent Substance Abuse

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 23 was assigned an overall rating of Area Needing Improvement based on the finding that in 19 percent of the applicable cases, reviewers determined that the Cabinet had not made concerted efforts to address the mental health needs of children.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

- Seven County Services in Jefferson Service Region developed an initiative called 'service on demand' to reduce the waiting time for families involve with DCBS and the courts.
- The *State Interagency Agreement* between DCBS Service Regions and local Community Mental Health Centers continue to be a valuable tool to ensure cooperation and collaboration to ensure adequate mental health services are available to children and families. DCBS and DMHMRS meet periodically and in collaboration with the other member agencies of the *State Interagency Council* for Services to Children with Emotional Disability to evaluate the availability, accessibility, and appropriateness of the array of mental health services for children. Reference *Medicaid*, DCBS has met regularly with DMHMRS staff to address expanded coverage of substance abuse treatment, obtain needed services for DCBS clients and increase the provider pool for mental health services.

- The KEYS program in Northern Kentucky uses the 'systems of care' model and federal grant money to wrap services around children and families affected by mental health issues and is achieving positive outcomes.
- The State Interagency Council (SIAC) for Services to Children with Emotional Disabilities is a group of state agency representatives, and the parent of a child with an emotional disability, who oversee coordinated policy development, comprehensive planning, and collaborative budgeting for services to children with emotional disabilities. SIAC conducts monthly meetings that are open to the public. SIAC is a state-level interagency administrative body that supervises all the local Regional Interagency Councils (RIAC) and Local Interagency Councils (LIAC) who provide direct services through the IMPACT Program.
- Child Behavioral Check List narrative and assessment summaries build understanding of the mental health needs of the child. These reports are sent directly to the case worker at least every 6 months to assist them in providing accommodations and supports for child with special needs.
- The Cabinet has contracted with Seven Counties Services of Louisville, Kentucky for the provision of psychiatric assessments and in-home crisis intervention services for medically indigent children who are in need of acute psychiatric services and who may be at risk of imminent psychiatric hospitalization. Services include telephone and face-to-face screening, assessment, crisis therapy services, or, when indicated, facilitation to psychiatric hospital and aftercare coordination services. Children diverted are served by community resources at a lower-level of care, when available. While this service is an effective, cost efficient approach that ensures youth receive a timely evaluation and are connected to appropriate services, it does require the youth to get to Louisville for the evaluation.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance?

- Staff noted that additional guidance is needed in assessing mental/behavioral health needs for the CQA. Understanding that substance use/abuse by youth is a condition frequently present, staff is finding it difficult to assess for that when it was not reported or evidenced by a pattern of behavior.
- Both foster parents and staff have reported there is an increasing need for mental health services for young children, and for therapists trained specifically in the trauma of abuse and neglect.
- In many parts of the state, access to mental health services is limited due to the scarcity of providers. In at least one region, foster parents raised a concern that counseling appointments are made, but often cancelled or rescheduled at the last minute by the practitioner, perhaps due to overbooking.
- Service providers expressed concern that foster parents caring for children with mental health issues need training in how best to deal with issues/behaviors.
- Substance abuse education for pre-teens has been identified as a need, and tips for identifying substance use by pre-teens and teens are needed.
- An issue raised by staff to be further explored is the lapse in treatment in residential programs when there is turnover in therapists. The extent of this problem is unknown.

- SAT identified a lack of residential treatment programs for children with the utmost intensive mental health needs as a barrier to addressing mental health of the child, maintaining connections, visiting with parents and siblings, and ultimately, a barrier to achieving permanency.
- Crisis stabilization is unevenly available across the state, resulting in escalation of situations that might have been defused.

D. Systemic Factors

Item 24: Statewide Information System
Is the state operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

All intake, investigative and ongoing casework related to child abuse/neglect, foster care, adoption and exits from care, plus all payments to out-of-home care (OOHC) and adoption providers are documented in Kentucky's SACWIS (State Automated Child Welfare Information System), the Worker Information System (TWIST). This system has existed for more than ten (10) years and includes longitudinal data on all children and families served during this time period. TWIST includes extensive demographic data on children, families and foster parents and tracks permanency goals and placements for all children. (Please refer to Item 6 for additional details.) Once intake information is received by staff, it is entered into the Hotline/Intake component of TWIST, providing an extensive search and matching function for historical data on families, children and perpetrators. Intake workers enter information into the system as the call is received. This allows staff to efficiently screen allegations, service needs, and identify safety risks to the child and to the investigative worker. Private providers like any community partner report abuse and neglect directly to DCBS staff, but have no direct access to enter information into TWIST. Because the regional centralized intake is new at the time of this report and incorporates revisions to acceptance criteria, Kentucky is conducting an evaluation of the quality of work, speed of intake, and quality of the work related to using the acceptance criteria as supports for decision making. A review of 180 cases is planned before May 1, 2008 with ongoing monitoring of centralized intake roll-out. This allows staff to efficiently screen allegations, service needs, and identify safety risks to the child and to the investigative worker.

Where was the child welfare system in Round One of the CSFR?

Item 24 was rated as a Strength because information on the status, demographic characteristics, location and goals for the placement of every child in foster care is readily retrievable from the State's data system.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of its statewide information system?

To support the statewide implementation of Regional Centralized Intake in Kentucky's nine service regions in November 2007, updates to TWIST were made to streamline data only and staff was trained in new processes. These changes were designed to improve the consistency of screening and acceptance of referrals with updates to TWIST to support the process.

TWIST provides a Risk Matrix tool to guide level of risk determination made during intake. This guides the decision about the appropriate investigative/assessment track. For example, intakes deemed as low risk, but meeting criteria for abuse and neglect, are tracked as a FINSA (Family

in need of service assessment). Once the investigative/assessment track is determined; the Continuous Quality Assessment (CQA) tool provides structured assessment categories to support an organized and comprehensive assessment and decision making process by the Social Services worker. The CQA is an assessment that includes a comprehensive list of cues to guide assessment, it is fully embedded in TWIST and produces narrative reports, and it contains administrative data used to meet federal reporting requirements and a risk/safety checklist, and cues workers to complete narrative summaries. Opportunities to improve TWIST and the CQA are discussed later as part of the TWIST modernization efforts.

If service provision is indicated beyond the investigative/assessment stage, TWIST provides a structural repository for case management data in both In-Home, Out of Home Care (foster care) and Agency (adoption) cases. A specific case planning component tracks both individual and family tasks and goals and provides automated reminders to staff concerning the progress of the case. A technical structure is also available concerning Title IV-E determination and provider payments. Once Termination of Parental Rights (TPR) occurs, TWIST provides the capacity to create child specific cases that tracks the child through the final stages of permanency until a finalized adoption occurs.

TWIST is currently available in a data entry capacity to approximately 1700 users within DCBS and is also available in a view access format to several related community partners including the Department of Juvenile Justice, Administrative Office of the Courts and the Department for Mental Health and Mental Retardation Services. Planning efforts are currently underway to provide access through a web enabled portal to TWIST for private providers for entry of child and foster parent specific information.

TWIST currently collaborates with the Department of Juvenile Justice and the Administrative Office of the Courts to share data that provide an interface for children involved in both systems. These interfaces provide DCBS staff with the ability to connect children's services to the optimum service provision. DCBS also collaborates with the Department for Mental Health and Mental Retardation Services on information system issues that address co-customer needs. Currently, sharing of data is primarily completed using batch mode procedures and direct sharing with manual matching; discussions are underway to improve the efficiency of data sharing.

Changes in TWIST during and after Kentucky's first PIP that supports Item 24:

- In February 2003, Adoption (Agency) cases were created to provide enhanced documentation capacity for children who are post-TPR. Subsequent adoption technology upgrades provided the ability to consistently track both the original case and the agency case for longitudinal tracking needed for the current federal data composites.
- An Adoption Matching component was added in June 2003 to provide a direct link for staff to match children in foster care with potential adoptive parent resources.
- To maximize efficiency of the Hotline Screens, changes were made to simplify the search and log functionality in June 2004. Additionally, a Face Sheet/Case Summary was implemented to provide staff a high level overview of a particular case.
- A comprehensive revision of the Case Plan component was completed in May 2005. The changes provided additional structure to guide staff through the case planning process with families. This change was prompted by staff input and recommendations from federal

consultants. Each Case Plan is negotiated with families in hard copy and then entered in the Kentucky's SACWIS (TWIST). There continue to be ongoing challenges for staff in clearly identifying behaviorally specific tasks that address the safety and risk issues found in agency CPS cases. Efforts are ongoing to enhance the process flow from assessment to case planning for all families. Particular attention is required to interpret case plans in order for families to appreciate the interconnectivity of tasks and objectives. Families and youth are often resistant to completion of particularly challenging tasks, but if staff provides comprehensive explanations of the reasoning, the plans are well received.

- In September 2006, structural changes were made to the administrative structure of TWIST to accommodate the realignment of Kentucky's services regions from sixteen to nine.
- TWIST management reports were aligned with federal processes during the PIP so that accurate quarterly reports were available for all federal indicators. These reports included child and case information that were used to drill down to the team and worker level and supported improvements in practice and outcomes.
- Datasets to longitudinally track referrals and placements in OOHC are now produced quarterly, permitting extensive longitudinal analysis and knowledge building to guide practice and policy.
- All point-in-time datasets are stored in a web-based Business Objects that allow authorized CQI specialists and regional staff to download current and historical data when needed, create and save macros for manipulating datasets into usable reports for management, and electronically share and store ideas for use by staff in other regions.

TWIST and DCBS Program Alignment

TWIST and DCBS program staff maintain an ongoing relationship through a work release database and regularly scheduled release meetings that involve discussion of the relationship between staff need and system capacity. TWIST Helpline staff forward staff concerns and recommendations to this group for review in order to provide interconnectivity between program and technical staff. When TWIST changes occur, detailed information is provided to field staff, thus completing the CQI information loop. A TWIST steering committee meets bi-monthly with representatives from CPS, Information Technology leadership, and research to guide the direction and long range planning for TWIST. TWIST staff and CQI specialists have monthly phone conferences for communication and problem solving.

Currently, TWIST provides staff with over two hundred recurring and ad hoc data reports that address investigations, ongoing services, foster parent recruitment, and adoption. Reports are issued weekly, monthly, quarterly, and may include point-in-time data or rolling year's worth of data. Each of these reports provides consistent data that give staff a tool for enhancing their ability to provide quality services. Data reports are shared with regional management and front line staff on a weekly and monthly basis. These reports support QA functions; CQI specialists and staff attend to timely completion of investigations, worker visits, annual permanency reviews, and other case management functions using these reports. When these reports indicate performance issues, the expectation is that staff will adjust practice based on the data findings. Supervisors, service region administrators, central office staff, legislators, Administrative Office of the Courts, and the Children's Review Program regularly use these data report for many purposes. For example, weekly reports on the timeliness of completing investigations (TWS W029 report) are used by each intake team to prioritize work or help staff organize a catch-up paperwork day. The report on all

children in state custody (TWS M058) is released weekly to AOC, Children's Review Program, and the legislators. It is used to monitor trends in children coming into care, needing annual permanency reviews, needing visits, or missing permanency goals. Each month, a TWS 058 fact sheet is released for each service region and the numbers on that single fact sheet help monitor trends such as racial disproportionality or the percent of children in private and public foster homes. These numbers are used as the 'official counts' when questions arise from the press or other community partners and the fact sheets help ensure consistency. Reports are specific to some worker's functions so that the Recruitment and Certification Specialists use the TWS M049 report that includes information on all foster homes. The TWS W004 is used by all staff to monitor the status of all types of cases including APS, CPS, Ongoing, Agency cases, and investigations. Quarterly reports align with the calculations of federal indicators and include detailed and summary reports. The detailed reports can be drilled down to the child and worker level so that workers and supervisors can identify which children contributed to trends in re-entry, placement instability, or recurrence of abuse and neglect. Each quarter, the research team (IQI) receives a longitudinal record of all children in OOHC and referrals and their history for the past year that is used regularly to answer questions, conduct program evaluation, or monitor trends. This wealth of reports is used continuously to support decisions on policy changes, practice needs, budgets, and trends in the system and is a wealth of information.

Despite the wealth of information inherent in these reports and the overall sense that Kentucky is rich in data and data analysis and has strength in this area, there are opportunities to improve staff understanding of the reports. Front line workers and supervisors may question the data or be confused when trying to draw conclusions from the data. Data reports are pulled at different times and represent a point-in-tine count that may use a slightly different pull definition for each report, resulting in differing numbers for seemingly the same indicator. Workers want to know from which screens in TWIST the data are pulled so that will receive credit for completing work by entering it before the data are pulled in the correct screen. At times staff and community partners may misinterpret the meaning or any single data field or summary reports. And as with any data used in performance evaluation, staff are rightly concerned that the numbers fail to convey the quality of the work and at times resent the use of reports in performance evaluation. To address these concerns, CQI specialists hold monthly phone conferences to pose questions about data reports to TWIST analysts, are routinely trained in TWIST reports, and each report has a description of the data fields and pull parameters accessible on Business Objects. Recently, Kentucky began posting all management reports on Business Objects and these are downloaded by the regions. Business Objects has great capacity for assisting staff in developing and managing reports; the use of Business Objects is currently in development.

Since the last Statewide Assessment, Kentucky established the Information and Quality Improvement (IQI) Unit to provide a mechanism for staff to test and analyze "real time" data. The unit is designed to build data analysis capacity and program evaluation and relate results to practice, policy decisions, program expansion, and budget needs. The unit provides leadership to the CQI process and disseminates structured data and reports for central office, regional, and front line staff.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance that supports Item 24 (Statewide information system)?

Despite the many strengths of the CQA, it provides limited decision supports for determining the full extent of risk, the needs for services, the extent of maltreatment, the findings in the case, and the conclusions of the investigation/assessment. The CQA is further limited by a heavy reliance on narrative summaries completed by the worker with few guides to promote critical thinking. A single CQA template is currently completed throughout the life of the case and workers must 'force' the narratives to meet the categories of the CQA and may overlook critical areas of assessment as the case progresses

Opportunities that support Item 24 (Statewide information system) to improve TWIST parallels improvements in technology access. For example, the Commonwealth of Kentucky has expanded broadband internet throughout the state, including expanding the availability of wireless networks into many areas. A web-based system with improved navigation and easy remote access capability will enhance overall user efficiencies. Modern technology will also improve interoperability with other state and CHFS systems with which SACWIS is required to interface.

Over the years, the Division of Protection and Permanency within DCBS has continued to improve their business processes resulting in a need to upgrade the current system functionality. Currently, DCBS is examining policy and business processes to design and test technical enhancements that will better serve both staff and families. After nearly a decade of the current TWIST utilization, a few major updates to modernize TWIST are envisioned. The impetus for change has been two-fold to respond to changes in practice needs and secondly to take advantage of more recent improvements in technology and software functionality. These modernization opportunities include the following that are then discussed in subsequent sections.

- Improved capacity to track children placed with private foster care providers.
- Improved screens and processes to support centralized intake.
- Improved assessment processes and measures.

Tracking children in private foster homes: TWIST captures comprehensive data for all children in out of home care including child, family and provider demographic information, case planning and permanency goals for all children. TWIST also captures the exact physical location and move date for all foster children in the following placement types except a subset of "C. Licensed Private Child Care":
Moves to another setting are captured in TWIST, but moves of these children between foster homes within the licensed program are not captured as separate data fields. These children may or may not have placement moves; the PCC tracking system will provide this information.

Placement Type List

A. Foster Care
B. Emergency Shelter
C. Licensed Private Child Care (licensed program)
D. Family Treatment Home
E. Group Homes
F. Residential Facility

G. Children's Psychiatric Hospital
H. Foster Care-Medically Fragile
I. Adoption
J. Day Treatment Facility
K. Independent Living (College Students)
L. Approved Relative
M. Detention Facility
N. Alternative Living Arrangements

A change in service needs that outpaced system development resulted in the inability to capture exact physical location and move date for those children in the foster home subset to Licensed Private Child Care .When TWIST was implemented, the PCC (Private Child Care) agencies operated residential settings. The address of the residential program was the same as the address of the child. Evolving practice needs over the past several years have changed the assumptions underlying the original TWIST development. In order to maintain the continuity of relationships, Kentucky emphasized placing children in community-based settings and maintaining sibling groups that resulted in the need for additional foster homes. In addition, an increasing number of children in Out of Home Care (OOHC) had therapeutic needs requiring more intense treatment than the routine foster care provided by DCBS homes. The PCC agencies joined with Department for Community Based Services (DCBS) to develop capacity for therapeutic foster homes. This change in practice has significantly increased the number of children placed in therapeutic foster homes. Currently, at any point in time, about 30% (2100 children) of the children are placed in private foster homes.

This enhanced practice, that supports Item 24 (Statewide information system), created increasing challenges for tracking in TWIST as the size of this initially small subset of OOHC population grew. Per policy, a manual process is now used to track the physical placement location of these children through DCBS case managers. As reported in the Commonwealth of Kentucky Program Improvement Plan of January 4, 2006, Kentucky tracks the agency of placement (what we call the licensed program) for each DCBS foster child in SACWIS. However, the physical placement locations of children in PCC foster homes and independent living apartments are not electronically stored in reportable data fields. The physical location of each child is reported to the DCBS case manager by the PCC. Our goal is to capture placement locations for AFCARS reporting in TWIST.

Placement moves are tracked between all placement locations shown in the above listed Placement Type List, documented in TWIST and reported to AFCARS. Placement moves between licensed programs are documented in TWIST and reported in AFCARS. Placement moves between foster homes within a licensed program are documented in TWIST as narrative contacts within the case record. These moves are not currently reported to AFCARS. These impacts were discussed in depth under Item 6, Placement Stability. The PCC tracking portal into TWIST is scheduled to be in place prior to the next PIP and may impact indicators of placement stability, but will improve placement tracking.

Improved Intake: The current intake process and the Continuous Quality Assessment (CQA) include categories of assessment that are comprehensive but improvements are desired in order

to support a more structured and objective decision making process by the case worker. We desire a system that has flexible intake and assessment processes that build information across the life of a case, and an ability to integrate administrative data, decision supports specific to a variety of situations, and narrative summaries into documents needed by workers, courts, and other partners. These changes will improve the quality of supports to front line social service workers and their supervisors.

Considerable discussion, exploration, and concept testing has been undertaken to determine the new direction for TWIST business functionality, and two features related to intake and assessment have emerged as particularly powerful tools needed by DCBS to improve child protection and ensure more efficient use of scarce social service worker resources. These desired business processes are significantly different from the current ones and the methods to implement new system functions within TWIST are still under discussion. Because of the magnitude and direction of these changes in relation to the overall system design and functionality of TWIST, Kentucky is envisioning a two-phase implementation process.

The TWIST Modernization Project, Phase I, will evaluate a new assessment model called the Dynamic Family Assessments (DFA) as well as a new process for Centralized Intake in relation to the current system functionality. The outcome of this phase will provide recommendations to CHFS for optimum decision-making based on cost analysis, time and effort, for technical platform migration and implementation of new system functions. Phase II of TWIST Modernization will utilize the recommended Phase I options to design, develop and implement the best system solution for the end users of TWIST. Specifics of the desired business processes are described next. The DFA is not currently being used at the practice level. Some of the questions from the DFA are being included in practice guides.

To improve the consistency of decisions based on comprehensive information from the first contact with the agency, a technology change restructured the intake process flow to more thoughtfully support a centralized intake structure for each service region. In August 2007, DCBS streamlined business process expectations through a re-write of standards of practice including intake acceptance criteria that guide more comprehensive and consistent screening. In November 2007, each of Kentucky's nine (9) regional intake teams became operational. These new regional intake teams are the single point of contact for screening of allegations. These teams will only provide resource linkages to families as their only business services with the remainder of their time dedicated to intake processes.

Changes to the TWIST intake process will support centralized intake staff by including enhanced screening of child safety and risk at intake, collecting of specific data on the new acceptance criteria to document and guide decisions, expanding critical case information, and mapping of a broader range of intake case types such as investigations, fatalities or court order work to structured decision supports. To achieve this, the current Hotline Screens and Intake functions will be adapted and merged into a single more comprehensive intake process. The intake process will then be seamlessly merged into the CPS assessment process.

Starting with the intake process, decision supports will be embedded into an assessment system that spans the life of the case. The current CQA will be revised in the modernization efforts.

Before designing the proposed solutions, multiple adaptations and refinement of the current CQA were tried and evaluated; these efforts although informative were only partially adequate to improve the assessment process. In March 2004, DCBS decided to reconsider the entire assessment process and develop a new process that retained the strengths of the CQA, but improved both intake and assessment. The results of numerous work groups, proof of concept simulations, and policy discussions was the development of new assessment measures and processes. The guiding principles for these business processes are:

- Families and situations include both risks and protective capacities that change over time.
- Assessment requires interaction and decision-making at key points involving the family, multiple community partners and staff.
- Data should be entered once and then made available to populate a variety of reports for different audiences and to populate data fields throughout the case.
- Workers should evaluate conditions; technology can score the assessment.
- Assessment should provide the rationale for development and the evaluation of progress for case interventions.
- The assessment process should be defensible as both reliable and valid.

The new system entitled the "Dynamic Family Assessment" (DFA) is envisioned to be:

- An integrated series of standardized rating scales, narrative summaries, and administrative data used for evaluating immediate safety risk, family protective capacity, extent of maltreatment, family needs, adult and child service needs and provision, and child functional status.
- A sophisticated data repository for generating reports to serve multiple purposes throughout the life of the case and to feed forward in the case.
- A web-based system, accessible from multiple sites and available in field ready technology.

Although much work is completed to envision a process and measures to support improved decision making, Phase I interaction with an information technology vendor will provide a comprehensive cost analysis and assist in setting priorities and plans for implementation. These changes are likely to be several years before implementation, but demonstrate the envisioned direction to modernize TWIST.

Case Review System (Items 25, 26, 27, 28 and 29)

Community Stakeholders Advisory Group Analysis

Progress in the Case Review System since 2003. When asked about the progress of children and families through the court system, community partners cited dramatic improvements in the system. The steady increase in the number of family courts and the dramatic change in how cases and families are moved through the courts are seen as vast improvements. Children are definitely moving through the system more quickly. The Court Appoint Special Advocates (CASA) has made a large impact on how children are treated and how families are thought about. These improved attitudes and assistance has resulted in expanded permanency opportunities for children. Overall, the group identified that they were more willing to collaborate and reduce barriers to service delivery for families especially around

mental health issues, and when children's needs bridge programs such as DJJ, education, and DCBS.

Nonetheless, the rules and timelines of ASFA sometimes compete with the realities of treatment availability and access for families, especially those with substance abuse. The number of families with substance abuse issues is a barrier to achieving permanency. There are long waiting lists to first get into treatment and then to move through the treatment community. With relapse rates high among families with substance abuse, the timelines for ASFA are difficult to achieve. Although more child abuse, neglect and dependency cases are entering the court system and moving more quickly through the system, it is important to also prevent children from reentering the system because the family's needs are not fully met. With less time available in court in dealing with issues, community partners like CASA are especially important to work with families. Because of the heavy court dockets, they depend more heavily on documentation from CASA and CPS workers.

The other major area of progress is in data sharing. For example, as community stakeholders learned more about the state's child welfare system through data presentations, they appreciated the quality of data. However, such data elicits increasingly more questions that DCBS welcomes. Some directions for future data sharing with community stakeholders include: comparison of data from 1997 to the present for a 10-year trend analysis; sharing the methodology of preparing the data so they can judge the quality and issues that may influence it; and identifying the follow-up actions based on the information. Community stakeholders would appreciate real stories about the families in the system that would compliment the data and make it more real.

Item 25: Written Case Plan.
Does the State Provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

What does policy and procedure require?

In accordance with federal and State statutes, Kentucky's standards of practice is for case review require that when a child becomes the Cabinet's legal responsibility, a family case plan is to be prepared. Standards of Practice request that the SSW convene an initial Family Team Meeting, within five (5) working days, exclusive of weekends and holidays, from the date of the Temporary Removal Hearing (TRH) to develop a Case Plan. The case plan document is TWIST-based and incorporates documentation of elements required by federal standards. Each case plan is reviewed and approved by a supervisor. Case plans are developed with the family and other involved parties

An initial case planning conference occurs within five (5) working days of the child's removal from the home. During the initial conference a family case plan, an individual Youth Action Case Plan, and a Visitation Agreement for each child(ren) in placement is developed jointly with the parent(s) or guardians of the child (if age appropriate), agency staff, and others applicable to

the case. The case plan is finalized and approved by the supervisor within thirty (30) days of the conference and copies are provided to the parents/ legal guardians and other appropriate parties.

Periodic Out of Home Care Case Plan reviews occur every six (6) months, or more often as needed. Copies of all case plan documents are submitted to the court of jurisdiction and to the Administrative Office of the Courts for Citizen Foster Care Citizen Review Board purposes.

For In-Home CPS cases, the initial Case Plan is developed within fifteen (15) calendar days of the case assignment by the supervisor. The next Ongoing Case Plan is due within six (6) months from the date of the previous Case Plan, unless significant changes in family circumstances occur, requiring a new CQA and Case Plan. TWIST management reports and ticklers alert staff regarding due dates or information needed for case planning. A prevention plan that specifically addresses safety (e.g., high-risk situations) and provides for crisis intervention is incorporated into the case plan.

For In-Home CPS cases, the supervisor assigns the case to the SSW for ongoing services within three working days of the date the CQA results are approved. The SSW makes a home visit with the family within five (5) working days of the case assignment. The initial Case Plan is developed within fifteen (15) calendar days of the case assignment by the supervisor. The Case Plan information is submitted by the SSW and approved by the supervisor within ten (10) working days. The TWIST copy of the Case Plan is then mailed or delivered to the family. The next Ongoing Case Plan is due within six (6) months from the date of the previous Case Plan, unless significant changes in family circumstances occur, requiring a new CQA and Case Plan.

For Out of Home Care (OOHC) Cases, the SSW convenes the initial case planning conference within five (5) working days from the date of the Temporary Removal Hearing (TRH). For voluntary commitments, which do not involve a TRH a case planning conference is convened within five (5) working days of placement. Policy requires the following be invited to case planning conferences for out-of-home care cases: both legal and biological parents, the child if six (6) years of age unless there is justification for not doing so; other involved Cabinet staff; Objective Third Party; Child's attorney; caregiver (foster parents, PCC provider, relative, etc.) and Court Appointed Special Advocate (CASA). If parents desire, community partners including service providers, extended family members and others may be invited.

Excluding the five (5) day conference, the Department is required to provide ten (10) calendar days notice of the conference. Legal parents, biological parents, and/or guardians are notified by certified mail. The SSW notifies legal parents, biological parents, and/or guardians of the case planning conference and requests their participation. For parents whose whereabouts are unknown, the SSW conducts an absent parent search and documents under the objective that addresses non-involvement of the parent.

Where was the child welfare system in Round One of the CFSR regarding Item 25 (Written case plan)?

Item 25 (Written Case Plan) was rated as an Area Needing Improvement because there is a lack of consistency in actively involving parents and children in the case planning process. The agency's philosophy on case planning is that the family is the expert on the family's issues. To

that end, during case planning the presenting problem which centers on abuse or neglect is discussed and while it is often difficult to help families take responsibility for the abuse or neglect, ways to prevent further abuse or neglect are generated and agreed upon during case planning. DCBS defines involvement of the youth and family by their presence at the Family Team Meetings, their participation in the development of the goals and objectives of the case plans, as well as their involvement in the monthly discussions of the progress that has been made. DCBS has developed a Tip Sheet on Family Engagement to guide workers in building the partnership with the family. The goal of engagement is to develop and maintain a mutually beneficial partnership with the family that will sustain the family's interest and commitment to change. This Tip Sheet suggests potential barriers to engagement and offers guidelines designated to facilitate the process.

During the process of the statewide assessment, community stakeholders validated the need for family participation in case planning, but also understood the difficulties of engaging families around child protective issues. They recommended training to empower parents and youth with the skills and knowledge needed for meaningful involvement in writing the plan. They also suggested increased use of parent advocates to assist families in case planning. The family team meeting process was cited as a strength when used in the case planning process. All biological and legal parents are engaged in the case planning process. If the whereabouts of the parent are not known, absent parent searches are conducted regularly. If parents are incarcerated or live out of state, they are still engaged in the case planning process by whatever creative means possible. Fathers, especially dissatisfied fathers, expressed that they were not formally and consistently included in the case plan; and there was no special place for their concerns to be identified and addressed. Discussions around this issue prompted a training specifically focused on engaging families in team meetings with an emphasis on fathers.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of its case review system that supports Item 25 (Written case plan)?

Supervisory reviews, Masters of Social Work (MSW) quarterly consults, reviews of service recordings and CQI Peer Reviews monitor compliance with case plan requirements. The supervisor reviews the plan for quality and timeliness before approving. Department for Community Based Services (DCBS) works with numerous types of stakeholders, such as the children or families we serve, foster/adoptive parents and community partners (schools, mental health, community action and other related human service or advocate organizations). DCBS embraces these stakeholders' opinions, suggestions and recommendations through numerous avenues, including but not limited to public hearings, surveys and foster parent Continuous Quality Improvement meetings. If the case plan is not consistent with practice, the supervisor returns the case plan to the worker for the additional documentation or changes. Reports are created from the TWIST system, which assist supervisors and managers in tracking timeframes and deadlines. The TWIST M023 is received by Service Region Administrators and local supervisors monthly and identifies children whose case plans are past due for the current month or are coming due within the next ninety (90) days. Outcome data are monitored on a regional level via the CQI process.

DCBS CQI Peer Reviews document if the case plan is current and whether the family (including non-custodial parents), children and caregivers were engaged in the Case Planning process. Case review quality is tracked using elements from the CQI Peer Review process and results are reported in the outcomes sections. As indicated in Item 18, Kentucky monitors involvement of families and others, but case quality review scores indicate little progress from the CFSR Round 1 PIP baseline of 61.6% to a current performance of 65.1%. Similarly, results of customer satisfaction surveys over the past three to four years consistently find that 50% to 60% of families, foster parents and youth agreed or strongly agreed that they were involved in case management decisions, although 70% to 80% report consistently being invited to the meetings.

According to submitted AFCARS data (see below), Kentucky has experienced a significant reduction in the percentage of cases with a past due plan.

2002A: 8.28 %
2002B: 4.87 %
2003A: 8.67 %
2003B: 5.95 %
2004A: 9.52
2004B: 5.75 %
2005A: 4.90 %
2005B: 4.35 %
2006A: 6.13 %
2006B: 4.37 %
2007A: 3.06 %
2007B: 3.88 %

Prior to participating in the case planning conference, the worker completes the CQA on the family. The strengths-based assessment includes seven major categories relating to the harm or risk of harm: 1) maltreatment or presenting problem, 2) sequence of events, 3) family issues, 4) discipline practices, 5) adult issues, 6) child or youth issues, and 7) support services available to the family. Documentation of abuse and neglect conditions is included. A safety checklist addresses strengths, safety and well-being, mental and physical health, and substance abuse issues. The worker and the family discuss the critical areas related to safety of the children and identify family members who are in need of services.

Based on the assessment of risks and strengths, family level objectives which address the family system issues related to child maltreatment are identified and tasks are delineated. Additionally, individual level objectives are developed for the alleged perpetrator that address the individual's self control or personal issues that contributed to the child maltreatment.

Increased collaboration with AOC, training at judicial colleges, and implementation of Family Courts has helped ensure timely and more valuable judicial reviews.

In addition to fostering family engagement through Family Team Meetings, the Department's successful pilot of a Parent Advocate program in Jefferson Region is offering potential for replication in other Regions. Approximately 50 parents are paired with a Parent Advocate in

Jefferson region. The Parent Advocate Program, started in 2005, has evolved from an all-volunteer effort to a paid staff as well as volunteers. The paid staff all started as volunteers in the program. Parent Advocates are birth parents that had an open abuse/neglect case with DCBS, successfully kept their child from being removed or had their child returned from foster care, and has not had a new abuse/neglect report in at least twelve (12) months from the time their DCBS case was closed. Once trained, Parent Advocates are paired with a current DCBS birth parent to help that parent successfully navigate the court and child welfare system. While still a relatively new program, the low abuse/neglect recidivism rate of parents involved in the program is quite promising.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of the case review system that supports Item 25 (Written case plans)?

While the Department does a good job of including parents in case planning, diligent efforts are still needed to engage parents in the process. Using Family Team Meetings and the Family Group Decision Making model that builds on family strengths has fostered parental engagement, however, the competing priorities staff faces each day as well as staff turnover makes planning and facilitating these meetings difficult. Regions implementing the "Family to Family" model (Jefferson and Northern Bluegrass) use trained facilitators for the FTMs and realize many benefits of having a highly skilled, objective facilitator conduct these meetings. Engaging children and youth in case planning remains a struggle. Tailoring case planning meetings for appropriateness for young children is an evolving art.

Further complicating family engagement in the case planning process is the recognition that a stretched workforce does not allow staff to spend the sometimes necessary extraordinary amounts of time needed to develop partnering relationships with parents. The Department recognizes that its efforts around notification to family members and caregivers needs to be strengthened; that preparing children and their families for participating in case planning will require additional training for staff and foster parents; and, that the current case plan format needs to be reviewed with an eye for parental understanding. The latter was especially noted in focus group conversations with parents. Other challenges include locating absent parents and their subsequent involvement in case planning; transportation for youth placed in private child caring programs out of the regions; and, the general lack of public transportation in rural areas that impedes parents attending conferences.

<u>Community Stakeholders Advisory Group Analysis of Item 25 (Written case plans)</u>
Key stakeholders in the written case plan include the birth family, the courts, the foster family, DCBS staff, and agency staff from the Private Child Care (PCC) system. DCBS has experienced difficulty recruiting youth who are available to join daytime meetings. Transportation is also an issue. Stipends to youth participants have not resolved these issues. Instead, DCBS has representatives/facilitators of youth groups and individuals who work directly with parents and youth. DCBS has called upon these group members to explore issues with their youth. DCBS plans to call upon these representatives more so in hopes of formerly establishing a Community Stakeholders Advisory Group subgroup of youth consultants.

Kentucky has a case planning process fully integrated into its current TWIST (The Worker Information SysTem). Community stakeholders have been involved in developing and implementing case plans for families involved with DCBS in the community. They support the embedding of case plans into the TWIST information system.

Timely completion of case plans by DCBS is seen as improving, but the quality of case plans could be improved in several ways. Fathers, especially dissatisfied fathers, are not formally and consistently included in the case plan; and there is no special place for the concerns of fathers to be identified and addressed. This limitation in father involvement and services to fathers may be a barrier to permanency and to TPR if needed. The case planning documents were judged to be somewhat 'cookie cutter' in style but still needing overall improvement in consistency and ensuring that the case plan tasks were tailored to be relevant to the case. The agency believes that case plans can and should be individualized to meet the needs of the family. Staff training emphasizes that the case plan should directly link the family life events that lead to maltreatment to the things the family needs to address in order to reduce maltreatment. The case scenario: a caregiver looses their temper and strikes a young child in the face because the child soiled their clothing and didn't use the toilet. The family needs to address appropriate behavioral expectations for young children and appropriate behavioral modification strategies. The case plan should also consider the individual issues present in the caregivers that resulted in maltreatment. Using the case example above, the caregiver needs to work on their anger management strategies and inappropriate behavioral expectations of a young child. Because there are a limited number of life events a family faces depending on the life cycle of the family, case plans may have similar objectives but the tasks that support those objectives will differ based on the needs and individual situations of the family. The structural format of the current case plan was seen as limiting. Stakeholders recognized that case planning is time consuming for workers and that issues of education, lack of overtime pay, retention of high quality staff, and supervisory support all influence the quality of case plans.

Community stakeholders validated the need for family participation in case planning, but also understood the difficulties of engaging families. They recommended training to empower parents and youth with the skills and knowledge needed for meaningful involvement in writing the plan. They suggested increased use of parent advocates to assist families in case planning. Community stakeholders suggested that random follow-up calls be completed with families to determine their level of involvement in case planning. Family team meetings were cited as strengths when used in the case planning process.

Case planning especially moving toward permanency for children is a complicated process. For youth with mental health issues or juvenile charges, the process is even more complicated. Community stakeholders would like to form stronger partnerships with the Department of Juvenile Justice to collaborate on children crossing the boundaries between systems.

Each judicial event (Temporary Removal Hearing, Adjudication, Dispositional Hearing, Annual Permanency Review, etc) requires involvement of pertinent family members as long as TPR has not occurred. Ongoing Continuous Quality Assessments (CQA) and Case Plans reflect this involvement and help to determine the track of permanency efforts. Citizen Foster Care Review Panels also evaluate family involvement in these court related events and work closely with

DCBS to enhance the coordination of judicial and child welfare permanency efforts. The University of Kentucky has included evaluative elements related to these events in their Court Improvement Project Reassessment; however, we do not currently have any data on the percentage of parents / families / children involved in the judicial / administrative reviews.

Initial case plans are evaluated by the SSW and the FSOS along with families in order to determine that individual and family level objectives align with tasks assigned to families and individuals in the case. Upon drafting of an updated case plan every six months, this process is repeated in order to ensure matching of tasks and objectives and provide quality assurance at the macro level. Kentucky's SACWIS (TWIST), captures this data and creates reports that are disseminated to regional and local staff for evaluation.

Item 26: Periodic Reviews.
Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

What does policy and procedure require?

Periodic reviews are to be held at least every six (6) months until a child achieves permanency. The reviews must include biological parents, the care provider, children age six (6) and older, GALS, social service worker, supervisor and an objective third party. Parents, care providers and children must be notified in writing two (2) weeks in advance. If the Case Review is held prior to the time a Periodic Review would normally be held, that meeting may be used as a Periodic Review provided all requirements for a Periodic Review are met. So long as the child remains in OOHC, the Periodic Reviews are required to be held within six (6) months of the previous review. OOHC is defined as a child:

- Removed from home;
- Not in the care of a parent and the Cabinet has legal custody;
- That remains at home, in the care of a parent and the Cabinet has legal custody; or
- That is returned home, but the Cabinet still has legal custody.

Where was the child welfare system in Round One of the CFSR?

Item 26 was rated as a Strength because information gathered during the CFSR process indicates that each child in foster care receives a periodic review every 6 months.

What changes in performance and practice have been made since the Round One CFSR that supports Item 26 (Periodic Reviews)?

To ensure periodic reviews are held timely, TWIST issues reminders that alert social service workers and supervisors of upcoming due dates; a monthly report is sent to regional management staff informing them of upcoming conferences; and, a monthly report is sent to regional management staff informing them of upcoming conference dates. Upcoming conference dates are discussed during supervisory

MSW consultations. Randomly selected CQI case reviews, held monthly, monitor compliance with agency standards of practice, including timeliness and appropriateness of objectives.

The Cabinet's goal is that every Child Protective Services (CPS), Out-of-Home Care (OOHC) case conference will be conducted through a Family Team Meeting (FTM) at the:

- Three (3) and nine (9) month case reviews; and
- Six (6) and twelve (12) month periodic reviews to revise the Case Plan.

A new CQA and Case Plan is not required for the Three (3) Month Family Team Meeting (FTM) Case Review and subsequent case reviews, however is required for the Six (6) Month FTM Periodic Review and all subsequent Periodic Reviews. It is the responsibility of the Family Service Office Supervisor (FSOS) or designee to schedule all Periodic Reviews to meet requirements for timeliness as required by U.S. Code 42 USC Sec. 675(5)(B). If a Family Team Meeting, Case Review is held prior to the time a Periodic Review would normally be held, that meeting may be used as a Periodic Review, if all requirements for a Periodic Review are met. The Social Services Worker (SSW) submits a Case Plan, at minimum, once every six (6) months to the court and the Administrative Office of the Courts Citizen Foster Care Review Board Program. The FSOS or designee facilitates the Periodic Review. The FSOS reviews and approves the Case Plan by signature and date. Periodic Reviews are scheduled on a day and time when primary participants can attend. Participants are encouraged to attend, in part by convenience of schedule and sufficient notice.

The SSW has future Periodic Reviews within every six (6) months thereafter until legal permanency for the child is achieved. The SSW submits a Case Plan, at minimum, once every six (6) months to the court and the Administrative Office of the Courts Citizen Foster Care Review Board Program.

Since the last review and implementation of the state's PIP, new Case Planning SOP titled "Consideration/Implementation of Concurrent Planning for Permanency", was developed to strengthen the states existing policy. This provides further guidance on case planning conferences/periodic reviews.

To foster parental/family/child participation, the social service worker is expected to provide advance written notice to the parents, service providers, guardians ad litem, county attorney, caregivers, foster parents and other appropriate parties inviting them to attend. Reviews may occur at any location and flexibility in scheduling is advised. Periodic Reviews are scheduled on a day and time when primary participants can attend. Participants are encouraged to attend, in part by convenience of schedule and sufficient notice. These reviews may be arranged during the evening hours to accommodate the needs of the family. If the community partners cannot attend the conference, their input is solicited via letter or telephone call.

Pre-service training for foster parents places emphasis on working in partnership and supporting birth families in the case planning process. Staff identified the use of FTMs to guide casework interventions and the development/expansion of Family Court as promising approaches. Especially beneficial for Jefferson Region are the routine meetings held with Court staff to identify obstacles to permanency. Staff and Family Court judges meet quarterly in workgroups such as "Dependency" and "Adoption" sub-committees and a meet monthly on general Family

Court issues. These workgroups help ensure that the Family Court dockets operate smoothly so there are no delays to birth family reunification or timely adoptions.

What are the casework practices, resources issues, and barriers that affect the child welfare system's overall performance in the case review system that supports Item 26 (Periodic reviews)?

DCBS staff are challenged with trying to juggle multiple priorities. Staff turnover and new employee training timeframes make it difficult at times to insure that staff is able to have comprehensive discussions with court personnel and GALs prior to scheduled hearings. Additionally, coordination of court dockets and judicial continuances continue to cause delays in some jurisdictions. Both AOC and DCBS staff have worked with individual judges and have made progress in this area. Also, the advent of the Family Court model in over half of Kentucky's counties has had a positive impact on these delays.

Consistent documentation of case review data is also a challenge and Kentucky has convened a workgroup of AOC, DCBS and TWIST staff to explore and propose solutions for improvement of data sharing. This includes both technical and practice changes to ensure that data is not only timely, but more accurate.

<u>Community Stakeholders Advisory Group Analysis of Item 26 (Periodic reviews)</u>

Community stakeholders recognized that citizen reviews are regularly conducted by the Foster Care Review Boards and Interested Party Reviews through the Administrative Office of the Courts (AOC). Additional participants in periodic reviews include the birth families and foster parents, CASA, the county attorneys, DCBS staff and the Guardian Ad Litem.

Community stakeholders identified the barriers imposed by the costs of reviews to the courts and DCBS, the full court dockets, and limited staff required for high quality reviews, and the issues outside of DCBS control that are dependent on judicial and legislative changes. Annual Permanency Reviews occur in court before the end of the child's 12th month in foster care. All periodic reviews completed for children in foster care occur on a minimum of every six months and are sent to the court as part of the official court records. The court often conducts additional reviews at various times throughout the case but that varies based on the needs of the child and the individual court. Despite these barriers, the stakeholders suggested that reviews be more substantive, be consistently conducted each quarter for all children in OOHC, and improved through better documentation. The foster care review board sends all reviews (including recommendations and timeframes to complete recommendations) to the court of jurisdiction. Signed copies of the six month periodic reviews are also sent to the court to be part of the official court record.

Item 27: Permanency Hearings.
Does the State provide a process that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

What does policy and procedure require?

SOP indicates that a dispositional or annual permanency hearing must be held for all children in the custody of the Cabinet no later than twelve (12) months from the date the Cabinet assumes legal custody, and must be held every twelve (12) months thereafter until the child achieves permanency. At the hearing, the appropriateness of the goal is assessed by the court. Once the court enters the goal, the goal cannot be changed without a dispositional hearing. KRS 610.125 requires that a judge of the District Court shall conduct a permanency hearing no later than twelve (12) months after the date the child is considered to have entered foster care, and every twelve (12) months thereafter if custody and out-of-home placement continues.

The SSW is required to invite the following individuals to case planning / periodic review conferences: (a) Both legal and biological parents, absent parents, non-custodial parents and family members, including children age six (6) years of age and older, including identified fathers; (b) Children, six (6) years of age and older (unless there are clinical justification for not doing so or the SSW has evaluated the child and deem it not in child's best interest to participate); (c) Other Cabinet staff involved; (d) Objective Third Party as required for Periodic Reviews; (e) Parent's attorney, if any; (f) Child's attorney, Guardian Ad Litem; (g) County Attorney; (h) Caregiver (Foster parents, PCC provider, relative, etc.); and (i) Court Appointed Special Advocate (CASA). While the children, parents, foster parents and pre-adoptive parents are invited to the periodic reviews in court, they do not always choose to attend. If they do attend the meeting, they are able to have input during the proceeding.

The SSW, with the Family Team Meeting members, selects a permanency goal based on the best interest and the specific needs of the child. Factors to be considered in the choice of a permanency goal may include the family's: (a) Protective capacity; (b) Commitment to parenting the child; (c) Ability to use available financial and other resources adequately for the child; (d) Understanding of the difficulties that led to placement; (e) Motivation to work on those difficulties and to accept services from DCBS and others; (f) Resources and needs in relation to parenting, particularly any special problems, such as mental illness, physical illness, alcohol and other substance abuse, that may have to be resolved before parenting the child may be resumed; (g) Ability and willingness to work with DCBS and as members of a team to support the child in placement; and (h) Availability of relatives and others in the family environment, such as neighbors or religious organizations, who can be enlisted in the natural support network of the family. The SSW negotiates objectives and tasks with the family and community partners as applicable during a Family Team Meeting, which is included in the Case Plan.

Where was the child welfare system in Round One of the CFSR regarding Item 27 (Permanency hearings)?

Kentucky did not achieve substantial conformity with the systemic factor of Case Review System. This determination was based on the finding that the Cabinet is not consistently effective with regard to insuring that the annual twelve (12) month permanency hearings are held in a timely manner, several stakeholders reported that the timeliness and thoroughness of permanency hearings varies by jurisdiction.

What changes in policy and procedure have been made since Round One CFSR that supports Item 27 (Permanency hearings)?

Systemic efforts to assure compliance with periodic review requirements include permanency reviews being tracked on the TWIST 023 Report, Out of Home Care Plan Due Dates, while the TWIST 058 provides a summary of children in out of home care. Additionally, the AOC's Court-Net system tracks annual permanency reviews. DCBS Regional Attorneys consult with staff at the nine month point to evaluate the permanency goal. The SSW submits a Case Plan, at minimum, once every six (6) months to the court. The SSW presents the Case Plan with permanency goal to the court at the twelve (12) month Permanency Hearing and the Judge must approve the permanency goal included in the Case Plan. If the court does not approve the permanency goal, the SSW convenes another Family Team Meeting, to change the goal per court order.

In 2004 The Court Improvement Project implemented training with the Administrative Office of the Courts. Judges across the state attended training on ASFA requirements and state policy regarding TPR. The cabinet has continued a close collaboration with AOC, ensuring AFSA training is offered to judges at their annual judicial colleges. All GALs must be trained in AFSA and child welfare issues prior to be appointed. AOC tracks all training events for the judiciary through their internal training unit. This unit continues to provide comprehensive data that is available to DCBS.

The Kentucky Court of Justice tracks all judicial events in the KY Courts database. This application includes all events in the life of a Dependency, Neglect or Abuse (DNA) case as it moves toward permanency. The system has been in operation for several years and is comprehensive in its capturing of all court related details (petitions, hearings, final orders, etc.)

What casework practices, resources issues, and barriers that affect the child welfare system's overall performance in terms of the case review system that supports Item 27 (Permanency hearings)?

Even with these efforts, there is inconsistency among judicial circuits in adhering to ASFA requirements and protocols for changing permanency goals. Some circuits are exemplary in their meeting with regional (DCBS) management on a regular basis to discuss issues and work toward improved outcomes for children and families. The Kentucky (statewide) Summit on Children initiated by Chief Justice Joseph E. Lambert, and the subsequent regional summits are a collaborative effort between the court system and community to improve services and communication.

The judicial system can create delays or place orders upon the Cabinet and/or family that do not comply with timelines established by ASFA. There is not an issue with timely filing of TPR petitions. There is a process in place through the Office of Legal Services that monitors the timely filing of TPR petitions and discussions regularly occur between DCBS regional attorneys and GALs or judges. The issue most often is with court dockets in jurisdictions where there is not a dedicated Family Court. Since these courts deal with a myriad of issues, there is significant

competition on the court calendar for child welfare issues. We do not have quantitative data to define the timeframe between filing of TPR petitions and the court order. The receipt of final orders is, at times, an issue as different jurisdictions have different expectations related to timeliness. DCBS staff often receives verbal orders and are able to act related to the child's situation so as not to delay permanency.

As indicated in Item 9, in the outcomes section, timeframes are tracked in a data base maintained by OLS. The following chart shows the consistent and strong performance of the regional attorneys who are expected to complete the TPR process within 180 days of the goal change. This chart includes estimates median days based on Kaplan Meier statistics for years where cases are still open, but shows that regional attorneys are maintaining consistent and timely progress toward TPR.

Regional Attorney's Timely Progress toward TPR

# Days between Paperwork for TPR and TPR Judgment by TPR Cohort				
TPR Cohort (year TRP request was completed)	**Estimated Median # Days**	**Estimated Mean # Days**	**# Closed Cases**	**# Open Cases**
2003	179	199.6	599	0
2004	168	201.6	679	4
2005	182	217.3	617	12
2006	179	199.4	535	88
Overall	*177*	*206.3*	*2430*	*104*

Note: The means and medians for Cohorts 2004 - 2006 are higher than represented in this table due to the open cases. The time that the open cases have been open was used in calculating the estimated means and medians. Data from the Office of Legal Services

Continuances are an issue in some court jurisdictions, but these are the exceptions. All children are to be provided with a GAL, but several counties throughout the state have only one attorney who serves in this capacity so this can lead to delays related to scheduling scarce resources. CASA volunteers are available to all children, but similar resource issues exist.

Kentucky statutes require specific adjudicatory and dispositional hearings that must occur prior to TPR depending on the original action (abuse, neglect or dependency). The potential delay occurs related to scheduling and although it may not be time consuming related to specific hearings, the time delay between hearings can be significant. These issues happen sporadically throughout Kentucky and are usually related specifically to cases that lead to TPR, but there may also be impact on other goals including Reunification. Regular hearings are held concerning a goal of APPLA and APRs are scheduled annually, regardless of the permanency goal.

The challenges related to ASFA requirements are often related to the divergent needs of the parents and the child. Specifically, some judges require additional time for parents to complete substance abuse treatment and this may conflict with ASFA timeframes. During Kentucky's first round PIP, we held judicial forums with judges, attorneys, clerks and DCBS staff that addressed ASFA requirements and explored creative methods to satisfy these in the context of judicial

discretion. This is an ongoing effort as new judges and DCBS staff are exposed to complex cases.

Annual Permanency Reviews are held for all children in out of home care until the child has achieved permanency. The caseworker prepares for the Annual Permanency Hearing, which is held no later than twelve (12) months after the child entered into custody and every twelve months following the preceding permanency hearing, by submitting a written report to the appropriate court. The written report along with the Case Plan should be filed with the court at least three (3) working days prior to the review. This will give the court opportunity to review the information related to the child's progress and recommendations for permanency for the child. It has not come to our attention that inadequate court time results in continuation, but more often all parties are not present and a continuation results. The Administrative Office of the Courts and the agency continue to hold court improvement meetings to address any and all issues that they have in common; this includes any barriers to permanency. Permanency hearings are often delayed due to criminal charges or scheduling conflicts. DCBS does not have data available to further analyze or clarify this systemic factor.

Community Stakeholders Advisory Group Analysis of Item 27 (Permanency hearings):
Key participants in this process include AOC, Foster Care Review Boards, the Courts, birth families and foster parents, CASA, the county and parent's attorneys, Office of Legal Services, DCBS staff and the Guardian Ad Litem. Stakeholders suggested that annual permanency reviews be changed to occur more frequently, at six-month intervals; however such a change would require legislative action. The Stakeholders were attempting to come up with a way to prevent delays in achieving permanency for children regardless of which agency was responsible for the delay.

Item 28: Termination of Parental Rights.
Does the State Provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

What does policy and procedure require that supports Item 28 (Termination of parental rights)?

Dispositional/annual permanency hearings must be held for all children in the custody of the Cabinet for Health and Family Services. KRS 610.125 states that the court must determine whether the child shall return home, Termination of Parental Rights be pursued, or the child be placed with a permanent custodian; otherwise the Cabinet must present a compelling reason why any of the above goals isn't in a child's best interest. The social service worker must present supporting documentation from professional partners and community resources to the court.

For children who have been in OOHC for fifteen (15) of the last twenty-two (22) months, the Cabinet determines if TPR is in the best interests of the child and weighs whether there are compelling reasons not to file. Prior to filing for involuntary TPR, the social service worker explores the possibility of seeking parental consent for a voluntary TPR. Assistance may be given to a parent in the preparation of a voluntary petition upon approval by the Family Service Office Supervisor (FSOS). Office of Legal Services (OLS) may assist in drafting and filing a

voluntary Termination of Parental Rights (TPR) action. Voluntary terminations from seriously emotionally disturbed or mentally retarded parents shall not be accepted without consultation from OLS.

The petition for voluntary TPR is filed in family or circuit court of the Judicial Circuit where the petitioner or child resides or in the family or circuit court in the county in which juvenile court actions, if any, concerning the child have commenced. When a voluntary petition for TPR is being sought, the SSW prepares a summary requesting approval to assist with the termination petition and submits it to the FSOS. In case situations involving an unmarried minor parent, the SSW includes in the summary casework services provided to the minor's parents as well.

Within two (2) calendar weeks of receiving approval from the FSOS, the SSW completes the DSS-158, Petition for Voluntary Termination and submits it to the appropriate court.
The DSS-158 states:

(a) The status of the parental rights of any parent not named in the petition;
(b) If the other parent's rights have already been terminated;
(c) If the other parent has filed a disclaimer of paternity; or
(d) If the other parent is deceased.

The appropriate document (e.g., judgment of termination, disclaimer, death certificate) verifying this information is filed with the petition.

If there is a parent who is not named in the petition whose rights must be dealt with before the child can be placed for adoption, the SSW indicates on the DSS-158 petition that this parent's rights shall be handled through a separate legal action.

Kentucky statute allows an Appearance Waiver and DSS-215 Consent to Adopt form be filed with the termination petition when the parent initiates a voluntary TPR action in family or circuit court and chooses not to attend the proceeding. To avoid potential conflicts of interest by the Cabinet and ensure that parents seeking voluntary TPR are fully aware of the finality of TPR and consequences of their action the SSW:

(a) Request the parent(s) to appear before the court for the termination hearing, however the parent(s) cannot be required to attend; and
(b) Does not utilize Appearance Waiver and DSS-215 form when the child's legal custody will be transferred to the Cabinet.

The family or circuit court sets a date for the hearing within three (3) days after a petition for voluntary TPR is filed. The hearing is:

(a) Held not more than thirty (30) calendar days after the petition is filed; and
(b) To prove to the court that TPR and placement of the child with the Cabinet is in the best interest of the child.

After close of testimony, the court enters an order terminating all parental rights and obligations of the parent and transfers wardship of the child(ren) to the Cabinet or other person or agency the court believes best qualifies to receive them.

In involuntary TPR cases, assistance from the DCBS Regional Attorney and Office of Legal Services (OLS) begins with the pre-permanency planning conference and close communication

is maintained throughout the proceedings. OLS maintains a data base regarding the status and timeliness of voluntary and involuntary TPRs on children in state's care. Once a TPR is granted, the parents have thirty (30) days after the final judgment to file an appeal in accordance with the Kentucky Rules of Civil Procedure. TPR appeals are sometimes an issue, however, the Chief Justice of the Kentucky Supreme Court and his staff has made a concerted effort to expedite cases where the permanency of a child is at issue. There is currently a bill pending before the Legislature which would allow the appointment of an attorney and consequently an award of fees for TPR appeals where the parent(s) is indigent. This creates some concern that cases which have absolutely no legitimate grounds for appeal may be filed. This concern needs to be balanced against the rights of a parent to appeal legitimate issues that present at the TPR hearing.

In keeping with the exceptions specified in ASFA, the DCBS Standards of Practice (SOP) identify the following circumstances as exceptions to filing TPR: A relative is caring for the child and the plan is for permanent relative placement or guardianship;
TPR would not be in the child's best interest and the Case Plan documents the appropriateness of this decision; or services deemed necessary for the safe return of the child have not been provided to the family of the child within the time period specified in the Case Plan.

Out Of Home Care reviews are held quarterly to review each child in OOHC. TPR exceptions are reviewed and documented in the DCBS case file, and exceptions are made available to the courts at the Annual Permanency Hearings. An exception for the SSW proceeding with TPR may be granted only by a Judge for compelling reasons, however, prior to requesting an exception to the TPR requirement through court, the SSW prepares a memorandum, which provides justification on the aforementioned compelling reasons for the SRA or designee to review. Once the SRA or designee determines that the compelling reasons provide justification to proceed then the SSW seeks the court's approval.

Where was the child welfare system in Round One of the CFSR regarding Item 28 (Termination of parental rights)?

Kentucky did not achieve substantial conformity with the systemic factor of case review system. This determination was based on the finding that the Cabinet is not consistently effective with regard to achieving TPR in a timely manner. The primary barriers identified were the TPR appeals process and crowed court dockets. The Office of Legal Services sets a goal of 180 days or less from the time a case is presented to the Office of Legal Services for TPR until the Judgment is entered. OLS has been successful for several years in meeting this goal on average. There are cases that obviously fall outside of that timeframe due to various issues that present. Barriers to meeting these goals vary between pending criminal charges, continuances granted by the courts and negative media coverage that the Cabinet is unreasonably pursuing adoptions too quickly. The facts dispute this, however, the Cabinet has been challenged in disputing this perception.

The Chief Justice of the Supreme Court has dedicated significant time and resources, as has the Cabinet in creating a process which improves the services and permanency for children. For instance, in the summer of 2007 the Administrative Office of Courts hosted a Summit of various community partners throughout the state (approximately 500) on the child welfare system in

Kentucky. The Summit included notable national speakers and workshops. Furthermore, the summit extended to regional summit meetings with community partners for designated regions to work on local challenges and issues. The Cabinet was one of the primary sponsors of the Summit and worked with the Administrative Office of the Courts in the funding of the Summit as well as the content of the workshops presented.

Heavy court dockets have impacted the Cabinet's ability to get some cases heard in accordance with statutory timeframes and the timeframes set forth in the Office of Legal Services. Current budgetary challenges faced by the state of Kentucky make this problem particularly difficult to address at this time.

What changes in performance and practice have been made since Round One of the CFSR that supports Item 28 (Termination of parental rights)?

DCBS utilizes the SWIFT Adoption Services Process to monitor progress of the child's case through TPR and adoption finalization. SWIFT meetings are scheduled within ten (10) days of the child's goal change to adoption. Each case is reviewed at a minimum of every six (6) months and interim meetings are held if the needs of the child require further review. These reviews are in addition to the six month reviews and the permanency hearings. These needs are identified during SWIFT meetings and are documented as barriers to achieving permanency. Such barriers include biological family issues, absent parent searches, court issues, foster parent adoption issues, sibling issues, internal system issues, etc. The TWS 202 or SWIFT Adoption Report tracks the amount of time from entry into Out Of Home Care (OOHC) to TPR. Supervisors can flag cases that are beyond the mandated timeframe. The TWS 043 or ASFA Requirements Report tracks the number of months in care out of the last twenty-two (22) months. It is used in the same manner as the TWS 202. The TWS 043 or ASFA Report tracks the number of months in care out of the last twenty-two (22) months. The TWS 058 or Children in Placement Report also tracks this same date.

Family Courts, where child abuse and neglect court actions and TPR and adoptions actions are all heard in the same court by the same judge have had a positive impact on moving cases toward permanency. Most Family Court judges also have considerable expertise in family law issues. Continued efforts to implement the Family Court system statewide holds much promise for advancing permanency outcomes for children. The impact of one (1) judge hearing a case from beginning to end has resulted in more timely hearings, more consistent rulings, and created a sense of urgency (regarding permanency) that permeates the Court, the Department and the family's actions.

Jefferson Region has implemented a tracking system to ensure timely achievement of Terminations of Parental Rights and timely adoptions. All children in Out of Home Care are currently reviewed and assessed every three months from the date of entry by the team supervisor and a member of the Regional Attorneys' office to determine if the case is appropriate for a goal change to adoption. Efforts to ensure that all actions needed for a successful termination have occurred are documented on a comprehensive document (Regional Attorney PIP form) that stays with the child's case until termination. Included in the list of necessary tasks are ensuring that father's have been included in case planning, documenting parental

financial support and visitation with children in OOHC. Additionally, grounds for Waivers of Reasonable Efforts are documented. These efforts have been highly successful and Jefferson leads the state with 49.3% of children that exit care to adoption, exiting care within 24 months of the most recent entry to care.

The development of the Permanency team in the western Lakes counties has assisted in moving cases forward from termination to adoption, with a worker dedicated to this process. The permanency team has recently expanded to cover the eastern Lakes region counties as well. Regional Counsel states that once the Cabinet has terminated parental rights, the "timeliness" of adoption is out of our hands, as private counsel is then secured by the family to proceed with adoption.

A petition for adoption of a child placed by the Cabinet and for whom a DPP-195 Adoption Placement Agreement, has been signed by all applicable parties may be filed when placement occurs or anytime thereafter. The petition is filed in the Circuit Court in the family's county of residence. The family must: (a) Be a resident of Kentucky or have resided in the state for the previous 12 months; (b) Has been an army post resident for sixty (60) days prior to filing a petition.

Cabinet staff may not assist a family who prefers to file their own petition, rather than to employ an attorney. However, the SSW may inform the family regarding the Cabinet's role in submission of the court report. When a petition is filed for the adoption of a minor child, the clerk of the Circuit Court forwards two copies of the petition to Central Office, where it is reviewed for legal accuracy. Central Office staff forwards the petition to the FSOS with a request that the report to the court be prepared.

Cabinet staff can not recommend a specific attorney or law firm, but upon the request of the family's attorney for DCBS children for whom a DPP-195 Adoption Placement Agreement has been signed by all applicable parties, the FSOS provides the attorney: 1) A certified copy of the Order and Judgment Terminating Parental Rights after the child's name and date of birth have been verified. If a discrepancy is noted, the Office of the General Counsel is notified and prepares an amended order. (A certified copy of the amended order is provided to the family's attorney); 2) The child's birth name; 3) The child's birth date; 4) The child's state of birth; and, 5) An explanation that the DPP-215, Consent to the Adoption is filed with the report to the court after completion of the post-placement services.

Upon receipt of the adoption petition from the Circuit Court Clerk, Central Office staff notifies the R&C worker or PCC provider to prepare the court report. In a DCBS agency placement the worker is responsible for making a report to the court within ninety (90) days after the placement or ninety (90) days after the petition has been filed, whichever is later. The R & C worker or PCC provider writes the report to the court, keeping in mind the purposes of the report as stated below: (a) To summarize the information on the child, the birth family, and the adoptive family; (b) To inform the Circuit Court judge whether the content of the adoption petition is true; (c) To advise whether the adoptive family is suitable for the child and the child is suitable for adoption; and, (d) To advise whether the adoption is in the best interest of the child.

Families are reimbursed for associated legal expenses through the non-recurring adoption expenses which allows for $1,000 for each child adopted. Kentucky statute allows this but DCBS files for the TPR and adoption in separate hearings. Six months and permanency hearings continue after TPR and adoptive placement until finalization.

As previously noted, the AOC regional summits on children have been effective in bringing challenges related to child protection and permanency to the attention of judges, guardians ad litem and other community partners.

The Blue Ribbon Panel on Adoption consisting of representatives from AOC, DCBS and several other community partners including the Children's Alliance (a coalition of private child placing agencies), Deans from the University of Kentucky's and University of Louisville's social work schools, parents' attorneys and legislators is reviewing the policies and practices of both the judicial and executive branches related to foster care and adoption. One very important task of the panel is to address birth parent rights as they relate to the TPR process.

Both the Blue Ribbon Panel on Adoption and the AOC's Summits on Children are debating (judicial) transparency in dependency, neglect and abuse proceedings, including open adoptions. The premise is that openness will bring more accountability to all involved parties and that birth parents will agree to voluntary termination of parental rights if they are assured some type of post adoptive contact with their children. This would reduce lengthy TPR trials and subsequent appeals.

What are the casework practices, resources issues, and barriers that affect the child welfare system's overall performance that supports Item 28 (Termination of parental rights)?

The increased volume of court cases creates delays in docketing cases. It is difficult to schedule a TPR hearing within sixty (60) days of filing a motion for a trial date. In areas that do not have Family Courts, delays occur when transferring cases from District to Circuit Court. Cases are not transferred from District to Circuit Court. A TPR action is filed as an original action in the circuit or family court. The ability to file an action is determined by the timeliness of the pre-permanency conference held between the regional attorney and the worker and supervisor and the adequate submission of materials required for the attorney to proceed in filing the Petition (161 and required supporting documentation discussed at the pre-hearing conference). Each region is required to meet quarterly with the regional attorney to review those children who are in out of home care to determine if the goal needs to be changed and the matter discussed in a pre-permanency planning conference. Workers must submit their paperwork to the Office of Legal Services within 30 days of the pre-permanency conference. If they fail to do so, the pre-permanency planning conference must be held again as the facts and circumstances of a case may have changed. Regional attorneys are strongly encouraged to file their TPR petitions within 2 weeks of receiving the required information from the Social Services Worker. The Judiciary is very aware of these impediments and committed to alleviating barriers. The feedback being gained from the Statewide and Regional Summits on Children will provide valuable information in formulating a response to those needs.

Some judges, especially those in smaller, rural communities, appear to be philosophically opposed to Termination of Parental Rights. The Summit on Children referenced above was a significant step towards educating judges, social workers, and other community partners about child permanency and issues facing the child welfare system. This Summit was a strong message to courts throughout the state of the expectations of the Chief Justice in improving our systems in the state to meet the needs of Kentucky's children. In addition, since the passage of the Adoption and Safe Families Act, attitudes of judges and community partners has slowly begun changing and the courts are more inclined to embrace the achievement of permanency for children. However, changes in attitudes in philosophies are usually slow in coming and evolve over time. Regional attorneys and local regional management frequently set up meetings with various judges to discuss these issues in general and engage a partnership with the courts to achieve the best interests of children. The data has been consistent over the last few years in terms of achievement of permanency.

Approximately 57% of all DCBS children in state custody are placed in Private Child Caring (PCC) agencies. PCPs commonly pay higher per diems to their foster parents. This is generally a disincentive for those PCP foster parents to adopt as they would receive an adoption assistance rate that is lower than their current foster care per diem. DCBS has amended the PCC Agreement to include a financial incentive (i.e. $2,000 for each DCBS child adopted and $500 for each sibling) for the PCCs. Each DCBS Service Region develops a diligent recruitment plan which addresses the specific areas where resource homes are needed (i.e. teens, sibling groups, African American parents, Spanish speaking parents). DCBS has partnered with Murray State University to obtain a recruitment grant from the National Network of Adoption Advocacy Programs which utilizes the One Church One Child model. DCBS has also obtained two (2) grants from the Dave Thomas Foundation for Adoption. The program is entitled Wendy's Wonderful Kids (WWK) and these grants fund two (2) child specific recruiters. One is based in Louisville and one is based in Lexington. Their main mission is to recruit families for a caseload of children who are in the Special Needs Adoption Program.

Many times a goal change to Another Planned Permanent Living Arrangement (APPLA) is pursued on these children in lieu of adoption. All goal changes to (APPLA) for children under 16 years of age must first be approved by Central Office. For the period beginning September 2006 and ending in September 2007, 63% of the approved requests for goal changes to APPLA were for children placed in PCP's. There are not a significant number of younger children who are residing with private providers whose plan is changed to APPLA as a result of this issue.

<u>Community Stakeholders Advisory Group Analysis of Item 28 (Termination of parental rights)</u>
Sharing of data between DCBS (TWIST) and the courts through a Court-Net site or other interface was recommended by community stakeholders as a method to improve many aspects of hearings including terminating parent rights and communicating around emancipation and reunification. System tracking would identify reasons for delays in the TPR process and moves toward permanency and ensure smooth and comprehensive document exchange.

Recently DCBS has had negative media attention based on advocate and other official reports. Stakeholders recommended that public education, standardized quarterly reporting and reviews, and a focus more on permanency rather than TPR would improve the public's understanding.

They would like hearings opened to the public for Dependency, Neglect and Abuse cases and for TPR. Other recent events such as the death of Boni Frederick are likely to have an impact on state processes and outcome. Although we have not seen specific impacts to TPR processes, we have been able to complete a statewide safety assessment of all DCBS offices and hire additional caseworkers to more thoroughly assess the safety and permanency needs of all children. We need to consider how these events will change the data. The data surrounding initiation of investigations and visits to children may be impacted due to the additional staff anxiety produced as a result of Ms. Frederick's death, but current data reports have not reflected this. We also need to break out the data for subgroups since currently the numbers apply to all children; the APA report that was prompted by accusations of too rapid adoptions illustrates this. Some children may languish a long time in foster care and others move quickly; these are different groups with different issues and barriers to permanency.

Item 29: Notice of Hearings and Reviews to Caregivers.
Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

Kentucky law requires (KRS 610.125 (3)) the Cabinet to inform the court of the name and address of the child's foster parents, pre-adoptive parents or relatives providing care for the child. Kentucky law (KRS 610.125 (5)) also requires the court to give these persons notice and they may present any evidence relevant to the determination of a permanency goal for the child. Consistent with state law, SOP dictates who must be invited to the six (6) and twelve (12) month reviews and the procedures and time frames for notification. Pursuant to KRS 610.125 (3) the cabinet notifies the court that a permanency hearing is due for the above named child and is providing the names and addresses of the parties to the case and the court is required to schedule a hearing within sixty (60) days of this notice and notify the appropriate parties.

Where was the child welfare system in Round One of the CFSR?

Item 29 was rated as an Area Needing Improvement because the State does not consistently notify foster parent, pre-adoptive parents, and relative caregivers of hearings nor are they consistently provided an opportunity to be heard in accordance with the Adoption and Safe Families Act.

What changes in performance and practice have been made since Round One of the CFSR that supports Item 29 (Notice of hearings and reviews to caregivers)?

On June 29, 2007, as a result of new federal requirement…Chief Justice Joseph Lambert issued a memo to all District and Circuit Court Judges and all Circuit Clerks noting that … "Kentucky courts must take steps to ensure this notice is given in any proceeding relating to a child in foster care. This would include hearings in dependency, neglect and abuse cases. Judges must make it a regular part of practice to inquire of the Cabinet regarding the status of foster placements and

the identity of any foster parents, pre-adoptive parents or relative caregivers of a child in foster care. Those persons are entitled to notice and must be afforded the right to be heard."

What are casework practices, resources issues and barriers that affect the child welfare system's overall performance that supports Item 29 (Notice of hearings and reviews to caregivers)?

Community Stakeholders Advisory Group Analysis of Item 29 (Notice of hearings and reviews to caregivers)

Currently DCBS has no formal method to track who is notified of hearings and if they respond. Coordination of the notification process with the courts would be enhanced by a common notification system and stakeholders recommend this. Stakeholders recommended that parents be provided a handbook on the hearing process and that the process for Indian Child Welfare Act Notification be improved.

Although materials are translated into Spanish and available in other languages, the entire notification process would be improved by enhanced sensitivity to the literacy and language challenges of families. All community stakeholders and DCBS recognize the need to continually remind each other to listen to the questions and issues of customers in the system, to be sensitive to cultural issues and the perspectives of multiple parties. The SSW sends a copy of the DPP-165, Permanency Hearing Notification to the court requesting a Permanency Hearing no later than sixty (60) calendar days prior to the required due date, which is: (a) No later than twelve (12) months from the date the child entered OOHC by order of temporary custody during the Temporary Removal Hearing or placement as a result of voluntary commitment; and (b) Every twelve (12) months thereafter if custody and out-of-home placement continues. Pursuant to KRS 610.125 (3) the court is required to schedule a hearing within sixty (60) days of this notice and notify all concerned parties as noted on the DPP-165.

Although there is no formal method to track notifications of hearings and whether or not foster parents, pre-adoptive parents, and relative caregivers are notified of hearings, a survey of all foster parents in 2006 included both public (DCBS) and private foster parents. Of the 3,887 surveys sent, 1,705 responses were returned for a response rate of 43.9%. Among DCBS foster and pre-adoptive parents, 69% reported consistently being invited to hearings 63% of all DCBS foster parents saying that they received adequate notifications of meetings and hearings. Among PCC (private) foster homes, 68% reported consistently being invited to hearings, but only 53% reported receiving adequate notifications of meetings and hearings.

Quality Assurance System (Items 30 and 31)

Item 30: Standards Ensuring Quality Services.
Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

What do policy and procedure require?

Staff is required to develop a comprehensive case plan is developed within five (5) days from the temporary removal hearing. A case planning meeting is held where the foster parents, birth parents, caseworker and any services providers develop a case plan to address the child's permanency planning, physical health needs, emotional/social needs, developmental/educational needs, visitation/maintaining attachment plan, and independent living plans if applicable. Case plans set out behaviorally specific tasks that are measurable, realistic and time-limited.

Staff is required to have a private face-to-face visit with a child placed in OOHC within three (3) working days of placement and on-going face-to-face contact with the child monthly. Exceptions are a child who is approved as Medically Fragile (fact-to-face contact twice per month is required) and a child in a Private Child Caring (PCC) facility or Private Child Placing (PCP) foster care (face-to-face contact at least quarterly is required).

The social services worker ensures that the child receives a physical health screening within forty-eight (48) hours of a court order for placement in the custody of the Cabinet, and treatment for any injury/illness that may be the result of maltreatment within twenty-four (24) hours of the order. Within two (2) weeks of an order in which a child enters the custody of the Cabinet, either via a temporary order of custody or commitment, the social services worker makes arrangements for complete medical, dental, and visual examinations. Within thirty (30) days of a child's OOHC entry, the social services worker facilitates completion of the child's mental health screening performed by a qualified mental health professional and children under 5 years of age receive an early periodic screening and, if eligible, a referral to First Steps. First Steps is a statewide early intervention system which provides services to children with developmental disabilities from birth to age 3 and their families. The program offers comprehensive services through coordination with a variety of community agencies and service disciplines. Additionally, the social services worker arranges for the child to have a complete medical, dental and visual examination no less than once per year. More frequent examinations are arranged as necessary, based on the child's age and physical condition. Kentucky's Medicaid program provides medical coverage of children placed in OOHC.

Delivery of service is monitored through our SACWIS Management Reports regarding case specific issues such as timely case plans and assessments, timely annual permanency reviews, due dates for physicals and other services for the child and family. The quality of services are also monitored through random monthly case reviews by staff on three levels including the Supervisor, Regional Management staff and Central Office staff.

Where was the child welfare system in Round One of the CFSR regarding Item 30 (Standards ensuring quality services)?

Kentucky achieved substantial conformity with the systemic factor of Quality Assurance System. The State implements standards to ensure the protection of the health and safety of children in foster care and also maintains an effective quality assurance system that evaluates and measures program strengths and areas needing improvement. In addiction, the Cabinet has a Continuous Quality Improvement (CQI) process that is designed to assess the effectiveness of services and that involves all Cabinet staff in the evaluation of internal systems, procedures and outcomes.

According to the Statewide Assessment, State statues, standards of practice (SOP), and internal and external monitoring systems ensure that children in foster care are provided quality services. A policy collaboration team is responsible for facilitating the development of clearly defined standards of practice.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of its quality assurance system that supports Item 30 (Standards ensuring quality services)?

Since the previous Statewide Assessment, Kentucky continues to require comprehensive case planning, medical and mental health screenings and examinations, regular on-going face to face contact between the child and the caseworker, random exit interviews with children exiting foster care and a variety of services to ensure that children in foster care are provided quality services.

Random exit interviews are conducted by the Children's Review Program with children leaving out of home care. The review tool is aligned with categories of safety, permanency and well-being and focuses on the youth's:

- safety while in care;
- relationship with caseworker;
- understanding of their case and permanency plans;
- opportunities to maintain connections with family;
- availability of educational, physical and mental health services; and
- basic needs of youth being met while in foster care.

The Kentucky Youth in DCBS Foster Care Survey implemented in 2005 was designed for youth ages 12-21 in state-operated foster homes. This survey focused on key issues such as relationship with caseworker, understanding permanency plans being made for them and responsiveness of agency to their needs. 362 surveys were complete and returned with a 49% response rate. This is one example of regular customer satisfaction surveys.

Perceptions of foster care

- "Foster care has helped me feel safer (62.4%), do better in school (59.9%), be more independent (57.2%), and feel better about who I am (52.2%)".
- "My foster parents treat me and my family with respect (86.2%) and treat me like their own child (81.8%)".
- In foster care I am developing skills for adulthood by doing chores around the house (94.5%), learning to do laundry (67.4%), handling money (66.3%), and working with my foster mom (64.4%) or foster dad (42%).
- "I *DO NOT* like foster care because I miss my family(53.9%), don't like being called a "foster child" (50%), find it different here than at home (38.7%), am concerned about what will happen to me (35.1%), or had to change schools (34.8%).

Worker contact and support

- "My social service worker visits me, calls me or works with me more than once every month (24.6%), every month (49.7%), or never (8%)".

Empowerment and engagement

- I am always told about meetings and hearings concerning my placement (44.5%).
- I always attend these meetings (32%).
- People always listen to my ideas (10.5%)

Quotes from foster children:

- "I have had my ups and downs in foster care, but I truly believe it is the best thing that has ever happened to me."
- 38 Youth expressed an interest in freedom and to be able to do more things and activities (Spending the night with friends, ride ATVs, go to places out of state, etc).
- 16 Youth would like to see their families and siblings in foster care more often.
- 8 youth asked that they be listened to in decisions about adoption, where they stay, what their needs are, who their social service worker is. They wanted to be checked on more often.
- "Repeatedly sending children home and placing back into care needs to end. Parents should have one time to change, if not it's their choice."

Key collaborates in ensuring that children receive quality services that supports Item 30 are:

- **DPP Medical Support Team** consists of three (3) nurses and one medical doctor who are all available to consult with social services workers, review medical records, and work with other health care providers and other physical and mental health related support as needed. The team provides oversight to the medically fragile program that serves children in foster care with a medically fragile designation.

- **Commission on Children with Special Health Care Needs** provides additional support to foster families and the children in their care through education and training of the family. Each of the nine (9) service regions has a designated nurse available for consultation and assessments of children in foster care. These nurses also accompany social services workers on visits to children in foster care as requested.

- **Kentucky Education Collaboration for State Agency Children** (KECSAC) is a statewide collaborative that works with State agencies, school districts and local programs to ensure that State Agency Children receive a quality education comparable to all students in Kentucky. "State Agency Children" are all children and youth placed in programs contracted, funded and/or operated by the Department for Juvenile Justice, Cabinet for Health and Family Services (including mental health agencies) in the State of Kentucky.

- **The Parent Educational Advocacy Program (PEAP)** recognizes that approximately 50% of foster children in Kentucky are eligible for services under the Individuals with Disability Act and Individuals with Disabilities Education Improvement Act. Older adoptive children have often been foster children previous to their adoption. The thrust for this program is to ensure that the special education needs of foster/adopted youth are met through advocacy, parent training and empowerment, and academic case management.

- **Local Citizen Foster Care Review Boards (CFCRB)** review the placement status of the foster child; the efforts the parent has made to improve circumstances, conduct or conditions to make it in the child's best interests to be returned home; the efforts the Cabinet has made to locate and provide services to parents; and the efforts the Cabinet has made to facilitate the return of the child to the home or to find an alternative placement if return to the parent is not feasible. These reviews are sent to the presiding judge and placed in both the court file and in the Cabinet case file.

  CFCRBs are located in each of Kentucky's 120 counties and each consists of at least three volunteers. Training is provided for all volunteers who participate on the boards. Kentucky's CFCRBs provide trained community volunteers to conduct in-depth case reviews of all abused, neglected, and/or dependent children who have been placed in OOHC by the district and family courts in Kentucky. CFCRBs are funded through Title IV-E and matching funds from the AOC.

- **Kentucky Citizen Review Panels (CRPs)** were implemented in 1996 as an amendment to the federal Child Abuse Prevention and Treatment Act (CAPTA). CRPs are mandated by CAPTA legislation to evaluate the extent to which DCBS is effectively discharging its child protection responsibilities. There are currently five regional panels in Kentucky – one each located in the Eastern Mountain, Jefferson, Lakes, Northeastern, and Southern Bluegrass Service Regions. There are a total of 56 counties represented in these regions.

  There are over 70 volunteer members of the CRPs, representing a variety of community partners - parents, advocacy agencies, mental health professionals, school personnel, and other community partners. The regional panels meet monthly and a DCBS liaison is assigned to each regional panel to provide information and support. The Service Region Administrators actively participate with the panels and frequently attend meetings. Panel members have met with DCBS staff to assess their job satisfaction and barriers to completing their duties. These meetings have taken the form of attendance at regular panel meetings and employee breakfasts. Panel members are strong advocates for DCBS front-line staff, having met with the DCBS Commissioner to discuss concerns for working conditions, tools, staff retention, etc., and advocated with state legislators on behalf of DCBS staff needs.

  The CRPs produce an annual report to inform the Cabinet and the legislature of their work. The Cabinet provides a response to the report and addresses recommendations that are made. CAPTA monies are utilized to fund a CRP coordinator who recruits and trains citizen volunteers, coordinates the work of the panels, maintains a national web site, and produces a newsletter to help the panels communicate. These funds are also used to support activities and ongoing training/annual conference for the program coordinator and Cabinet liaison.

- Services to support resource homes include: Foster/Adoptive Support and Training Center, Resource Parent Mentoring Program, Family Preservation Program, Impact, and

Impact Plus, KY Foster/Adoptive Training Support Network, Adoption Support of Kentucky, KY Foster Adoptive Care Association.

Community Stakeholders Advisory Group Analysis of Item 30 (Standards ensuring quality services)

Stakeholder Involvement in Quality Assurance. Courts are involved through case reviews, annual permanency reviews, and regular sharing of data. Continuous Quality Improvement (CQI) teams are formally defined for the community stakeholder group and foster parents and embedded in the state system along with the Youth Advisory Board. The Interagency Councils (RIAC at the region and SIAC at the State level) bring together community partners and sometimes families to solve problems regarding specific complex cases. Internal to DCBS, case reviews are completed on a random selection of cases each month and used to improve and train best quality casework practices. The TWIST system generates a great deal of information on case work compliance and quality. External evaluators and advisors include various advocacy groups, such as the Citizen's Review Panel, the Department of Education, Foster Care Review Board, and numerous other agencies. Parents are engaged through the RIACs and the Foster Care Review Board. Tribes are involved through advocates and representatives on the state board. Kentucky does not have a recognized American Indian Tribe. However, there are Kentucky residents with American Indian lineage. The Community Stakeholders Advisory Group has engaged two representatives with statewide affiliations—both serve and advocate for American Indian populations and preserve American Indian heritage within Kentucky. Both work in partnership with the Kentucky Native Heritage Commission.

Progress since CFSR Round One. Stakeholders identified the process of Root Cause Analysis as a promising practice for quality improvement. There has been a vast improvement in the collection and display of data for Kentucky outcomes coupled with improved quality and quantity of data. Staff and management have enhanced training on using data and a team was established (Information and Quality Improvement) to manage and display the data. DCBS regularly surveys community partners, staff and clients about perceptions on a range of topics. The current quality assurance process includes multiple data sources, a DCBS researcher dedicated to data use, and the DCBS culture that is committed to improvement. Staff members are well educated in using data and community partners are often engaged in actively interpreting data and feel valued in the process. However, DCBS has not shared that data as regularly and completely with community partners as they would like.

Use of Quality Assurance. DCBS has CQI teams and data staff who interprets monthly and quarterly reports on performance indicators. However, community stakeholders were unsure of how data reached the local partners or was used by DCBS managers and staff. Stakeholders would like to be invited to local and regional CQI teams. Projects outside of DCBS including those with Public Health and other short term projects need to be shared. However, the team structure and process for engaging other agencies, university partners and stakeholders is less clear. Nonetheless, empirical data is now used much more than pure anecdote. Stakeholder input is now used more regularly and actively to guide policy and practice changes. The entire outcomes section of this self-assessment includes extensive analysis of data and information that illustrates the process used to interpret and use quality assurance data.

Item 31: Quality Assurance System.
Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

Kentucky has developed a variety of quality service mechanism to assess delivery of child welfare services to families and children served by the agency. Kentucky has worked toward and continues to refine a system that effectively measures the Cabinet's ability to provide for the safety, permanency, and well-being of children. This includes internal and external methods of evaluating service delivery and on-going program improvement.

Where was Kentucky's child welfare system in Round One of the CFSR regarding Item 31 (Quality assurance system)?

Item 31 was rated as a Strength because the State maintains an effective quality assurance system that evaluates and measures program strengths and areas needing improvement. Stakeholders commenting on this topic generally expressed positive opinions about the Cabinet's CQI process. They noted, for example, that monthly CQI meetings are held consistently and have been helpful in resolving issues. The Foster Care Review Board also was mentioned as a useful mechanism for receiving feedback on the quality of case services.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated that supports Item 31 (Quality assurance system)?

Since the previous statewide assessment, Kentucky has continued to use the Continuous Quality Improvement System (CQI). The CQI process enables the Cabinet to ensure that protection and permanency services are in alignment with the best practice standards prescribed by the Council on Accreditation. The mission of the CQI system is to verify and improve the effectiveness of service delivery in accordance with current policy and professional standards. In view of this strategic direction and focus, the CQI process continues to improve safety, permanency, and well-being outcomes.

The CQI system's case review tool was cross referenced with the Child and Family Services Review tool to ensure that questions included in case review were linked to outcomes for children. This focus assists field staff in understanding how specific tasks support outcomes for children and families and therefore builds understanding and capacity for the work of child welfare.

The CQI system has allowed for significant progress through program development and implementation of corresponding strategies. Those developments, strategies, and their respective accomplishments are summarized below:

- Council on Accreditation (COA) re-accreditation certification for the Department for Community Based Services issued in 2007;
- Monthly random case reviews at three levels: supervisor, regional, and Central Office;
- Revision of the CQI case review tool to more closely align with the outcomes and items in the CFSR outcomes and to enhance the reliability of case review scores;
- Completion of a CQI case review guide and related training to regional and Central Office specialists;
- Improved availability of results and analysis of individual questions from the review instrument for regional and statewide program improvement, to include the following four reports: Quarterly Region-Specific Case Review Process Reports; analysis of the CQI Case Review Instrument to promote refinement of the tool, if warranted; state reports linking CQI Case Review scores to Cabinet outcomes every six months; and findings to Central Office and Service Regions for review and action;
- Quality Service Review Pilots (i.e., Thirty-five reviews have been conducted and feedback provided to staff.);
- The Kentucky version of the Child and Family Services Review, as outlined in Kentucky's Program Improvement Plan;
- Community Partnerships for Protecting Children's launch in two additional regions this year;
- Interviews conducted by the Children's Review Program, which includes a 33% sample of children being discharged from an out-of-home placement; and
- Customer Satisfaction Surveys to a variety of groups including youth, the court, physicians and foster parents.

Kentucky began using the 'Data at a Glance' report at the beginning of the Program Improvement Plan. That report is a master report that incorporates case quality review scores as well as data generated from the Kentucky SACWIS system, The Worker Information System (TWIST). This master report is generated quarterly and displays for staff scores for each item of the CFSR tool. Because the report generates both quality and quantity data, regional managers can assess how their region and the counties contained therein are fairing on any item from timeliness of initiating child protective services investigations to how staff are engaging the family in case planning. This report more than any other throughout Kentucky's program improvement plan assisted staff and mangers at various levels of the Cabinet in maintaining a focus on the priorities of quality service delivery.

A final element of quality assurance is maintaining a healthy workforce. Kentucky recently began requiring each service region to develop strategies and protocols for staff to de-brief the traumatic experiences of child protective services. It is not uncommon for staff to experience secondary trauma in the course of the work they do with families either through a child fatality investigation or a sexual abuse investigation. The Kentucky Employee Assistance Program (KEAP) as well as Crisis Response board services are available to staff during normal business hours and can provide either individual or group de-briefing services.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of Item 31 (Quality assurance system)?

While it is often very difficult to juggle competing efforts of safe and timely reunification of children with their families while simultaneously maintaining a low percentage of children who are victims of repeat maltreatment, only a system that displays all of the data can assist staff in understanding how these elements of child welfare impact one another. Kentucky Central Office staff held various trainings and graduate level courses to help staff understand how data supports practice and the CQI meeting minutes show that over the course of the program improvement plan staff capacity for utilizing data to support outcomes is evidenced.

At times when the volume of work is high either due to staff shortage or a great influx of work, field staff fail utilize the (CQI) case review tools to their full advantage. Even when issues have been identified, staff encounters other competing priorities and fails to make needed corrections.

Evaluation of DCBS Quality Assurance. The state CQI staff, CQI steering committee and Information and Quality Improvement (IQI) unit are dedicated to improving quality and promoting the culture of quality improvement. The stakeholder group is established and uses data to understand the Cabinet and to guide its work. The quality improvement process is embedded in multiple organizational units in DCBS, making it more universally thematic and diffuse with people dedicated to improving future outcomes. DCBS is perceived as open to external agency input.

Despite these strengths, the multiple sources of data are also perceived as a barrier to communication and consistency. There is no clear 'lead' for DCBS quality assurance or a centralized point or umbrella agency for all data and QA processes. Data is inconsistently shared with DCBS staff and community partners. Sharing and understanding data is complicated by staff turnover in DCBS and in the stakeholder organizations so that constant education and reeducation are needed. The data and child welfare are also complex and can be confusing. Community stakeholders need more information about data and CQI systems. They believe that regular displays and sharing of data will help to engage them more with DCBS.

Community stakeholders recommended that outside reviews and feedback from advocates is formally incorporated into the QA process, and that data be shared proactively rather than reactively using data from multiple sources. We were reminded that understanding data takes times and requires more than 'head shakes' of yes or no, but discussion and use of data to really understand it.

The case review process was seen as subject to rating 'creep' toward higher scores over time and that retraining is needed to maintain high quality reviews. Although there are two CQI specialists allocated per region, the positions have not all been filled. Some external partners like the tribes and youth will need data tailored to help their understanding of key issues.

Staff and Provider Training (Items 32, 33, and 34)

The Cabinet's training capacity is guided by its strategic plan, the Child and Family Services Plan and related commitments. The Department's Division of Staff Resource Development works in conjunction with the University Training consortium between the Cabinet and eight public universities led by Eastern Kentucky University. The aim of the Consortium is to enhance the delivery of child welfare staff training, provide a comprehensive (pre-service, in-service, and advanced training) professional development and training program to equip and support the Cabinet's staff with knowledge, skills and attitudes necessary to provide high quality service. University members of the Consortium ensure that curriculum and professional development are delivered consistently across the state.

Item 32: Initial Staff Training.
Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

What do policy and procedure require?

Orientation and Academy courses are the primary training for new staff and include field based practice weeks in between the classroom training weeks. In addition to the mandatory trainings, several advanced and specialized classes are available for tenured staff. All tenured staff has an opportunity to earn graduate credit hours in addition to advanced in-service training and refresher classes. New staff earn 9 (nine) graduate credit hours during the academy courses 1-3, encouraging staff to pursue graduate degrees. New social service workers are required to complete 250.70 hours of initial training. This training is provided during the first four months of their employment. For the Protection and Permanency Social Service Worker I & II job classifications, 582 employees were trained in 2005 and 829 for 2007. New employees begin initial training with New Employee Orientation and Introduction to Community Based Services. These courses are offered the first full week of every month. Following those courses is participation in the P&P Academy with a new cohort beginning every month. Average wait time to begin the above trainings is determined by the employee's start date, and can vary from zero days to 15 days. New employee training takes place at all levels from regional, to multi-regional, to statewide centralized training. Depending on the location of the employee, or the location of the training events, there could be limited travel or significant travel required. The centralized trainings are rotated among major cities throughout the state to balance the travel among the participants. Additionally, several of the required courses are web-based or offered in an electronic environment, so participants can complete the training in their local office. Personal and professional concerns of "time and travel away" are addressed through training 'make up' segments, and with the rotation of the training sites to better accommodate employees. All lodging is direct billed, all travel is reimbursed, and the employee is on the payroll during travel time.

The new employees participating in the Academy are officially assigned caseload responsibility after they have completed their classroom training for the "Academy Course 1 (concentrates on CPS) and Course 2 (concentrates on APS)." Many participants have specific cases identified to

them during this period of training, so that they might be able to identify needs of those families and focus on their own skill improvement. The PCWCP graduates hired as new employees have the requirement to complete the "Academy Course 2" curriculum, but could have a Child protection caseload assigned by the time they receive that training. Additionally, the "Academy Course 3" curriculum addresses child sexual abuse. A worker may have an existing caseload prior to attending that training, but would not be assigned responsibility for that type case work until after completing that training.

Staff believes that training adequately prepares them for working with the reality of child welfare; after repeated reviews of outcomes, the Credit for Learning P&P Academy continues to receive DCBS management approval. Review of the Level One Evaluation data for the period of 1-4-07 to 12-14-07 finds participants rate "This training will help me perform my job more effectively" with a Mean rate of 4.05 out of 5.0.

Since the last CFSR Review in March 2003, the University of Louisville, Kent School of Social Work, CARE Team has continued to evaluate new worker and several veteran worker trainings with similar results over time. U of L has continued to find significant improvement in test scores tracking changes in knowledge (Level II evaluation) from pre-training to post-training for the CPS academy. Course I on child welfare has consistently shown a 14-15 percentage point improvement from pre-test to post-test with average post-test scores between 80 and 85%. In Course II, test scores have improved between 9 and 10 percentage points with recent post-test scores between 72% and 79%. Thus, DCBS has continued to provide high quality new worker training that is well received by workers and that leads to worker learning (Antle, et al, under review, Bledsoe, Yankeelov, Antle & Barbee, 2004, Bledsoe, Sar, & Barbee, 2006).

U of L also evaluates training transfer (Level III evaluation). Over the past 5 years, they found that 3 months post training, workers perceive that they are a 3.49 (non-PCWCP) and 3.89 (PCWCP) on a 5 point scale in executing key child welfare behaviors including engagement, intake, investigations, conducting assessments, writing case plans, working with clients, dealing with the courts and closing cases. This past year, two members of the Credit for Learning (CFL) team at U of L conducted an on-line survey targeted at CFL graduates and supervisors. They focused on their satisfaction with the training. They found that supervisors and workers alike saw value in the training, but had some constructive ways to improve the CFL program as well (Sar & Bledsoe, 2008). Currently U of L is using the case quality review scores to compare workers with and without PCWCP training on case work quality to test the impact of training on outcomes.

Training for P&P staff includes information on Interstate Compact Placement, Indian Child Welfare Act, and independent living programs in Academy Course 1. Additionally there is specialized training available for workers with an adolescent caseload presented jointly by the Training Branch and Western Ky. University on Assessing and Understanding Adolescent Issues, which addresses the need for preparation for independent living. Training for on-going caseworkers on supporting case plans for youth and independent living has been available to P&P in conjunction with a University of Louisville Children's Bureau grant.

There is a series of required trainings for new and tenured supervisors offered to P&P supervisors. This includes three separate trainings: Effective Leadership Habits, 7 Habits of Highly Effective People and Personnel Management. Learning Reinforcement and Program Application (LRPA) was also offered to several of the regions prior to being revised. The training has been offered quarterly so that new supervisors can complete them within their probationary period. All trainings are evaluated through the U of L. For example, the U of L team evaluated the Coaching and Mentoring training that was conducted for all supervisors as a part of the first CFSR, PIP. They found that the supervisors gained in learning from pre to post, 56% to 78%, but did not transfer their learning to the field in a way that showed up in changes in worker practice or safety, permanency or well-being outcomes. This could have been due to the brief length of time of the training intervention, lack of training reinforcement, or administrative changes that the state has faced in the past few years.

For new employees, tenured staff and supervisors, most P&P training is designed and scheduled to include both classroom presentation and allow time for transfer of learning with the staff's field experience. In the Academy for new staff, the training time for all three courses, takes approximately 88 work days to complete, with 37 days in the classroom, and 51 days in the local field office.

Initial Staff Training:

Policy requires all new staff to attend the following trainings:

New Employee Orientation:	Hours of training
• Administrative Information	1
• Technology and Information Management	2
• Introduction to the Region	1.5
• Staff Development and Training	1.5
• Preventing Disease Transmission (web based)	2
• HIPAA (web based)	2
• Safety First (web based)***	2
• Americans with Disabilities Act (web based)	.5
• Limited English Proficiency (web based)	3
• Random Moment Sampling (web based)	1
• Targeted Case Management (web based)	1
• Taking Care of Yourself	1.45
• Anti-Harassment Prevention (yearly)	1
• Understanding Substance Use Disorders in Ky. Families (web-based)	2
• Predictor Assessment (web based)	.25

Required before additional courses taken in program area:

• Introduction to Community Based Services	11.5

Academy Course 1 (3 graduate credit hours) +

• The Foundations of the KY Child Welfare	30
• Assessing Needs of Families and Children	30
• Case Planning	30
• TWIST WEEK 1 and TWIST Week 2 (taken in conjunction with Course 1)	19
• Medical Indicators (taken in conjunction with Course 1)	7.5

Academy Course 2 (3 graduate credit hours) +

- Meeting the Needs of Families and Children in Domestic Violence 26.5
- Meeting the Needs of Vulnerable Adults 26.5

Academy Course 3 (3 graduate credit hours) +

- Assessment and Case Management of Child Sexual Abuse and Follow-Up* 47.5
- TOTAL 250.70

Item 33: Ongoing Staff Training.
Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

While several of the training requirements are immediate for the new employee, several are mandated to be completed within the first 18 months. In addition, there are six courses offered on a regular basis for tenured employees and award graduate level credit, including:

- Ethical Decision Making 44 hours
- Collaborative Services in Mental Health and Substance Abuse 23 hours
- Assessing and Understanding Adolescent Issues 52.5 hours
- Strengthening Couple Relationships to Prevent Child Maltreatment 19 hours
- Supporting Child and Family Outcomes Through Program Evaluation 15 hours
- Children with Sexual Behavior Problems 60 hours

Ongoing staff training includes:

- Anti Harassment online 1 hour
- Elder Abuse (continuing education every 2 years) 7.5 hours
- Domestic Violence (Continuing Education every 2 years) 2 hours
- Workplace Violence Prevention (every 2 years- OHRM) 7.5 hours
- Enhancing Safety and Permanency (3 graduate hours optional)
- Assessing CPS Referrals in Out of Home Care
- Working With Adult Guardianship
- Investigations in Alternate Care Facilities
- Serving Substance Abusing Families
- Cultural Competency (in revision status)
- TWIST (depending on function area)

There is not a minimum number of yearly training hours required by the Cabinet. However, there are specific courses that are required yearly. See the attached Staff Development Plans. In addition, tenured staff may be required to attend new courses as best practice, laws, regulations and/or policy changes, and just in time training is warranted. The DCBS Training Branch in the Division of Staff Resource Development provides for the design and delivery of all DCBS staff's required training. All required trainings are conducted internally. See the attached Staff

Development Plans for requirements. Outside (external) training events are available but not required. All costs associated with outside events are pre-approved by DCBS leadership and funding is available as budget limitations allow. Time away issues, are no more prevalent or absent than internal training issues previously addressed. Agency staff can participate in many cross training efforts, examples include the following presentations: *Serving Substance Abusing Families* or *Undoing Racism*. Additionally, staff is invited quarterly to attend family violence training at the Kentucky State Police Academy with cadets. Each region routinely coordinates training opportunities with community partners which are captured on the worker's training record.

Additional specialty trainings have been offered through grants and other special initiatives and evaluated for effectiveness:

- *Healthy Couple Teams (2003-2008)* training for more than 300 workers; results found the training useful and workers gained in learning from pre- to post-test.
- *Independent Living (2005-2008*) training for 28 supervisors, 91 workers, 106 PCC providers, 40 foster parent on youth transition to adulthood successfully.
- *Undoing Racism (2005-2008*) training for more than 400 DCBS staff and community members; average satisfaction ratings were high, learning increased and prejudicial attitudes decreased.
- *Adoption Disruption Prevention Training (2006-2011)* for new adoptive parents to help them strengthen their families and learn about the complexities of adoption. More than 40 couples completed the training and evaluation findings showed high satisfaction, changes in learning, and transfer of skills to fostering and caregiving.

Across all of the trainings, it has been found that trainees find utility in the training, gain in knowledge and skills from before to after the training, and transfer the skills to the field. In a series of studies, faculty from U of L have shown that transfer of skills leads to improved practices and in turn better outcomes (Antle, Barbee & van Zyl, in press, Antle, Barbee & van Zyl in pressb, Antle, Barbee, Christensen, & Martin in press, Antle, Barbee & Christensen, under review, Antle, Sullivan, Barbee & Christensen, under review, Barbee, Antle & Kanak, 2006, Barbee, Antle & Martin, 2007, Barbee, Sullivan & Antle, 2008).

Where was the child welfare system in Round One of the CFSR?

Kentucky achieved substantial conformity with all items for the systemic factor of training. The CFSR determined that the Cabinet provides a strong staff development and ongoing training program as well as effective initial training for all newly hired workers.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of its staff and provider training system?

In the last two years a concerted effort has been made to offer trainings on a regional versus statewide basis to limit the travel for employees. New training requirements in the areas of supervision, substance abuse, safety, permanency, and worker safety have been implemented.

To assist CQI specialists, PIP leaders, and administrative staff to effectively use data, a graduate course entitled 'Supporting Child and Family Welfare Outcomes through Program Evaluation" was offered three (3) times in the last two (2) years and trained approximately 110 staff in data management and use skills. This is an ongoing course.

While Kentucky does not contract out case management, it recognizes that families and children benefit from service providers who are well versed in the Department's philosophy and goals. To that end, private agency staff may be included in DCBS training events. New training requirements in the areas of supervision, substance abuse, safety, permanency, and worker safety have been implemented.

To assist CQI specialists, PIP leaders, and administrative staff to effectively use data, a graduate course entitled 'Supporting Child and Family Welfare Outcomes through Program Evaluation" was offered twice and trained 90 staff in data management and use skills. This training was offered on the following dates: January 28 – 30, 2004; March 5, 2004; April 28-30, 2004; September 7-9, 2005; December 7-9, 2005.

The Training Records Information System (TRIS) holds the training records and registration information for all the Cabinet's employees. The employee's training requirements are monitored by the region's Regional Training Coordinator. During the employee's initial required trainings, graduate credit is awarded and the grades are monitored by the supervisor to determine if the employee is meeting the requirements and obtaining the skills and knowledge required to move from probationary status into carrying a caseload. Regional Training Coordinators are able to generate training reports for each employee (new and tenured), monitor their attendance and completion of requirements. Supervisors can monitor the new employee's progress through training by reviewing the course assignments, the grades on assignments, the final grade, and attendance reports. This offers the supervisor tools with which to coach, mentor and monitor the employee's progress as they proceed through the Academy courses.

The TRIS allows the Cabinet to track all training requirements and to provide a real-time certified individual training record for any employee. When an employee training need is identified, the supervisor contacts their RTC. The RTC will secure either local, regional or statewide resources to meet the employee's training need. The supervisory will approve the registration of the employee into the scheduled event.

Measuring training effectiveness and performance improvement as a result of training activities is paramount for a comprehensive professional development and training system. In order to provide a framework for a multi-level evaluation plan for training the Department for Community Based Services, through the contractual services of the University Training Consortium, utilizes an expanded version of the four level Kirkpatrick model promoted by the American Humane Association to evaluate DCBS competency based training curriculum and transfer of learning.

Level One evaluation involves assessing participant reactions to the training and is based on the assumption that satisfaction with content, delivery, and environment of training enhances effectiveness of the learning process. Level One evaluation is completed on all DCBS scheduled

training events, including training events conducted by subcontractors. Level Two evaluation involves measuring knowledge and skills acquired immediately after the training (pre and post-tests) with results of the evaluations serving as a basis to evaluate the translation of knowledge and skills gained in training to actual job performance leading to the development of a learning reinforcement component related to competency based training. Level Two evaluation is completed on all new DCBS employees who attend basic core training. Level Three analyses evaluates whether or not the model of training has a dramatic impact on job performance (learning reinforcement and relationship to transfer of learning) and is conducted related to designated learning events. Level Four evaluates organizational change as a result of the training (agency impact, client outcomes, community impact) and requires intensive evaluation. This evaluation ensures that the training is aligned with Cabinet and Department outcomes, that teaching is focused towards the achievement of these outcomes, and that workers perform in a way to achieve the outcomes.

Eastern Kentucky University conducts electronic Level One training evaluations and provides summary data/feedback to the DCBS Training Branch of training/educational courses delivered for Protection and Permanency staff. The University of Louisville's Kent School of Social Work is responsible for the Child Welfare Training Assessment Project (CWTA). The Project is responsible for the development and/or refining of comprehensive evaluation models that assess the Level Two, Level Three and Level Four impact of child welfare training developed and delivered through the DCBS Training Branch. Outcome analysis is conducted for the Public Child Welfare Certification Program (PCWCP).

Training and program evaluation services administered by the University of Louisville recently include:

- Assisting Protection and Permanency trainers in their assessment of the training cycle, including periodically reviewing the curricula to assess for concreteness, content and compliance with course objectives and lesson plans, and assisting in the assessment of trainers.
- Refining and monitoring the Level 2 tests that are used to assess learning related to the core competency based training offered in the Protection and Permanency Training Academy (pre and post- tests for Level Two evaluation).
- Continuing learning tests for each segment of the P&P Training Academy and embedding the test items in the pre-post assessments given by the Credit for Learning instructors; this includes providing feedback reports to trainees and supervisors and following up with trainers as to recommended changes in existing tests and training.
- Executing a mechanism for drawing Protection and Permanency supervisors into the training process for core competency based trainings. This includes giving supervisors an opportunity to rate their worker's performance on relevant training tasks after the expanded training sequence as a part of the outcome measure for training reinforcement (i.e. "Evidence Based Training").
- Develop learning tests for higher level trainings and courses.
- Comprehensive evaluation of Protection and Permanency trainees which will include administering shorter pre-training questionnaires to trainees about their demographics, learning readiness, personality, and perceived supervisory, co-worker, team and

organizational support. Post–training will involve giving trainees questionnaires about supervisory support and actual follow through in the field.

- Continue Level 3 evaluation by continuing the evaluation system for the training reinforcement initiative (including coaching and mentoring in each region).
- Assisting in the development, execution and assessment of the continuous quality improvement (CQI) initiative which assesses transfer of learning and worker performance and includes assessment analysis of CQAs and case plans.
- Increase formal communication between UofL's CWTA and FSTA project by providing quarterly summary reports of evaluation data to management of the DCBS Training Branch as well as copies of other reports.
- Outcome analysis of the Public Child Welfare Certification Program (PCWCP) by (a) comparing students from the PCWCP and new employees participating in the traditional training program to see what differences exist between the two groups in job performance (Level Three evaluation); (b) assessing the outcomes of PCWCP; (c) conducting Level 1, 2 and 3 evaluation of the program; and (d) report on worker variables including length of employment with DCBS Protection and Permanency, absenteeism and job satisfaction.

While Kentucky does not contract out case management, it recognizes that families and children benefit from service providers who are well versed in the Department's philosophy and goals. To that end, private agency staff may be included in DCBS training events. Examples of private agency staff attending DCBS trainings include Family Preservation Programs and Community Collaboration for Children providers and Private Child Care providers. DCBS is not responsible for training Private Child Care (PCC) foster parents. However, initial and ongoing training is required of private provider staff. It is comparable to the agency's internal requirements and must be Cabinet approved. Examples of private agency staff attending DCBS trainings include Family Preservation Programs and Community Collaboration for Children providers and Private Child Care providers. DCBS is not responsible for training Private Child Care (PCC) foster parents.

Offering graduate level credit for initial worker training requirements is increasing the opportunity for CHFS to pursue their MSW, which would increase the professionalism of the workforce and the quality of the case work. During CY 2007, Kentucky had 81 MSW Stipend students. During this same time period we had 26 employees who graduated from the Masters program.

This year, the Cabinet has required Substance Abuse training and Forensic Interviewing Training for tenured Child Protective Service Staff and has added these requirements for new staff.

The content of the trainings are maintained in electronic formats, standardized for each trainer and course delivered to ensure consistency. Trainings are delivered in various methods including classroom, web-based, interactive classroom, internet, teleconferences, and on the job learning sessions.

The Training Branch management staff meets quarterly with the Division for Protection and Permanency's Child Safety, Out of Home Care, and Adoptions Branches to assess training needs and review revisions in Standards of Practice to keep instructional delivery current, based on the

needs and data collected by the Cabinet. Training specialists are involved with development of Standards of Practice to be able to present the history and interpretation of procedural steps during instructional delivery; as well as, field staff being included in the Training curriculum design process, DACUM, to assure the priorities of service delivery are being met consistently in presentation.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of staff and provider training?

- Feedback from staff in the field offices indicates that the staff believes that the academy training is more philosophical than practical. A comprehensive gap analysis is underway by DCBS and Training staff that aims to provide a determination of needs related to the practical nature of training. Once accomplished, the training academy can be altered to better meet the needs of front line and supervisory staff.
- Field staff is requesting more hands on training actually dealing with specific casework in the field. We are in the process of assessing the current training curricula and developing a plan to add more coaching and mentoring opportunities for staff related to casework.
- In response, training staff voice concerns that recently new employees require more concrete training and struggle more to solve problems.

Item 34: Foster and Adoptive Parent Training.
Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under Title IV-E? Does the training address the sills and knowledge base that they need to carry out their duties with regard to foster and adoptive children?

What do Policy and Procedure Require?

SOP 3A.4 and 922KAR 1:350 require every resource parent applicant to initially complete a minimum of 30 hours of Department approved specific-training curriculum. The thirty hours of training include the following topics:

- Orientation to the program;
- Example of an actual experience of a resource home parent;
- Other information concerning grief, behavior linked to each stage of grief, long-term effect of separation and loss, permanency planning, growth and development and how to develop a healthy attachment, family functions and expectation of the home, cultural competency, how the child came into care, types of maltreatment, importance of birth family and helping the child to leave foster care, identifying changes that may occur in the home, family adjustment, identity issues, discipline and child behavior management, and the specific requirements of the resource home parent.

All resource home applicants are required to complete the thirty (30) hours of training described in the paragraph above at initial application. The number of Resource Parents trained for calendar year 2005 was 6,335 and 6,037 were trained in calendar year 2007. Additional training

is required for specialized resource home parents at both the application and annually. Basic resource home parents are required to complete an additional six hours of training **annually** approved by the Department. Advanced resource home parents are required to complete an additional twenty-four (24) hours of training in child sexual abuse at application and twelve (12) hours of training annually. Emergency shelters are required to complete an additional ten (10) hours of training at application and an additional ten (10) hours of training annually. Care Plus resource home parents are required to complete an additional twenty-four (24) hours of training at application and an additional twenty-four (24) hours of training annually. Medically fragile resource home parents are required to complete an additional twenty-four (24) hours of training at application and an additional twenty-four (24) hours of training annually. Specialized medically fragile resource home parents are required to complete an additional twenty-four (24) hours of training at application and an additional twenty-four (24) hours of training annually. Medically fragile and specialized medically fragile resource home parents are required to hold certification in cardiopulmonary resuscitation and first aid. Applicants that are certified in CPR may count the certification as eight (8) hours of training. Specialized medically fragile resource home parents are required to be licensed as a LPN, RN, or MD. Medically fragile and specialized medically fragile resource home parents are required to be certified in CPR and First Aid.

922 KAR 1:310 requires private child-placing agencies to complete twenty-four (24) hours of training while the Department requires thirty (30) hours of training. Private child-placing agencies are licensed by the Office of the Inspector General but, the curriculum is basically the same. 922 KAR 1:310 requires private child-placing agencies to complete twenty-four (24) hours of training in the same areas as the Department requires above at initial application. The Office of the Inspector General provides oversight for individually licensed agencies. Training is provided by private child-placing agencies and Departmental staff. The state does have established curriculums for ongoing training for resource home parents. The SSW or relative may initiate consideration of the relative as a DCBS foster parent for a child. If the relative is not approved as a foster home for safety reasons, a child does not remain in the home, unless custody is transferred from the Cabinet to the relative. Therefore, unless the relative is approved as a resource home, the training requirements do not apply.

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 34 was rated as a Strength because training is provided for all current and prospective foster and adoptive parents and staff of child care facilities. This training provides them with the basic skills and knowledge necessary to effectively parent the children in their care.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated?

Since the last statewide assessment, Training Of Trainer's (TOT) for staff and resource parents are offered more frequently and in more central locations to serve more participants. Curriculums of Permanence and Safety – Model Approach to Partnerships in Parenting (PS-MAPP) for the initial training are now being offered. Concurrent Planning is now being offered as an individual training. New trainings such as Sibling Relationships; Reactive Attachment

Disorder, TOT; Loving through Lifebooks, Advanced TOT; Serving the Care Plus Child TOT; Revised Independent Living Training 12-15 yr olds TOT; Transracial Parenting TOT; and the Revised Adoption Assistance (Subsidy) TOT are being offered.

SOP says "a resource parent" although it has been assumed this would apply to each resource parent in a two parent household. When the applicant has been approved by a licensed Kentucky Private Child Placing agency (PCP) as a foster, adoptive, or respite care provider, the FSOS determines whether an applicant meets the criteria as a Cabinet Resource Home. The determination is based on whether: (a) The previous training meets the primary components of the Cabinet-approved Pre-Service Family Preparation training; (b) The previous training has been completed in the past 5 years or has fostered and maintained appropriate ongoing training in the state of origin; (c) The parent possesses the necessary skills for fostering; and (d) The records and recommendations from the other state document that the foster parents possess skills that meet the Cabinet's required Pre-Service Family Preparation training.

Each adult Resource Home applicant who resides in the household and provides care completes a minimum of thirty (30) hours of Cabinet approved training curriculum that includes the following topics:

- An orientation to the philosophy and process of the Cabinet's family foster care and adoption programs;
- A greater awareness on the part of the applicant to determine their strengths and needs;
- Sensitization of the applicant to the kinds of situations, feelings, and reactions that are apt to occur with a child in the custody of the Cabinet;
- The ability to effect behavior so that an applicant may better fulfill the role as Resource Home parent of a child;
- An example of an actual experience from a Resource Home parent that has fostered a child; and
- Information regarding:
    - The stages of grief;
    - Identification of the behavior linked to each stage;
    - The long-term effect of separation and loss on a child;
    - Permanency planning for a child, including independent living services;
    - The importance of attachment on the growth and development of a child and how a child may maintain or develop a healthy attachment;
    - Family functioning, values, and expectations of a foster home;
    - Cultural competency;
    - How a child comes into the care and custody of the Cabinet, and the importance of achieving permanency;
    - Types of maltreatment and experiences in foster care and adoption;
    - The importance of birth families culture and helping children leave foster care; and
    - Identification of changes that may occur in the home if a placement occurs, to include:
        - Family adjustment and disruption;
        - Identity issues;
        - Discipline issues and child behavior management; and

        - Specific requirements and responsibilities of a Resource Home parent.
    - Billing and payment process for Resource Parent Reimbursements.

The annual ongoing training requirement for a Resource Home prior to the home's certification anniversary date is:

- Basic – six (6) hours, including awaiting adoptive homes;
- Advanced – twelve (12) hours;
- Emergency Shelter – ten (10) hours;
- Care Plus – twenty-four (24) hours
- Medically Fragile – twenty-four (24) hours, in addition to maintaining current certification in CPR and first aid.
- Specialized Medically Fragile - twenty-four (24) hours, in addition to maintaining current certification in CPR and first aid, and a current Kentucky license as a LPN, RN, or Physician.

The training requirements for a resource home applicant are the same for foster and adoptive parent applicants.

DCBS may also provide or arrange additional training through community resources, such as colleges and universities, adult education centers, comprehensive care centers, county agencies, hospitals and libraries. Training may include:

- Participation in support groups or other associations related to foster care and adoption and approved in advance by the FSOS;
- Attendance at workshops or course work receiving prior approval of the FSOS;
- Individualized professional training in the field from which the child needs specialized care, with prior approval of the FSOS;
- Workshops that are relevant to foster care or adoption, provided proof of attendance is given to the R&C worker;
- Sessions with a doctor, therapist, school or other professional to learn a specific skill, provided families provide a signed statement from the individual who provided the training indicating the skill that was taught and the time spent;
- Those necessary to maintain certifications for CPR and First Aid as required for Medically Fragile and Specialized Medically Fragile Resource Homes;
- College courses that are relevant to foster care or adoption, provided the Resource Home parent provides a copy of their final grade for the course;
- Credit for Learning courses related to foster/adoptive children and parenting;
- Training tapes (audio & video) or Internet training on a topic relevant to foster care or adoption, provided the Resource Home parent provides a written report or summary;
- Tapes from previously held DBCS-approved training events, provided the Resource Home parent provides a written report or summary;
- Books, articles, pamphlets that are non-fiction and are topics relevant to foster care or adoption, provided the Resource Home parent provides a written report or summary.

Various methods are used to measure the effectiveness of the training for all resource parents. The TRIS (Training Record Information System) maintains training records for DCBS resource parents and evaluations for these trainings are maintained there as well. Feedback from foster

parent conferences and adoptive parent conferences is used to both measure effectiveness and keep training aligned with practice needs. Training records for private child placing agency foster parents are maintained on file at the private child placing agency. These training requirements are set forth in Kentucky Administrative Regulation 922 KAR 1:310 and are reviewed annually during licensure by the Office of the Inspector General.

A survey in 2006 of 1,705 (43.9% response rate) DCBS and PCC foster parents included questions on training satisfaction. Foster parents identified barriers that had "prohibited them from attending training" from a list of eight items. Child care and work schedule conflicts were identified by about 40% as the most prominent obstacles to training attendance. Both DCBS and PCC Foster parents gave generally high marks to resource parent training, with nearly 85% of all respondents rating them as good or excellent.

Private Child Placing agencies offer different training curriculums, and Northern KY DCBS uses Pre-Service while Jefferson County DCBS uses Family to Family. These curriculums are comparable to the agency training program. TOT PS-MAPP is offered to Private Child Placing staff in addition to DCBS staff and resource parents. A Resource Parent Workgroup including EKU training staff; PCP; DCBS; Resource Parents and other community partners convenes quarterly to identify training needs and brainstorm potential content of new training. Private Child Placing foster parents and staff are eligible to attend the DCBS Medically Fragile trainings as well as most other DCBS trainings for foster parents and Recruitment and Certification staff. The Resource Home applicant must have completed the required Cabinet-approved training prior to a recommendation for approval as a Resource Home parent.

Service Array and Resource Development (Items 35, 36 and 37)

Item 35: Array of Services:
Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

What do policy and procedure require?

Policy requires that families be linked to needed services identified during the case planning FTM. The SSW is to continuously assess the needs of the family throughout the life of the case. If the case is an in home case, this ongoing assessment takes place during the monthly home visits. During these visits the SSW is to assess each child in the home as well the interactions of the parents with the children. The SSW is to have no less than bi-monthly contacts with the service providers in order to assess the families' progress. During the home visits, the SSW is to discuss with the family any progress made on their treatment goals as well as barriers that prevent further progress. Any new area of concern identified is to be addressed.

The SSW is to have bi-monthly contact with service providers to assess the child's progress. The SSW is to discuss the child's progress or any other service needs with the caregiver as well

as assess the caregiver's ability to meet the needs of the child. Any identified areas of concern are to be addressed.

Where was child welfare in Round One of the CFSR?

Item 35 was rated and area needing improvement. Although the State has a broad array of services that assess the strengths and needs of children and families, the Statewide Assessment and the on site review show significant gaps in services.

What are the strengths and promising practices that the child welfare system has demonstrated in the service array since Round One regarding Item 35 (Array of services)?

Since the first CFSR, DCBS has worked diligently to improve service availability and accessibility through expansion of existing services, implementation of new initiatives, particularly around substance abuse, collaborating with communities about needed services, and, in the case of out-of-home care, revising practice protocols to better meet the needs of children. Even though these efforts have been fruitful, there is still an inconsistent service array statewide, necessitating continued diligence. Monitoring service needs and guiding service array development and decision making is implemented using one of four strategies. The following is a list of these strategies with an example of how it was used.

- From statewide data on risk factors identified in the CQA such as substance abuse, mental health issues, poverty, or domestic violence Kentucky can define specific needs. For example, substance abuse was identified a risk factor in approximately 40% of all first referrals and 74% for second referrals, 70% for all children entering OOHC, and 80% for children three years and younger entering OOHC. Based on this need, the START program was initiated in regions particularly hard hit with parental substance abuse issues and targets children three and younger.
- Surveys of families, community partners, staff and youth identify needs. For example, fathers involved with CPS identified their highest need as a support group. Based on this need, support groups were established in Fayette and other counties through CCC funding.
- Analysis of unmet need may target specific geographic or demographic profiles when expanding services. This process was used recently to identify specific counties needing more family preservation services and has been illustrated several times in this self-assessment.
- Administrative data analysis can be used to identify profiles of children, families or unique county needs for targeted services. For example, in the outcomes section of this report we identified adolescents in need of adoption and these high needs are then targeted through the Dave Thomas Foundation grant for recruitment of pre-adoptive parents.

To facilitate ensuring that families' needs can be appropriately connected with the available service array, over forty Tip Sheets related to safety, permanency and well-being have been developed to guide front line staff in assessing the strengths and needs of children and families. These are used in conjunction with SOP and the assessment tool, the Continuous Quality Assessment (CQA), to assess each individual in the household for level of functioning, criminal history, domestic violence, mental health issues, medical conditions, substance abuse, past history with the agency as well as appropriate parenting skills. A CQA is completed on all

referrals accepted for investigation or family in need of services (FINSA). It is also completed on an ongoing basis every six months while a case is opened and at any significant event in the family as well as at the time of case closure. This assessment provides a road map for the case planning process with the family.

Expanded Services that supports Item 35 (Array of services)- Assessment
In addition to the assessments completed by DCBS staff, two other programs conduct specialized assessment for the most challenging cases. The Comprehensive Assessment and Training Services (CATS) Clinic at the University of Kentucky provides a "snapshot" of child and family strengths and vulnerabilities within five major domains: 1) Family/social; 2) Emotional/behavioral 3) attachment; 4) Life history/traumatic events; and 5) Developmental / cognitive / academic. The CATS clinic, located in Lexington, is available to the entire state; however, distance and transportation needs pose barriers to its widespread use. Specialists in the Targeted Assessment Program (TAP) provide assessment, referral, pre-treatment and follow-up services focused on identifying and addressing the barriers of substance abuse, partner violence, mental health and learning problems. Since the last CFSR, Kentucky has expanded TAP services from sixteen counties to twenty-four, with each Region having at least one county participating. TAP counties are Barren, Boyd, Boone, Breathitt, Campbell, Christian, Daviess, Fayette, Floyd, Hardin, Henderson, Jefferson, Johnson, Kenton, Laurel, Madison, Martin, McCracken, Magoffin, Nelson, Perry, Pike, Pulaski and Warren. DCBS plans to extend TAP to more counties in 2008 (Hopkins, Knott, Lee, Letcher, Ohio, Owsley and Rowan) and increase services in Henderson, Kenton, Jefferson and Martin counties.

Expanded Services that supports Item 35 (Array of services)- Family Preservation
Since the last CSFR, Kentucky has expanded its Family Preservation Program (FPP). A description of this service is located under Safety 2, item 3. A formal program evaluation of FPP services was completed in January 2003. Between July 1, 2006, and June 30, 2007, 1,901 families with 4,133 children were referred for FPP services; 219 families received assessment services only. Families received a range of FPP direct service as displayed, with more than 65% receiving more than 21 hours of direct service.

Results
Families with FPP services had significantly more children that were nearly one year younger than children in non-FPP referrals. Cases served by FPP had higher cumulative risk ratings (18.5 of 28 points), showed significantly more risks from mental health issues, domestic violence, serial relationships and income issues, and nearly 91% (90.8%) had income issues presenting as risks to children. The cases served by FPP had 2.1 more prior referrals and more open cases since 2002. Nonetheless, only twenty families (2.7%) completing FPP services had a subsequent substantiated referral within six months of ending services, compared to 6.5% statewide.

More than 65% percent of children served by FPP never had past or current placements in OOHC, but 34.3% of children served by FPP and 32% of families served had at least one episode of OOHC. Only 6.3% of all children and families served by FPP had a stay in OOHC that began ***after*** FPP services. These children tended to be the oldest group served, had more severe behavioral problems and more prior episodes in OOHC. Children referred for FPP during

OOHC tended to be infants with poor or no housing and a higher rate of physical abuse than other children in OOHC.

Among the 34% with an episode of OOHC, FPP services at any time was associated with more positive experiences and outcomes during OOHC even after adjusting for the younger age of children served by FPP. Children with FPP spent fewer (3.0) months in care, had fewer placement moves, were more often placed with siblings, and had more Family Team Meetings. The rates of children reunified after OOHC that had FPP services were much higher (76.5% vs. 54%) than for children without FPP services. African-American children were underserved relative to the rates of children in OOHC particularly for having services after OOHC.

Unmet need was defined by needs in referral populations, children entering OOHC, and children reunified. Based on these decision rules 2,400 families at imminent risk of having children enter OOHC, 1400 children entering OOHC and 1,700 reunified children were identified as having unmet needs.

Cost benefit analysis based only on cost avoidance for out-of-home care costs showed that for every $1.00 spent on FPP was associated with $2.85 cost avoidance.

Client surveys were mailed to all Kentucky families that received FPP services between 7/1/06 and 3/1/07; 194 were completed and returned, for a response rate of 27.8%.

- 92% agreed or strongly agreed that their FPP worker treated them with respect.
- More than 83 % of survey participants agreed or strongly agreed that their FPP worker was available when needed, understanding, and taught them useful skills.
- An average of 64% on any item reported their in-home worker helped the family deal with feelings, manage children, handle problems and talk with each other.
- 26% reported the lack of transportation as a barrier.

Of the 1,697 front-line workers, specialists, supervisors and administrators targeted by the survey, 695 responded, for a response rate of 41%.

- Between 58% and 72% of all workers agreed or strongly agreed with each of 15 descriptions of FPP providers' performance, indicating high satisfaction.
- 85% agreed that more FPP services should be more available;
- The lowest satisfaction ratings dealt with documentation from FPP providers.
- 52% rated FPP workers' understanding of DCBS policy as a barrier sometimes.
- 43% identified FPP workers' failure to confront families on high-risk issues as a barrier at least some of the time. 14% rated it as a moderate or strong barrier.

A follow-up focus group confirmed that FPP services were valued as very helpful to DCBS clients, and they were highly satisfied with services. They identified the priority for the coming year as improving the quality and quantity of FPP services. Services should be expanded so that a full range of services (IFSP, FRS, FPS and FACTS) are available in all regions. Reunification services (FRS) should be available to relatives, adoption parents, and kinship care relatives.

Expanded Services that supports Item 35 (Array of services)- Diversion

The Diversion Program provides intensive, long term (4-6 months) services for children ages 5-17 with the goal of safely maintaining children in a home where there are safety issues or assisting in safely reuniting children with their family and community. It is also used to prevent adoption disruption. Service starts with an intense clinical assessment of the family within ninety-six hours of referral. In the first year (SFY 06) the Diversion Project served 250 designated children, with approximately 84% of those children remaining at home four months into the program. In addition to these 250 designated children, there were 304 other children in the homes where services were being provided, thus broadening the results of the program. In the first ten months of SFY 07, 314 designated children had been served with an additional 373 children in the household benefiting from the service.

Supporting the Department's efforts to maintain children in safe environments is the expansion of the Annie E. Casey Foundation's Family to Family model from Jefferson County to the Northern Bluegrass Region. In 2000, Jefferson Region received its first Family to Family grant, focusing on developing a family-centered, neighborhood-based system of foster care which promoted permanence for all children. In 2007, Jefferson DCBS became one of 14 national "Anchor Sites" selected by the Foundation to deepen the principles of Family to Family and to participate in a three year formal evaluation of the work. The Northern Bluegrass Region received its first Family to Family grant in December 2003 and began embedding those values, practices and strategies into everyday operations. With the 2006 re-organizational expansion of Northern Bluegrass, 13 counties, and 2 of the state's three largest metropolitan areas, are involved in Family to Family work.

Substance Abuse Treatment

Substance abuse issues were cited as a significant risk factor in 61% of DCBS cases with substantiated child abuse or neglect in SFY 07. The risk this poses to children, the high need for treatment, and the accompanying long waiting lists for treatment programs, treatment time and subsequent need for relapse prevention is troubling both to stakeholders and DCBS.

Since the first CFSR, DCBS has contracted with National Toxicology Specialist, Inc. to provide drug testing statewide. The testing is for both court-ordered and voluntary self-pay testing. Both the Courts and DCBS emphasize the need for clean screens with parents. While testing is essential in assessing compliance with treatment, it does not necessarily equate to the sustainability that is a desired outcome of treatment.

Services for Youth that supports Item 35 (Array of services)-

DCBS has made a dedicated effort to provide independent living services to all children age 12 and over in care, regardless of the child's permanency goal. Services are provided statewide by eleven regional Independent Living Coordinators and by private child-serving agencies for children under their supervision.

Under the auspices of the Chafee Independence Program, foster parents are trained to work with 12 – 15 year olds in the home on "soft" skills such as anger management, problem-solving and decision-making, and on daily living skills such as cooking, household responsibilities, and laundry and money management. Sixteen year olds are eligible for Life Skills classes taught in each region. We cannot be certain but probably not every eligible child is participating. This

includes youth in private foster homes and group care. Also, new policy effective November 1, 2007 provides specific guidelines for the child's workers to follow to assure that the pregnant youth's needs are met. Whenever possible and appropriate, we place the baby and mother together in foster homes. The curriculum includes instruction on Employment, Money Management, Community Resources, Housing and Education. Eighteen to 21 year olds who are committed to the Cabinet may extend their commitment in order to become eligible for Life Skills classes, tuition assistance and a tuition waiver. Youth 18 – 21 who left care because they turned 18 are eligible to recommit for Life Skills classes, a tuition waiver and assistance with room and board.

The Kentucky Organization for Foster Youth (KOFFY) is a statewide group open to youth currently and formerly in foster care. The aim of the group is to provide an opportunity for former and current foster youth to educate the public and policy makers about the needs of youth in foster care. The group seeks to change negative stereotypes about foster children, develop a mentoring program and create a speaker's bureau of youth. Membership is open to any current or former foster youth, regardless of age. This is a statewide group with local chapters. About 500 youth participate in the KOFFY meetings. The program meets the goal of distribution of Chafee program information. The Jefferson regional mentoring program with Boys Haven is effective. The goals of recruitment, training and matching of mentors and youth, with the current statewide contractor, are not being met. The Cabinet provides funding for this program and contracts with the University of Kentucky Training Resource Center where there are two coordinators for the program. We are currently evaluating the effectiveness of this program.

Youth 18 – 21 who extend their commitment with the Cabinet for Families and Children for educational purposes are eligible for tuition assistance to attend college or vocational training. Tuition assistance is paid from state general funds and can be used for expenses not covered by federal financial assistance. In CY 2006, 429 committed youth accessed tuition assistance for post secondary education expenses.

In June 2001, KRS 164.2847, the Tuition Waiver for Foster and Adopted Children was enacted by the General Assembly of Kentucky, waiving tuition and mandatory fees at any Kentucky public university, technical or community college for any current or former foster youth and adopted youth.

The tuition waiver is a last resort resource, applied if federal financial assistance, KEES, CAP and/or any other private scholarships do not meet all expenses. In CY 2006, 532 current, former and adopted youth applied for the tuition waiver, a 30% increase over the previous calendar year. Approximately 90% of the applicants were eligible for the assistance.

The state budget passed by the 2006 legislature included a line item of $1,000,000 yearly in state funds to supplement the Chafee Independence Program room and board program. This Foster Youth Transition Assistance (FYTA) program and funding became available for distribution in February 2007. Private providers work with aged out youth to secure housing, tuition, medical, dental, transportation and clothing assistance.

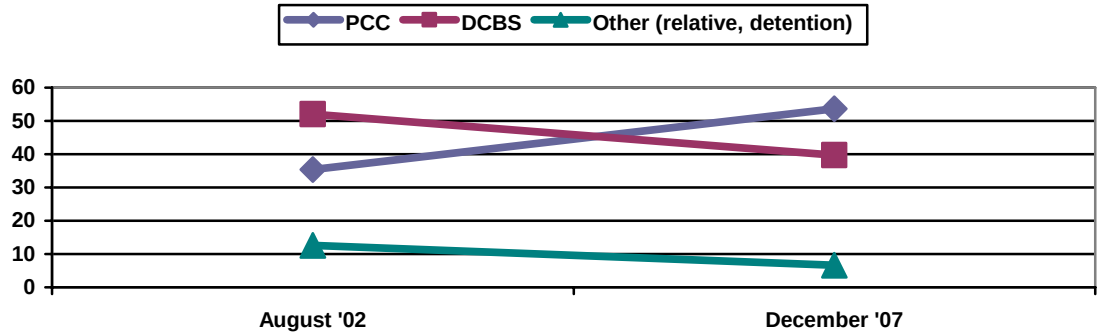
Permanency for children awaiting adoptive placements has been enhanced by a 2006 grant from the Dave Thomas Foundation for Adoption's Wendy's Wonderful Kids (WWK) Program. This grant is renewable for five years and funds child specific recruiters, stationed in Lexington and Louisville, who find families for the waiting children in the Special Needs Adoption Project (SNAP). Children registered in SNAP in the Jefferson and Southern Bluegrass Regions are eligible.

Child Trends is maintaining the data base and evaluating the effectiveness of the program. Child Trends staff made a site-visit to Louisville in May 2007. They interviewed Circuit Court Clerk, David Nicholson, Chief Family Court Judge, Stephen George, WWK Supervisor, Mike Grimes, WWK Recruiter, Tori Mack, and other Jefferson County DCBS staff.

Out-of-home Care

Kentucky's foster care system is state and federally funded with a blending of state-administered foster homes and privately operated foster homes, group home and residential facilities. DCBS achieves positive results through partnering with its private and public caregivers. Insidiously over the past years, Kentucky experienced a substantial shift in the ratio of public/private provision of out-of-home care. For example, in August 2002, 52% of children in OOHC were placed in DCBS foster and pre-adoptive homes; in December 2007, 39.7% of children were in similar placements. Conversely, in August 2002, 35.4% of children were placed in PCC foster homes or residential settings; in December 2007 53.7% of children were in similar placements. Thus the ratio of OOHC provided by DCBS has shifted toward PCC foster homes and residential settings. This shift in the care of children in OOHC is associated with an increase in the cost of foster care. We see an increase in the annual rate of growth of foster care from an average annual rate of growth in SFY 2002 of 2.42% to an annual growth rate in SFY 2007 of 4.975%. The increase in OOHC numbers comes from both an increase in children entering care and fewer children leaving care each year. Other changes are evident, for instance in CY 2002, 9.9% of children exiting care were emancipated; in CY 2007, 12.3% of children exiting were emancipated. Finally, more young children are placed in residential settings as described in the 2006 ACF report to Congress: "Outcomes measures 7.1: The percentage of children entering foster care at age 12 or younger who were placed in a group home or institution increased from 10.6 percent in 2003 to 13.5 percent in 2006." We attribute these changes in part to a shift toward PCC providers.

Rates of OOHC Placements in PCC and DCBS Settings



Although placements in PCC settings may have made it possible for sibling groups to be maintained and/or placements made in proximity to the child's home community, the reasons for these trends are unclear. The gradual, but steady, growth has occurred without an accompanying systemic response for informing the provider community about the values and philosophy that underpin department practices – the Adoption and Safe Families Act timeframes, concurrent planning, reunification efforts, permanency goals. At the same time, policy mandates that children in privately supervised placements be seen by their DCBS worker quarterly, instead of the monthly visit required for children in departmentally supervised placements, resulting in less frequent in-depth communication between public and private agency staff. This current visit pattern is also inconsistent with the need to ensure monthly visits to every child by 2011 as required by ACF. In the coming years, we plan to develop a strategic plan to improve the public/private partnership that will include cross training as a much needed commodity and agreements on common goals and outcomes for children.

The Children's Review Program (CRP) is designed to assist DCBS with insuring that children who are in the state's custody and placed in foster care placed in the most appropriated placement. CRP's child-specific assessment and placement coordination efforts date back to the late 19990s. Since the first CFSR, CRP's duties have been refined to (a) focus on conducting a Clinical Service Review of each program. A total of fifty (50) reviews are done each month; and, (b) include DCBS foster homes in placement coordination efforts. The former has fostered more appropriate placements as a result of learning which need and behaviors programs are best suited to serve. The latter encourages a more cohesive approach to finding the best home to meet a child's needs.

What are the casework practices, resources issues, and barriers that affect the child welfare system's overall performance that supports Item 35 (Array of services)?

The current CQA relies heavily on narrative summaries completed by the worker with limited guides to promote critical thinking and support decisions. There is one CQA for all points in the case. To improve the consistency of decisions based on comprehensive information from the first contact with the agency, we propose to structure the intake process flow and to embed decision supports into an assessment system that span the life of the case. The new assessment entitled the "*Dynamic Family Assessment*" (DFA) is under development.

Kentucky currently is in the process of renegotiating the drug testing contract. The Social Services Workers and the courts are using creative methods to insure that at least some drug testing is available. Many areas are without any means to provide this service. This becomes a barrier to all parties involved in that lack of drug testing can place children (in home) at risk or prevent permanency (delay children placed in out of home care from returning home or delay a TPR due to lack of proof that the parents continues to use drugs or is clean and free from use).

The lack of mental health services to meet demand across the state is a serious barrier to achieving safety, permanency and well-being. Depending on the geographical location of the family, the lack of services may include both inpatient and outpatient care. It is difficult to report a wait time for services, since it varies from region to region. When a Qualified Mental Health Professional (QMHP) determines that a crisis stabilization unit, Private Residential

Treatment Facility, or psychiatric hospital treatment is necessary, the SSW facilitates the appropriate type of placement or hospitalization, following the procedures of that program or facility.

When a critical situation occurs, a caregiver initiates attempts to report the situation to the SRA, or designee, immediately. The SSW or other staff assigned by the SRA or designee notifies the child's family within one (1) working day. Critical situations include:

(a) Serious illness or death of a child;
(b) Possession of a deadly weapon by a child;
(c) The child is an alleged victim, or perpetrator, of:
    (1) Abuse;
    (2) Neglect;
    (3) Physical assault; or
    (4) Sexual assault;
(d) Alleged criminal activity by the child requiring notification of law enforcement; or
(e) Suicide attempt of a child.

Beyond the general lack of substance abuse treatment for adults and the limited access of general mental health services in some areas, staff and stakeholders have concerns about the dearth of specially trained therapists to work with children experiencing the trauma of abuse and neglect. This need is compounded in the case of very young children. Absent that specialized intervention, those children's conditions worsen and caregivers are left without resources to help them cope.

Stakeholders voiced an additional concern that there seems to be more emphasis on assessment than treatment. Whether this is an accurate portrayal or whether it appears that way because assessment services are available while treatment services are not should be explored.

Item 36: Service Accessibility:
Are the services described in Item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

What do policy and procedure require?

Policy requires that whenever possible and safe, reasonable efforts to prevent a removal should be used by the SSW. DCBS provides contracted in home services through the Family Preservation Program. A description of this program is located in Safety 2 Item 3. Outcome measures on this program are located in Item 35. These services are available statewide.

Where was child welfare in Round One of the CFSR?

Item 36 was rated as an Area Needing Improvement because the State's service array is not readily available in all counties. There are waiting lists for needed services and families experience difficulty in accessing needed services.

What changes in performance and practice have been made since Round One? What are the strengths and promising practices that the child welfare system has demonstrated that supports Item 36 (Service accessibility)?

A key collaborator with DCBS for services to children and families is the state Department of Mental Health and Mental Retardation and its regional network of Community Mental Health Centers. In addition to the customary out-patient mental health evaluation and treatment provided by the Centers, the Impact and the Impact Plus Programs are instrumental in creating a safe home environment for children with severe emotional disturbance. Both Impact and Impact Plus are operated under the auspices of the state agency, with local coordination and providers. Children diagnosed as SED are eligible for Impact services, which includes both service coordination and direct service provision. The Impact Plus program is a behavioral health program for Medicaid-eligible children with complex behavioral healthcare needs, those most at risk for institutionalization. The purpose is to strengthen families and children within the target population by purchasing quality behavioral health services. Both Impact and Impact Plus services are available statewide.

Since the last CSFR, various efforts are being made to provide more treatment venues. The wait time for families to receive services after a referral is made for treatment varies depending on their geographical location in the state. Some of our regions have a variety of services available, while other regions struggle with a lack of resources. For example, ten substance abuse treatment centers are scheduled to open, beginning in 2008, under the Recovery KY program. Recovery KY is a service-based program patterned after the self-help and education model used successfully at the Hope Center in Lexington and the Healing Place in Louisville. The centers provide shelter and a safe place to recover while simultaneously providing peer support, daily living skills training, job responsibilities and an opportunity to practice sober living. The programs will provide service to both male and female patients but not families per se. Given the current budget situation additional details will be forthcoming and could impact the potential service area. Recovery KY hopes to have at least two centers in each congressional district. Each site will offer as many as 100 beds once fully operational. The first centers will open in western Kentucky – Henderson (Two Rivers) and Hopkinsville (The Lakes). Another promising approach is the Sobriety Treatment and Recovery Teams (START) that began in 2006. This innovative nationally recognized approach targets both the chemical dependency of the parent and the safety of the children. The program is strength-based and pairs trained recovering addicts with front-line DCBS clinicians in delivering services. It is currently being piloted in Jefferson, Barren (Two Rivers), and Kenton (Northern Bluegrass) counties.

A prime example of the emphasis on the Department and a local community teaming to obtain needed services is the Martin County. This regional partnership grant through ACF will provide intensive substance abuse services, community supports, and intervention by specialized CPS teams paired with a recovering addict. This program is slatted to serve 36 families with substantiated abuse or neglect, substance abuse, and at least one child three and younger. The K-START program provides residential treatment, Intensive Outpatient Treatment, mental health services, medication management, sober parent training, and in-home services to families including fathers, mothers, children, caretaking relatives, and significant others in the case.

Family mentors who are recovering addicts with three (3) years of sobriety take parents to treatment, engage them in follow-up supports, and ensure that there is supportive follow-up for at least six (6) months. Community capacity building is an essential element of the program that seeks to fundamentally change the approach to co-occurring child maltreatment and substance abuse. This program is being rigorously evaluated as part of the federal grant funding. When a child is reunified with parents who have a substance abuse problem, the agency keeps the case open for a period of time to monitor the safety of the family. This period of time is determined by the family and the SSW.

Substance abuse treatment is available for youth across the state of Kentucky in both in-patient and out-patient settings.

Community Collaborations that supports Item 36 (Service accessibility)
The Community Collaboration for Children (CCC) is a community-based program intended to promote the safety and well-being of children and families by providing funding to support a network of prevention-focused services. A key goal of the CCC is to increase the strength and stability of families.

CCC services are available in each Service Region and are procured through a competitive process. Services may differ from region to region depending upon needs of the local communities. Each service area contractor is responsible for direct services as well as the coordination, building and maintenance of the existing Regional Network. Referrals for services are appropriate for families who are at-risk of child maltreatment. 'Families at risk' is defined as having children living in their home, involved with domestic violence, involved with substance abuse, teenage parents, and/or have children who are disabled. Referrals are encouraged from community partners.

The full menu of CCC services includes facilitating Family Team Meetings; providing intensive in-home services to at-risk families; supervising visitation between children in foster care and their parents and/or siblings; parenting education and further building community partnerships.

The Community Partnership for Protecting Children (CPPC) is a collaborative program that brings together neighborhood leaders, human services providers, the faith community and local organizations to work with the public child protection agency to enhance safety permanency and well being for all families. Since the last CFSR, this program has been expanded to Letcher, Fayette, Simpson, Grant, Marshall, Marion and Hardin Counties, for a total of nine counties being served. Each site has their own individual approach based on the needs and resources available but uses the same strategies – individualized practice, neighborhood networks, shared decision making and changes in the practice and culture of child protective services.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance that supports Item 36 (Service accessibility)?

<u>Community Stakeholders Advisory Group Analysis of Item 36 (Service accessibility)</u>
Variations in service accessibility and availability. The reasons for inconsistent service array statewide were discussed with community stakeholders and they identified that communities are

not self-defining their needs and taking actions to meet these needs. There is also a disparity of excellence in service and disproportion of interest in funding for communities between urban and rural areas. Kentucky compared to Florida and New York for example, gets less federal grant money; DCBS has limited time to research and apply for grants. There is a lack of community service information; a lot of information is on our website but computers are required to access this information. Legislators lack knowledge of service gaps and no single person coordinates efforts to assess and close gaps in service delivery while increasing access. Kentucky has much variation in non-profit skills. There are pockets of credentialed providers as well as areas that experience difficulty in getting trained, credentialed providers. There are also issues revolving around attracting committed individuals who are willing to work in economically deprived regions. In fact, Kentucky's providers tend to fight over scarce resources.

The urban and rural nature of Kentucky creates barriers to having consistent services in all parts of the state. In some areas there is no transportation to services, no employment to get benefits, and no services. In these areas we need a 'hard core' commitment to equalize the opportunities. Instead, service development often goes to the urban regions because they are easier to get to and there are more experts willing to sponsor/develop services. In rural regions, the cases are getting more complex and even if the workload is similar between regions, rural workers are left to provide all the services as well as meet the expectations of DCBS.

Areas of specific needs for services: Substance abuse issues are a major risk in CPS cases. Community partners are alarmed by state statistics on substance abuse assessment. This high need in families and risks to children accompanied by very long waiting lists for entering treatment and then moving through treatment will increase the time to recovery. Relapse prevention is an integral part of substance abuse treatment and needs to be considered when setting timeframes to permanency for parents with addictions. ASFA timeframes can be a barrier to such families who cannot recover in time. Kentucky needs to work at and improve quality of life issues in the community. Stakeholders wonder what happened to the Vision 2000 groups; these are active in some communities but most are not active. Vision 2000 groups were designed to enhance the service array capacity in under-represented communities.

The Cabinet and others are implementing more services for substance abuse. For example, there are 10 substance abuse treatment centers opening under Recovery KY. Henderson was the first to open and treats both males and females. There will be up to 100 beds per site. Hopkinsville opened in January, 2008. A peer recovery model is being used. TANF funds are also being used to expand substance abuse treatment capacity. UNITE Kentucky is improving substance abuse identification and response.

Mental Health services are sorely lacking in both the availability of services and the quality of services. There is a need to use more evidence-based interventions and practices. There is almost no access to psychiatric services for children and results in months on a waiting list. In rural areas there are virtually no psychiatric hospitals so families are separated from the youth who need treatment. If they stay with the child, they neglect the children at home. QMHPs working in public arenas are decreasing because of low state pay. The best practitioners don't take these jobs. Stakeholders wonder why DCBS sends so many children out of state for treatment of psychiatric and behavior disorders. Any child who is placed out of state has

psychiatric and behavior disorders and is placed there because every possibility of placement in Kentucky has been exhausted. Out of state placement is the last resort for placement. There is limited awareness that young children have mental health needs and there are virtually no services for very young children who then get worse without appropriate intervention. We need training for caregivers to help them cope. For some families, parents have to have legal help to get the services needed.

For residential and out-of-home care, we need to purchase what we need and change our approach to more creatively and aggressively pursue services in areas where we have none. Our rates of children in out-of-home care are increasing. There are plenty of assessment services, but not nearly enough treatment providers. When we do assessments, we rarely ask for a list of resources; the situation demands collaboration, but the same faces show up and we usually focus on problems rather than the serious work of expanding resources.

Native American children are one group that is not understood consequently the services are not individualized or culturally sensitive. The children are finally getting some services like health care and education, but there is still a long way to go to engage Native American families and help the children develop an identity as a Native American.

Suggestions/Ideas for Improvement that supports Item 36 (Service Accessibility): The community stakeholder group had a lively discussion on ways to improve service array. They felt that there was too little control over the way money is spent within communities. The funds are designed for specific purposes and activities that may not work or even be needed. The services have to fit the needs. We need grants for communities and regions to develop the services and monitor how these are succeeding. Grants to local communities could help them become more creative, resourceful, and empowered in using the services. Could the Cabinet provide money to local areas and let them develop the programs? There could be a grant writing process that could then stimulate communities to write for other grants. If local groups worked on this, issues such as being sensitive to Native Americans would be more naturally addressed. There should be a single person within the Cabinet who has the job of identifying the gaps and building a plan to create the proper service array.

Have we made progress statewide in delivering services?

- At least we recognize we have a problem with service array delivery
- There is an expansion of community partners and groups such as this group that are talking about gaps and accessibility.
- Improving alcohol and drug treatment options and a focus on this.
- Partnership with CCSHN
- Improvement in adoption process
- Increased availability of in-home services to preserve families

Item 37: Individualizing Services:
Can the services in Item 35 be individualized to meet the unique needs of children and families served by the agency?

What do policy and procedure require?

Policy requires that each individual in a household be assessed during the investigative process and any risk factors or need identified during the assessment process be addressed during the case planning FTM. Family level objectives address the family needs or deficits. The individual level objectives address areas of concern with the perpetrator or caregivers. The CQA is the instrument used by the SSW to reveal information, which may pose a risk to family well-being. The SSW uses risk assessment guidelines outlined in the Continuous Quality Assessment (CQA) to determine services that are needed by the family on an ongoing basis. The SSW visits at least monthly (every thirty (30) calendar days), making face-to-face contact with the family and child in the home to: (a) Assess progress on accomplishing Family Case Plan goals, objectives and tasks; (b) Observe the interaction among parent, child and siblings; and (c) Determine the suitability of these interactions and protective capacity of the parent, including identified fathers as outlined in SOP 7E.1.1(B). The SSW maintains (at a minimum) quarterly contact with service providers in order to assess: (a) The family's progress towards achievement of case goals, objectives and tasks; and (b) Reduction of risk to the children. The SSW initiates completion of the ongoing CQA within thirty (30) days prior to closure. The case may be eligible for closure if the level of risk on the ongoing CQA is significantly reduced from the time of the initial assessment.

Where was Kentucky's child welfare system in Round One of the CFSR?

Item 37 was rated as a strength because services can be individualized to meet the unique needs of children and families. Comprehensive Family Services is an excellent example of local community collaboration to craft an array of services tailored to meet the needs of individual families and children.

What are the casework practices, resources, issues, and barriers that affect the child welfare system's overall performance that supports Item 37 (Individualizing services)?

While individualization of services seems to be appropriately occurring in many cases, parents in a focus group expressed concerns about "cookie-cutter" service plans, such as requiring everyone to attend parenting classes, be assessed for domestic violence even when there is no indication, etc. Case review will provide insight into this matter.

Native American culture is generally not understood across the state, and, consequently, services for Native American children are not truly individualized in the sense of being culturally sensitive. While department staff is versed in ICWA and understand the policy ramifications of serving a Native American child, the individualization based on culture is an area needing improvement.

Agency Responsiveness to the Community (Items 38, 39 and 40)

Kentucky achieved substantial conformity with the systemic factor of Agency Responsiveness. The State's Child and Family Service Plan is developed in conjunction with representatives from

other agencies including the Administrative Office of the Court, the Children's Review Program, and the child advocacy groups. The Cabinet has strong collaborations with external stakeholders on the State and Local levels and is effective in ensuring the coordination of services with other agencies.

Item 38: State Engagement in Consultation With Stakeholders.
In implementing the provisions of the CFSP, does the state engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

What do policy and procedure require?

The Child and Family Services Community Stakeholder Advisory Group (CSAG) is a primary vehicle for the engagement of stakeholders, whether consumers or providers. The Child and Family Services Community Stakeholder Advisory Group, which was created in 2001, assists DCBS in its efforts to qualify for major child welfare funding streams (45 C.F.R. 1357.15 & 45 C.F.R 1355.34) and, more importantly, plan, implement, and evaluate Kentucky's child welfare continuum. The CSAG offers input about the perceived quality and effectiveness of the Department's services, whether provided internally or through contract, and provides stakeholder perspectives and insight into how well those services are addressing statewide needs. This group has been instrumental in Kentucky's Title IV-B Child and Family Services Plan for Fiscal Years 2003-2004 revisions, the Federal Title IV-B and Title IV-E Child and Family Services Review and related Program Improvement Plan, the Title IV-B Child and Family Services Plan for Fiscal Years 2005-2009, related annual federal reporting, and ongoing consultation and coordination to ensure quality and accessible services to children and families. In addition, representatives from the group contribute content to Kentucky's Title IV-B Child and Family Services Annual Progress and Services Report as well as serving on the Statewide Assessment Team for the 2008 Child and Family Services Review.

As part of our engagement of our Community Stakeholder Group, Kentucky met with about 50 community partners during three retreats dedicated to understanding the Child and Family Services Review and beginning the self-evaluation process. The dates of these retreats were January 11 – 12, 2007, March 22, 2007, and June 14, 2007.

In January, community stakeholders met in small groups with a facilitator to evaluate the Case Review System, Quality Assurance, Community Responsiveness, and the State Service Array. Each group addressed specific questions related to items of the CFSR.

In March, the community stakeholders group reconvened with the notes from the retreat to further refine and discuss the self-assessment. Finally in June, the notes from the previous two sessions were reviewed and refined. We learned through this process that self-evaluation is a process and a skill that requires incremental learning and practice; several sessions with any

group are needed to guide them in learning and using evaluation skills. You will find information gathered from the CSAG included throughout this assessment.

Where was the child welfare system in Round One of the CFSR?

Item 38 was rated as a Strength because there is broad collaboration with other agencies in the development of the goals and objectives for the State's Child and Family Services Plan.

What are the strengths and promising practices that the child welfare system has demonstrated that supports Item 38 (State engagement in consultation with stakeholders)?

The Community Stakeholders Advisory Group (CSAG) meets regularly, most usually quarterly, throughout the year. The co-chairs work in tandem with departmental staff to coordinate meeting logistics and establish an agenda. Presenters and informational materials during the meeting are secured based on the expressed needs of the group. Three sub-groups have been formed around the Federal child welfare outcomes (i.e., safety, permanency, and well being). The elected chairs of these groups present the groups' suggestions, recommendations, and proposals for the larger group's consideration, action, and possible submission to departmental staff and leadership for further attention and/or resolution. Departmental staff assigned to the CSAG assist in the development of meeting documentation, its submission to appropriate entities, and presentation of feedback from departmental staff and leadership. Separate workgroups have been formed for follow-through on various initiatives outlined by the group, as the quarterly meetings may not allow adequate time for such initiatives. The group manages a small budget for meeting and support to initiatives.

The CSAG membership includes sister agencies within the Cabinet, partner agencies from other state government Cabinets, academicians, child welfare program/policy specialists, adoptive parent(s), advocacy groups, birth parent(s), child care program specialists (e.g., center licensure and subsidy),representatives from children and youth groups, the courts, programs for individuals with development disabilities, domestic violence and community violence prevention programs, education, economic development, foster care, juvenile justice, Head Start, health agencies, independent living services, law enforcement, nutrition services, Native American tribes, local government, and, youth-serving programs

The overarching changes that have been realized through the official establishment of and ongoing efforts with CSAG are embodied in the philosophical approach that child welfare is everyone's business. CSAG provides a forum for open communications, solicitation of input from a state-level perspective, and initiation of collaborative efforts. The CSAG has partnered with DCBS on various planning initiatives in response to federal recommendations, federal mandates, and the last CFSR. These partnerships are reflected in the actual planning documents or work products that resulted: the membership of CSAG is given as lead or co-lead on various initiatives in the PIP and CSFP 2005-2009. Through the efforts of the CSAG, more partners have become engaged in programmatic improvements. One of the larger, more recent efforts (2007) is the Positive Parenting Campaign, a prevention and public-awareness piece developed by the Safety small group of CSAG.

In January 2006 the Department's Commissioner recognized the Community Stakeholders Advisory Group as a Continuous Quality Improvement group. Throughout 2007, the CSAG has engaged in review of the data related to progress toward goals established in the first PIP, identified remaining gaps and barriers, and brainstormed potential solutions.

With feedback on the self assessment the CSAG and community partners in general identified a new openness within DCBS about sharing information and asking community partners to help solve problems. Aggregated data that are not considered confidential are being shared with partners; parts of the PIP process have become embedded in community partner (Community Collaboration for Children, Community Partnership for Protecting Children, CSAG) meeting procedures, although the quality of the meetings is not yet consistent across the state. (A regional analysis of community involvement is being conducted).

Community partner participation with the Cabinet has increased especially in two areas: attendance at the stakeholders meeting and joint efforts toward expanding resources in the communities. The stakeholder group has made progress in defining a unified purpose and vision for the direction of the group. The Cabinet and stakeholders have joined several groups into one. Historically, the partners have collaborated around one agency's goals, but now are seeing the need and wisdom to have an interagency set of goals for children in the state. The needs of children should drive the dissemination and use of funding that is currently in the silos of different agencies. When bad things happen to children in the community, the Cabinet has historically been blamed, but the community stakeholder group recognizes that this is everyone's responsibility.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance that supports Item 38 (State engagement in consultation with stakeholders)?

While the work of the CSAG has become more focused, resulting in part from the Department's diligence about providing meeting minutes to update all members about meeting content and work, more tenured members mentoring newer ones, and general support from the agency, there remain obstacles to the CSAG realizing its full potential. Identified by the group, and perhaps having most significance, is the lack of clarity about the expected output, i.e., is the group advisory in that it makes recommendations and the Department reports back on adoption or tabling of those recommendations, or is it a sounding board for departmental suggestions. This issue needs further exploration in the coming year. Other obstacles identified by CSAG include: limited awareness within the Cabinet of the extent of community partners' contributions; struggles to bridge cultural differences that may prevent community partners from becoming engaged and effective; partner's limited understanding of the child welfare system and how the Department works; and, the lack of knowledge about community partners imparted to new DCBS staff. Logistical barriers include the majority of meetings being conducted during the day which, though more conducive for the larger number, pose problems for the engagement of youth, foster/adoptive parents, and birth parents; time constraints, and a mismatch between paid and unpaid partners in terms of their ability to attend meetings (transportation and child care costs, as well as lost wages). The development of an as-needed stipend has helped with the latter.

The ever evolving membership of the group due to changes in roles and responsibilities within agencies necessitates brief orientations upon the commencement of each meeting. A new-member orientation packet is being considered for development. Creating change, particularly change that is often times systemic in nature, requires time and dedication. CSAG facilitators push to ensure the group sees results and obtains more timely response from DCBS leadership. More direct communication with agency leadership as well as a newsletter for in-between-meeting updates is being considered.

Stakeholders have suggested the Department should develop a resource directory that identifies, at the state, regional and local levels, potential partner groups and key persons associated with each of those groups. Ongoing, stakeholders should be surveyed to determine whether they feel their participation is welcome, whether the issues and information they bring to the table is getting deserved attention, and whether they believe they are impacting policy decisions.

Stakeholders specifically identified two program areas needing attention: (1) the needs of Native American children and (2) communication between DCBS staff and community partners about the disposition of children protective services reports. Although Kentucky has no registered tribes, there are a number of Native American children in the state that have not been comprehensively represented in the practices of child welfare, juvenile justices, the schools, the courts and other child serving agencies. Much information and education is needed to build the needed understanding. Community partners express frustration at not knowing what happens to the child and family when CPS referrals are made on families with whom they are involved, even though they understand the need for confidentiality.

Community Stakeholders Advisory Group Analysis of Item 38 (State engagement in consultation with stakeholders)?

Measuring Active Engagement of External Partners. Meetings with stakeholders are documented in notes that are distributed to all members of the group. In this self-evaluation process, we used multiple meetings to engage stakeholders in the discussion and increasingly synthesized feedback on the systemic factors that influence child outcomes. Notes from each meeting were organized and synthesized into a single document that was disseminated, revisited, and used to generate further discussion. This was more effective than a single document for each meeting. The state-level community stakeholder group recognized that there are various levels of community partnerships and planning from the local level to the regional networks to the state group. Finding ways to identify and measure how all levels of the community system are working was seen as a challenge.

Community Partner Needs. To do a better job of identifying and engaging important partners, the Cabinet should develop a resource directory that identifies, at the state, regional and local levels, potential partner groups and key people associated with each of those groups. Stakeholders can be surveyed to determine whether they feel their participation is fully welcome; whether the issues and information they bring to the table are getting the attention they deserve; and whether they believe they are affecting policy decisions. There should be descriptions of the ways that stakeholder recommendations have resulted in tangible accomplishments. A strategic

plan can help engage community partners by adding to their sense of ownership and creating a common vision to which they can subscribe and which maintains continuity over time as membership changes. Results and feedback could be shared through email, verbal communication, website (intranet), written reports, and a list-serve for this group.

Contributions/Barriers of Stakeholders. The stakeholders identified a number of roles that they would like to contribute through active participation and meeting attendance. They are often well positioned to provide feedback to the Cabinet's constituents and their perspective may also aid in identifying gaps in the system of services. They can provide valuable feedback to the Cabinet via progress reports and assist the Cabinet by identifying and sharing useful information and resources.

Despite this willingness and vision for how they can contribute, stakeholders identified a lack of clarity in assigned roles, limited awareness within the Cabinet of potential community partners and what they could contribute, and struggles to bridge cultural differences that may prevent community partners from becoming engaged and effective. Partners may have limited understanding of the child welfare system, DCBS acronyms, and how the Cabinet works. Conversely, the Cabinet's orientation of new employees is rarely an orientation to their communities and community partners; this situation where DCBS staff members do not know the community is compounded by the Cabinet reorganization and staff turnover.

Logistical barriers to participation were perceived as some resistance to real collaboration between DCBS and its partners, time constraints, and a mismatch between paid and unpaid partners in terms of their ability to attend scheduled meetings or arrange transportation. It would also help if the more successful communities could mentor those that are struggling.

Improvements in Community Responsiveness in last CFSR that supports Item 38 (State engagement in consultation with stakeholders)
There's a new openness about sharing information and asking community partners to help solve problems. Aggregated data that are not considered confidential are being shared with partners now. Centralized intake has led to the adoption of standardized criteria for reporting child abuse and neglect. Parts of the PIP process have become embedded in community partner (CCC, CPPC) meeting procedures, but the quality of meetings is inconsistent. Time is taken regularly to deal with the CFSR outcomes. Patty Cook of UK is doing a regional analysis of community involvement and networked information. Communications have improved.

Community partner participation with the Cabinet has increased especially in two areas: attendance at the stakeholders meeting and joint efforts toward expanding resources in the communities. The stakeholder group has made progress in defining a unified purpose and vision for the direction of the group. We have joined together several groups into one. Historically, the partners have collaborated around one agency's goals, but now are seeing the need and wisdom to have an interagency set of goals for children in the state. The needs of children should drive the dissemination and use of funding that is currently in the silos of different agencies. When bad things happen to children in the community, DCBS is usually blamed, but the community stakeholder group recognizes that this is everyone's responsibility.

One area that needs attention is the needs of American Indian Children. In 2003, Kentucky DCBS indicated that we had no registered tribes. In fact, there are a great number of American Indian children in Kentucky that have not been comprehensively represented in the data or in the agency practices. This is true across many child caring systems so that the issues of cultural sensitivity and how this influences child outcomes needs to be examined in DCBS, the schools, DJJ, the courts, and all child serving agencies. Additional meetings are needed to focus attention and build understanding of the needs of children and families involved with CPS and other agencies with an American Indian heritage.

Receiving reports of child abuse and neglect and updating and following through on referrals is still an issue for community partners. They want to know what happens to the child and the family. Confidentiality has been a barrier to sharing of information. Some partners worry that it takes very serious abuse to end in the removal of a child from a home.

Stakeholders and DCBS have different perspectives, but there is a growing respect for the value of dialogue and sharing. DCBS has varying levels of collaboration among regions/counties and communities and this needs to be strengthened. Stakeholder groups can assist DCBS in communication of barriers/issues to the community, but this needs to be two-way communication.

The Community Stakeholders Advisory Group is compromised of state-level partner agencies that offer services statewide, local governments, concerned individuals, local-level or regionalized programs, and major universities. In developing the group, DCBS was sensitive to representation from rural and urban areas, eastern and central Kentucky. Inclusion of western Kentucky is more difficult due to the geographical distance; however, individuals on the group (including the group's facilitator) serve western Kentucky counties and focus professional efforts in that area.

Item 39: Agency Annual Reports Pursuant to the CFSP.
Does the agency develop in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

What do policy and procedure require?

There are no formal policies or procedures regarding this item. The Cabinet works collaboratively with the Stakeholders to develop and report progress on the CFSP.

Where was the child welfare system in Round One of the CFSR?

Item 39 was rated as a Strength because the State collaborates with internal and external partners in the development of the annual Child and Family Services Plan.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of Item 39 (Agency annual reports pursuant to the CFSP)?

In March 2004, CSAG members were responsible for the development of the CFSP 2005-2009's vision and 5 themes that ran across the plan (as taken from the 2004 CFSP narrative): A two day retreat brought together many of the on-going members of Kentucky's Community Stakeholders' Advisory Group, the Foster Care Review Board, Targeted Assessment Program, Kentucky Youth Advocates Inc., Citizen Review Panels, Kentucky Commission on Volunteerism, Department of Juvenile Justice, Division of Child Care, Commission on Children with Special Health Care Needs, Department of Mental Health and Mental Retardation Services, Administrative Office of the Courts, health services/public health staff, education, and others to discuss the development of the plan. Retreat members were divided into five work groups and asked to brainstorm roles, supports, or resources needed to ensure the safety, permanency, and well being of children and families. Five cross-cutting themes emerged:

1. Public awareness and education regarding child welfare issues;
2. Preventive interventions;
3. Community and agency collaboration and improved communication;
4. Coordination of service delivery, best practice, and funding; and
5. Training and support of staff.

During the final session of the retreat, consensus of the group included the evolution of the community partners from an advisory capacity, such as provided during the 2003 Child and Family Services Review and the development of the PIP, to forming collaborative work groups willing to work on identified needs and establish improvements.

Item 40: Coordination of CFSP Services With Other Federal Programs.
Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

What do policy and procedure require?

There are no formal policies and procedures regarding this item. However, the Quality Assurance and Policy Development (QAPD) branch with the Division of Protection and Permanency coordinates efforts for all state and federal reporting. Additional staff within the Cabinet also reviews program reports to insure coordination of services.

Where was the child welfare system in Round One of the CFSR?

Item 40 was rated as a Strength because the Cabinet engages in extensive collaboration with other agencies to insure the coordination of services.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of Item 40 (Coordination of CFSP services with other federal programs)?

With the Cabinet being the umbrella agency for the majority of public human service programs, coordination between child welfare and other federal programs, such as child support, assistance for needy families, mental health, early intervention, public health and Medicaid, is more readily facilitated. In addition to formal memorandums of understanding, staff from each program agency is accessible, and weekly leadership meetings of child welfare, income maintenance, and child support and child care promote an understanding of roles and responsibilities that fosters improved coordination.

DCBS maintains memorandums of understanding with other state agency partners, such as the Department of Juvenile Justice, to ensure services to overlapping populations. Each of the private child-caring/child-placing agencies that have obtained approval for their application to provide out-of-home-care services enters into a memorandum of agreement with DCBS. In other instances, DCBS has entered into contractual arrangement or regionally-based agreements to ensure coordination of services, fill service gaps, and/or prioritize shared clients.

Representatives from the Department sit on the Advisory Group of the Court Improvement Project and, as such, are very involved in the Administrative Office of the Courts; (Kentucky) Summit on Children as well as other CIP activities. Conversely, the AOC was represented in the entrance and exit conferences of the recent Title IV-E review, thus providing the Courts with a firsthand report of the important issues surrounding federal policy.

Foster and Adoptive Parent Licensing, Recruitment and Retention (Items 41, 42, 43, 44 and 45)

Kentucky achieved substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. The Cabinet maintains and implements standards for foster family homes and standards are applied to all Cabinet foster family homes and child care institutions. The Division of Licensing and Regulation establishes then standards for all residential facilities and child-caring/child-placing agencies. The State does complete criminal background checks prior to the approval of all foster and adoptive homes and licensure is timely.

Item 41. Foster and Adoptive Home Licensing, Approval, and Recruitment:
Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

What do policy and procedure require?

Since the last review in 2003, Kentucky has made the following revisions regarding licensing of foster/adoptive homes:

- Applicants must provide proof of US Citizenship or legal immigrant status
- Health information forms are required for all adults and household members.

- An exception request must be made to exceed the recommended number of children placed in DCBS resource homes and Private Child Caring Provider (PCP) resource homes
- If an applicant has been approved in another state or another Private Child Placing agency (PCP), DCBS is required to complete its own home study.

The major areas covered by the state licensing and approval standards are as follows:

Among the requirements for approval are: 1) commitment to the child; 2) motivation to foster and/or adopt; 3) family expectations for the child's placement in the home; 4) family's ability to solve problems; 5) guaranteed safety of the child in the home; 6) records checks including criminal background, personal references, credit references, current physicals and TB skin tests, and relationships within the household; 7) discussion of sensitive topics regarding personal and mental health and losses; and 8) participation in both foster and adoptive families.

Critical standards related to safety include: 1) working smoke alarms shall be placed within ten feet of each bedroom; 2) communication with others shall be available via telephone or other means of immediate access; 3) ammunition and firearms shall be locked and stored in separate places; 4) medications (prescribed and over the counter medicines), alcoholic beverages, and poisonous materials shall be stored in cabinets inaccessible to children; 5) cleaning materials are to be stored in cabinets inaccessible to children; 6) children's access to potentially dangerous animals shall not be allowed Access to transportation and access to pertinent records is also required.

Where was the child welfare system in Round One of the CFSR?

Item 41 was rated as a Strength because the agency consistently implements standards that conform to recognized national guidelines.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of Item 41 (Foster and Adoptive Home Licensing, Approval, and Recruitment)?

Kentucky measures effectiveness of compliance with standards for department foster homes through the Annual Strengths and Needs Assessment completed by the DCBS recruitment and certification (Rand C) worker. The assessment focuses on any changes in the family (composition, employment, residence): continued compliance with annual health screenings; continued compliance with training requirements; verification that pet vaccinations are up-to-date; and information from the required annual background checks. Additionally, all children in the home, both foster and biological, are interviewed. If a need or compliance issue is identified, the R and C worker completes a corrective action plan with the family.

Compliance with standards for private child-serving agencies is assessed through annual on-site re-licensure reviews conducted by the Office of the Inspector General's Division of Regulated Child Care. The standards of practice are revised periodically as are licensing standards. Nonetheless, the majority of standards and regulations have been in place for several years. OIG

completes their annual review of the provider and if they see major red flags/concerns, they notify the Department for Community Based Services. This allows DCBS to follow-up with the agency and then OIG staff will go back out at the request of DCBS to ensure the agency has corrected the deficiency. OIG also provides DCBS with a copy of the annual review.

The Cabinet approves foster, adoptive and kinship care homes that meet the requirements established under title 922 of the Kentucky Administrative Regulation. The SSW or relative may initiate consideration of the relative as a foster parent for a child and the standards for resource homes would apply. All child caring/child placing agencies must meet the statutory requirements of the Office of Inspector General's Division of Licensing and Regulation.

- 922 KAR 1:030 - Selection and approval of adoptive parents
- 922 KAR 1:100 – Agency adoptions
- 922 KAR 1:130 – Kinship Care Program; effective. 7-16-03
- 922 KAR 1:140 – Foster care and adoption permanency Services
- 922 KAR 1:210 – Alternative to detention: Court Resource Home
- 922 KAR 1:300 – Standards for child caring facilities; amended 8-17-07
- 922 KAR 1:310 – Standards for child placing agencies; amended 8-17-07
- 922 KAR 1:350 – Family Preparation
- 922 KAR 1:390 – Standards for residential child-caring facilities
- 922 KAR 1:440E- Standards for Children's Advocacy Centers
- 922 KAR 1:460 – Standards for private child caring wilderness camp
- 922 KAR 1:470 – Central registry

Standards are reviewed on an ongoing basis and are revised accordingly to reflect state and federal legislative changes.

DCBS foster and adoptive home studies are to be completed within four (4) months of the first informational meeting. However, this is difficult to monitor as some potential foster/adoptive families may attend several meetings before making the commitment to foster or adopt. If there is a delay in submitting the narrative and supporting information, the R and C worker is to document the reasons for the delay in the case file.

If a DCBS foster home was approved only to foster and later wishes to adopt; the foster care home study may be utilized for the purpose of the adoption. The R and C worker initiates a request to the supervisor for approval to utilize the foster home study for the adoption. Applicants can choose to either foster or adopt or both when initiating the training and certification process. Policy does not specify a certain timeframe. Requests are approved by supervisors. Additional training is required for families only if they wish to upgrade their home to a higher level of approval (i.e. Care Plus, Medically Fragile, Emergency Shelter)

DCBS has worked diligently with private agency providers to align licensing requirements with DCBS program requirements to create a uniform system of licensing requirements. Key collaborators with DCBS in the adoption and application of standards for foster family homes and child care institutions include the private agency providers, the Children's Alliance – a trade and advocacy organization of private providers, the Office of Inspector General, the Kentucky

Foster Parent Training Support Network through Murray State University, the Resource (foster parent) Mentoring Program, the University of Kentucky Training Consortium and the Training Resource Center at Eastern Kentucky University.

Item 42: Standards Applied Equally:
Are the standards applied to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds?

What do policy and procedure require?

The approval process for child placing agencies is outlined in 922 KAR 1:310, Standards for Child Placing. Regulation requires private agency providers to complete a home study of the prospective foster family. The home study shall include: a personal interview with each member of the applicants household; an assessment of the attitude of each member of the applicants home regarding the placement of the child; health exams including TB skin tests; background checks including, criminal background, personal reference, and credit references.

Critical items related to safety: documentation that the applicant's home does not present a hazard to the health and safety of the child; medication is locked and inaccessible to the child; alcoholic beverages and hazardous materials are locked and inaccessible to the child; smoke alarms shall be within 10 feet of each bedroom.

Where was the child welfare system in Round One of the CFSR?

Item 42 was assigned a rating of Area Needing Improvement because the State maintains two sets of licensing standards for foster homes. The differences in the Standards are the required training hours and curriculum, frequency of physical exams, and number of children. For example, Cabinet licensed homes are required to participate in MAPP; private licensed homes are not required to participate in this training.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of Item 42 (Standards applied equally)?

Since the last review, DCBS has worked diligently with private agency providers to align licensing requirements with DCBS program requirements. This practice allows for a uniform system between DCBS and the private agency providers. Promising practices include the PCC Tracking System. As mentioned earlier, the PCC Tracking System will require private agency providers to log each placement move of a child placed in their agency into the PCC Tracking System. The system will provide DCBS an accurate listing of private resource homes as well as the number of placement moves per child within an agency.

In the interim, DCBS tracks foster home placements manually in case records and receives an updated listing of statewide placements monthly. This listing includes information on

compliance with approval standards through the PCC agencies. Recently, the monthly census reports showed that of the 1485 PCC foster homes, 1385 (93.3%) were in full compliance with foster home approval requirements, 16 (1.1%) were pending, 29 (2%) were approved for respite only, and 55 homes (3.7%) had missing information on current approval status.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance that supports Item 42 (Standards applied equally)?

One barrier is that there is currently no listing of private agency provider foster homes available to DCBS staff. There is concern with private agency providers moving DCBS children to different foster homes within the agency and notifying DCBS staff after the fact and/or not at all. There are some instances where children have had 3 or 4 moves within the agency before DCBS becomes aware of the placement moves.

Item 43: Requirements for Criminal Background Checks:
Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

What do policy and procedure require?

Kentucky is in the process of amending 922 KAR 1:490, Criminal Background Checks for foster and adoptive parents to align with the requirements of the Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248.

Section 471()(20)(A) of the Social Security Act (42 USC 671(a)(20) was amended by Section 152 of Adam Walsh to require states to have procedures for conducting fingerprint-based checks of the National Crime Information Databases (NCID) for all prospective foster and adoptive parents. Section 153 of Adam Walsh provides that the term "national crime information databases" has the same definition set forth in 28 USC 534(f) (3) (A), i.e., the "National Crime Information Center and its incorporated criminal history databases, including the Interstate Identification Index".

Kentucky is already in procedural compliance with the portions of Sections 152 and 153 of Adam Walsh concerning background checks for prospective foster and adoptive parents. However, DCBS desires automation of this process and is analyzing business requirements and exploring technical solutions to build an automatic interface between the Justice and Public Safety Cabinet and its SACWIS.

Where was the child welfare system in Round One of the CFSR?

Item 43 was rated as a Strength because the State completes a criminal records clearance prior to the approval of all foster and adoptive homes.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of Item 43 (Requirements for criminal background checks)?

DCBS is working with the Kentucky State Police and Motorola to purchase 30 finger print scanners. Currently, fingerprint cards are used and the response time is from 6-9 weeks. Fingerprinting is initiated by the agency and completed by law enforcement. There is a charge for fingerprinting. DCBS incurs the expense for DCBS foster parents. Private agencies incur the expense for their agencies. There have been issues in the past with delays of the process, most notably when the fingerprints are rejected for poor quality and the region has to resubmit. The scanners will improve the response time to 3-4 days. The scanners will be strategically placed across the nine service regions. Private Child Caring/Child Placing agencies will have access to the scanners in order to process criminal record checks of their resource home applicants. There will two scanners located in each of the nine service regions. Applicants will be required to travel to one of these locations. There may be a slight expense for time and gas but it should be minimal. A projected implementation date is June 30, 2008. Current SOP requires an initial out of state FBI fingerprint check for applicants and adult household members who have lived out of state during the last 10 years. At this time, fingerprints are not required when a household member turns 18. We are developing new policy around the changes based on the Adam Walsh legislation.

Item 44: Diligent Recruitment of Foster and Adoptive Homes:
Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

What do policy and procedure require?

Each service region develops an annual plan for diligent recruitment and retention of resource families, which is reviewed and updated on a semi-annual basis. The plan is based on the region's assessment of their current and projected placement needs and considers the Multi-Ethnic Placement Act and Inter-Ethnic Placement Act (MEPA/IEPA) requirements. The plan includes the following components:

- An Overview of the region's basic principles regarding the plan;
- Accurate descriptions of the characteristics of children coming into out of home care and children awaiting adoptive homes;
- Accurate descriptions of the approved Resource Homes in the region;
- Targeted Demographic/Geographic and General Recruitment strategies that are aimed at all parts of the State's communities;
- Diverse methods for disseminating both general and child specific information;
- Strategies for assuring that all prospective parents have access to the home study process, including location and hours of information meetings and Family Preparation pre-service training;

- Strategies for retention of approved homes, including descriptions of support services and other resources;
- Strategies for training and preparing agency staff to work with diverse cultural, racial and economic communities in a culturally competent manner.

Where was the child welfare system in Round One of the CFSR?

Item 44 was rated as a Strength because the State implements a statewide recruitment of foster and adoptive homes that reflect the needs of children requiring placement.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of Item 44 (Diligent recruitment of foster and adoptive homes)?

Central Office and regional staffs analyze reports compiled by the Kentucky Foster/Adoptive Care Training Support Network Coordinator, the Resource Parent Mentor Program, TWIST, and Training Resource Information System (TRIS) to strategically plan for the recruitment of new foster/adoptive homes based on children's needs. Annually, each region is required to submit data for their diligent recruitment reports for the past fiscal year, as well as respond to specific questions about their diligent recruitment plans for the coming year. By requiring that each region supply their own data, the regional staff has an opportunity to analyze their data, examine their individual needs based on that information, and to develop individualized plans to meet the specific needs within their own region. This approach facilitates the development of a detailed recruitment plan in which the staff is invested. Once the plans are received in Central Office, a staff person compares the data submitted by the regions to data in the TRIS and TWIST systems. If significant discrepancies are identified, these are brought to the attention of the region for reconciliation or explanation of the discrepancy. The following discussion and data are based on these reports.

As part of the diligent recruitment planning, R&C Supervisors analyze their own data and reported these numbers. Over the course of the last fiscal year there was less than one percent increase in the total number of children in care from 7399 on 7/1/06 to 7453 on 6/30/07. The following regions reported an increase in the number of children in care:

Cumberland increased by 3 children (0.3%)
Eastern Mountain increased by 35 children (7.7%)
The Lakes increased by 43 children (7.6%)
Northeastern increased by 6 children (1.3%)
Northern Bluegrass increased by 17 children (1.7%)
Salt River Trail increased by 16 children (1.9%)
Two Rivers increased by 18 children (2%)

Only two regions reported a decrease in the number of children in care:

Jefferson decreased by 38 children (2.9%)
Southern Bluegrass decreased by 46 children (3.9%)

The 2006 agency restructuring makes it difficult to compare data from the previous annual report as data are collected and reported regionally. Some regions were consolidated intact while

others were recreated with parts of former regions. Only the Jefferson region remained unchanged during this reorganization, making it possible to compare data for that region. For the previous reporting period Jefferson had an increase in the number of children in care by 234 or 23%, while reporting a decrease during this reporting period. Jefferson's number of children in OOHC has generally increased substantially during and after the first PIP, but recently shown slight decline. The reasons for this fluctuation are somewhat speculative. Numbers rose in Jefferson in part because fewer children were being discharged, rather than substantially more entering care. This trend was in part attributed to increased number of placements in PCC foster homes with less incentive to discharge children and in part to staff turnover where actions on a child may pause during a transition. In the past 18 months, Jefferson has targeted this trend for improvement as part of the Family to Family initiative using community partners, meetings with the PPC providers, and work with staff to address the issue. These actions seem to be decreasing the numbers in OOHC.

Ages of Children

The current composition of children in care by age categories is as follows:

Age 0 to 5	28.7%
Age 6 to 11	19.8%
Age 12 to 18	49.1%
Age 19 or over	2.4%

Changes in the composition of children in care by age during the past reporting period are illustrated in the table below. The only significant change is in the category of children age 19 and over. It is important to note that there is a significant discrepancy in the number of children reported to be in care in this category as of 7/1/06. According to TWIST report TWS-058S from 7/2/06, there were only 151 children in this age group entered in the TWIST system. If this figure is accurate, then there was actually a decrease of 17% over the past year in this age group. The large discrepancy in the figures seems to come from the reports of two regions, which may have occurred because of the regional reorganization (i.e., both regions reported a subset of these children as having belonged to their region as of 7/1/06).

Age	Number of Children July 1, 2006	% of Children	Number of Children June 30, 2007	% of Children	% Change
(0 - 5)	2017	27.3%	2136	28.7%	5.9%
(6 - 11)	1525	20.6%	1478	19.8%	-3.1%
(12 - 18)	3666	49.5%	3663	49.1%	-0.1%
(19 - over)	216	2.9%	177	2.4%	-18.1%

Sibling group status

The number of children in care who are a member of a sibling group is illustrated in the table below. There has been a significant decrease in the number of children who are part of a sibling

group over the past fiscal year. However, there was a slight increase in the percentage of siblings placed together from 69.5% as of 7/1/06 to 71.5% as of 6/30/07.

Siblings	Number of Children July 1, 2006	% of Children	Number of Children June 30, 2007	% of Children	% Change
Part of a sibling group	3418	46.2%	3287	44.1%	-3.8%
siblings placed together	2377	32.1%	2349	31.5%	-1.2%

Racial Composition and Ethnicity of Children that supports Item 44 (Diligent recruitment of foster and adoptive homes)

The composition of the population of children in care by race or ethnicity is illustrated in the table below. The percentage of Caucasian children increased slightly, while the percentage of African American children decreased slightly. The more significant changes in terms of percentages were within the other minority categories of Asian, Native American, and children of Hispanic ethnicity. The actual numbers within these categories are very small. Therefore, even an increase of a few children will translate into large increases in terms of percentages. The decrease within the category of "other" can be interpreted as an improvement by staff in documenting race and ethnicity when entering demographic data.

Race	Number of Children July 1, 2006	% of Children	Number of Children June 30, 2007	% of Children	% Change
African American	1597	21.6%	1572	21.1%	-1.6%
Asian	10	0.1%	12	0.2%	20.0%
Caucasian	5540	74.9%	5632	75.6%	1.7%
Native American	10	0.1%	13	0.2%	30.0%
Hispanic	217	2.9%	248	3.3%	14.3%
Other	199	2.7%	179	2.4%	-10.1%

Medically Fragile and Care Plus Children

Medically Fragile children must meet the criteria in policy and have a medical condition (documented by a physician) that may become unstable and change abruptly resulting in a life threatening situation and have been designated Medically Fragile by the Medical Support team in

Central Office. Care Plus children must meet the criteria in policy and be approved as a Care Plus child by the SRA or designee. Care Plus children display aggressive, destructive or disruptive behavior; have an emotional or behavioral problem; are due to be released from a treatment facility; are at risk of being institutionalized; or have experienced numerous placement failures. However, there are a few children who meet the criteria for both.

Changes in the number of Medically Fragile and Care Plus children in care are illustrated in the table below. There was a 20% increase in the number of Medically Fragile children in care within the past fiscal year. Six of the nine regions reported an increase in the number of medically fragile children. Of the three that reported decreases, each region decreased by only one child. The numbers of drug-exposed infants entering care seems to be on the rise, which may account for this increase. However, there was actually a slight decrease of 3% reported at the time of the last annual diligent recruitment plan. It will be important to closely monitor this trend over the next fiscal year in order to best respond to this need.

The number of Care Plus children also increased during the past fiscal year. Seven regions reported an increase in this category, one region remained unchanged, and only one region reported a decrease of one child in this category. This is the first year we have gathered data from the regions regarding this category of children with extraordinary needs. The next annual report will be helpful in identifying trends in this category, as we will then have historical data to build upon.

Children	Number of Children July 1, 2006	% of Children	Number of Children June 30, 2007	% of Children	% Change
Medically Fragile	**99**	**1.3%**	**119**	**1.6%**	**20.2%**
Care Plus	**124**	**1.7%**	**142**	**1.9%**	**14.5%**

Number of Active Resource Homes that supports Item 44 (Diligent recruitment of foster and adoptive homes)

During the past fiscal year, the total number of DCBS resource homes decreased by 0.2% from 2237 homes to 2232. While the total decrease was only five homes, the fact that there was a decrease is significant. There has never been a decrease in the total number of homes since the agency began annual diligent recruitment reporting. Five regions reported an increase, while four regions reported a decrease in the total number of homes. There may be several factors which have contributed to this decrease. Perhaps the biggest factor is the turnover and staff vacancies among the Recruitment and Certification (R&C) teams. Of 22 R&C supervisor positions statewide, eight of these have been vacant within the past fiscal year. The region which reported the most significant decrease in homes is the one in which both R&C supervisor positions were vacant at some point. The regional reorganization may have been a factor to a lesser degree, as some teams had to implement new regional protocols as they strived for uniformity within the new regions. These factors coupled together may have required greater attention temporarily to administrative issues, detracting from the recruitment focus. The impact of these factors should be mitigated in the current fiscal year.

In an effort to retain experience resource parents and enhance their skills, DCBS provides tuition assistance, as funds are available to adoptive/foster parents who have remained in good standing with DCBS and whom have fostered for at least three (3) years. Recruitment bonuses are offered to resource parents who refer others who successfully complete the recruitment and certification process. Tuition Assistance at Kentucky public universities is available, to the extent funds are available, to a DCBS Resource parent who: has served for the Cabinet for at least three years, has a foster child in the home, has a positive annual evaluation, does not have a substantiated child abuse or neglect finding, and is not actively working on a plan of corrective action. The parent may take a maximum of 9 hours during a regular semester, 6 hours during a summer session and 3 hours during an inter-session or interim session. Tuition assistance is for tuition only. The parent must maintain a "C" average. The parent's application is approved by the regional R&C supervisor and the OOHC Branch Manager. It is then processed by the UK TRC staff. Bachelor or Master's degree programs must have a direct relationship to the work of the agency and to the improvement of the Resource Home Parent's effectiveness as a Resource Home parent. Tuition for a Master's degree program is granted only for the Bachelor cost per semester hour. The remaining tuition cost is the responsibility of the parent.

Resource Home Approvals and Closures regarding Item 44 (Diligent recruitment of foster and adoptive homes)

The number of resource homes approved and closed during the past two fiscal years is illustrated in the table below. According to the report of the individual regions, there was an increase in the number of homes approved within the past fiscal year and a decrease in the number of homes closed, as compared to the previous fiscal year. However, these data are discrepant from TRIS, the Training Record Information System, which reflects the intake/certification process for resource homes. TRIS reports indicate that there were 563 approvals during the 2006 fiscal year, with 459 closures. TRIS reports indicate that there were 494 approvals during the 2007 fiscal year and 444 closures. The discrepancies were reported back to the individual regions, but most reported back that they felt the original numbers they had reported were correct. Possible reasons for these discrepancies will be further explored during the current fiscal year.

Homes	SFY 2006	% of Homes	SFY 2007	% of Homes	% Change
Approved	**488**	**21.8%**	**542**	**24.3%**	**11.1%**
Closed	**491**	**21.9**	**445**	**19.9%**	**-9.4%**

Jefferson Region, the cities of Covington and Newport in Northern Bluegrass and Fayette County in Southern Bluegrass have begun the promising approach of zip code/neighborhood specific recruitment of foster and adoptive homes. Zip codes and/or neighborhoods with the highest number of children placed in out of home care are identified and recruitment is focused in these areas in hopes that children will remain close to home; connected to their school, family, and siblings.

Pre-service Preparation Training for Prospective Families that supports Item 44 (Diligent recruitment of foster and adoptive homes)

There were nine more pre-service preparation trainings offered during the past fiscal year, as compared to the previous reporting period, increasing from 102 groups offered to 111 groups. Seven regions reported an increase in the number of preparation training opportunities offered, one region offered the same number, and only one region offered less by providing one less group than the previous year. Eastern Mountain and Southern Bluegrass also offered a large number of Deciding Together sessions for families who could not attend the regularly scheduled group training sessions. Eastern Mountain provided this to 12 families, while Southern Bluegrass provided this to 18 families.

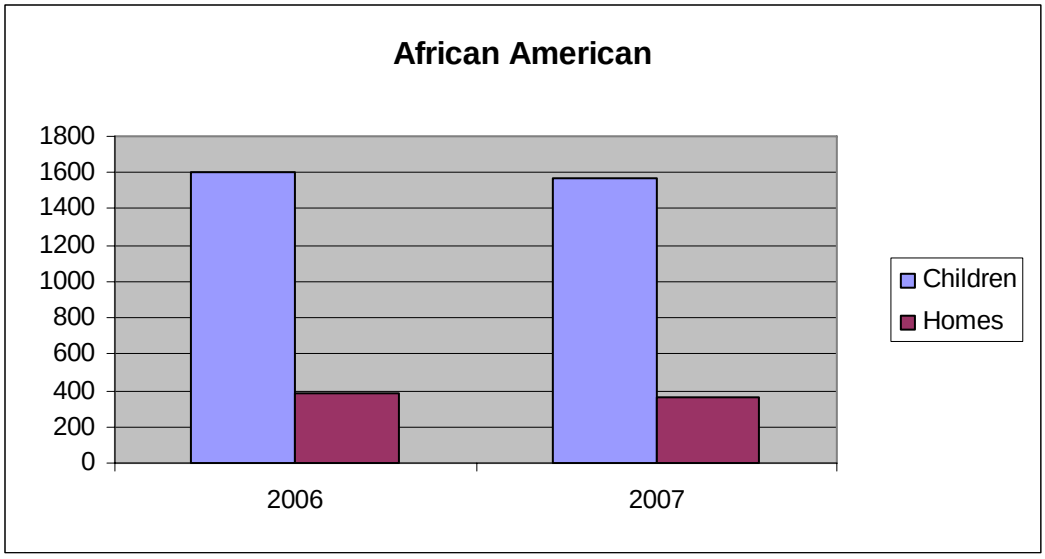
Composition of Resource Homes

The composition of resource homes by race or ethnicity is illustrated in the table below. We have successfully increased the number of Asian homes, Native American homes, and homes of Hispanic ethnicity. However, the total number African American homes decreased by 5.5% during the past fiscal year. This has been a trend, with a decrease also reported during the last diligent recruitment reporting period. Six regions reported a decrease in the number of African American homes during the past fiscal year.

Race	Number of Homes July 1, 2006	% of Homes	Number of Homes June 30, 2007	% of Homes	% Change
African American	383	17.1%	362	16.2%	-5.5%
Asian	1	0.0%	4	0.2%	300.0%
Caucasian	1889	84.4%	1867	83.6%	-1.2%
Native American	2	0.1%	4	0.2%	100.0%
Hispanic	13	0.6%	15	0.7%	15.4%
Other	12	0.5%	15	0.7%	25.0%

Jefferson and Northeastern are the only two regions in which the percentage of minority homes (of the total resource home population) is greater than the percentage of minority children (of the total population of children in care). Northeastern has a very small percentage of minority homes, but also a very small percentage of minority children in care. The majority of Jefferson Region's homes are of a minority race or ethnicity, with 54.1% of the resource homes being African American.

The overall disproportionality of minority children as a percentage of the total population of children in care versus the minority homes as a percentage of the total population of approved homes is represented in the bar graph and tables below. This need is documented by every region within their individual diligent recruitment reports, as well as their plans to target minority populations as potential resource families in the coming year.



30-Jun-06	African American	Asian	Caucasian	Native American	Other	Hispanic
Children	1597	10	5540	10	199	217
Homes	383	1	1889	2	12	13
Ratio of children to homes	4.17	10.00	2.93	5.00	16.58	16.69

30-Jun-07	African American	Asian	Caucasian	Native American	Other	Hispanic
Children	1572	12	5632	13	179	248
Homes	362	4	1867	4	15	15
Ratio of children to homes	4.34	3.00	3.02	3.25	11.93	16.53

Medically Fragile and Care Plus Homes

There was an increase in the total number of both Medically Fragile and Care Plus homes, as illustrated in the table below. According to the numbers it would appear that there is a sufficient pool of these specialized homes to meet the needs of these children in care, as measured by the total numbers. However, when placements are needed, it continues to be challenging to find medically fragile and care plus homes to take many of these children with extraordinary needs. The agency has begun to rely more on Private Child Placing Agencies to meet the needs of these children.

Homes	Number of Homes July 1, 2006	% of Homes	Number of Homes June 30, 2007	% of Homes	% Change
Medically Fragile	**121**	**5.4%**	**134**	**6.0%**	**10.7%**
Care Plus	**165**	**7.4%**	**181**	**8.1%**	**9.7%**

Child Specific Recruitment that supports Item 44 (Diligent recruitment of foster and adoptive homes)

Statewide there are 1328 children free for adoption. Of these, 572 do not have an identified adoptive family, a total of 43%. Six regions report 50 percent or more of their available children without identified adoptive families. Southern Bluegrass reports on 13.3% of their available children without an identified home. Cumberland Region has only 20.3% of children free for adoption without an identified home, and Northeastern reports only 26.3% of children free for adoption without an identified home. Every region has identified detailed plans for child specific recruitment. This remains a critical need as it has been in previous years.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of Item 44 (Diligent recruitment of foster and adoptive homes)?

Resource Home Acceptance

The total number of homes accepting sibling groups has increased again during this past fiscal year. This trend has been observed in previous reporting periods. It would appear that the pool of homes willing to accept sibling groups is more than ample to meet the need based on the number of children in care who are part of a sibling group. However, the challenge remains in placing children together who are part of a large sibling group. The need for homes willing to take large sibling groups of three or more children was identified by every region in the narrative portions of their diligent recruitment plans.

Unfortunately, the number of homes willing to accept teens decreased overall during the past fiscal year. Seven of the nine regions reported a very slight increase in the number of home willing to accept teens. Only two regions reported a decrease, but one of these regions (Salt River Trail) had a very significant decrease of 17 homes (19.3%). As 49.1% of the children in care are between the ages of 12 and 18, this is perhaps the most critical need in terms of recruitment of resource homes. Every region has identified this as a need within their diligent recruitment reports.

The impact of these two conditions is mitigated by the practice of referring children with routine needs to private child placing agencies. Often these agencies will have homes available for teens or large sibling groups when the Department does not.

Homes	Number of Homes July 1, 2006	% of Homes	Number of Homes June30, 2007	% of Homes	% Change
Accepting Teens	620	27.7%	615	27.6%	-0.8%
Accepting Sibling Groups	1668	74.6%	1708	76.5%	2.4%

Kentucky continues to focus on compliance with federal reporting requirements and improvement in processing home study requests. However, Kentucky's turn around time for the completion of home studies is approximately 90 days. Identified barriers include:

- Adam Walsh requires federal background checks on everyone in the household. Currently, Kentucky's statue 922 KAR 1:490, indicate individuals whom have resided in Kentucky longer than ten (10) years are exempt from FBI background checks. This has hindered Kentucky in completing home studies timely. Kentucky is currently revising 922 KAR 1:490 to be in compliance with Adam Walsh. The revised statue is expected to be filed December 2007 and adopted on or before May 2008.
- Court jurisdiction cases are open cases in which Kentucky does not have custody and/or commitment of a child; and the court is requesting an interstate home study evaluation. Previously, court orders did not include the provision for the Kentucky court to retain jurisdiction over the child and for the compact administrator to act as the agent for the court. Absent this provision, the compact administrator had no legal jurisdiction over the case and, if a placement disrupted, Kentucky could not intervene and secure another placement for the child.

Item 45: State Use of Cross-jurisdictional Resources for Permanent Placements: *Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?*

What do policy and procedure require?

Kentucky cooperates with other states in the interstate planning and placement of abused, neglected or dependent children through the Federal Interstate Compact on the Placement of Children (ICPC). ICPC requirements are enacted in the Kentucky Revised Statute (KRS) 615.030. These requirements include the development of an ICPC tracking system in 2006. Data from previous years is not available for comparison but Kentucky intends to use this system to assess timeliness of activities related to ICPC.

Where was the child welfare system in Round One of the CFSR?

Item 45 was rated as a Strength because the State designates staff through the SNAP program to promote and facilitate the cross-jurisdictional placement of waiting children.

What are the strengths and promising practices that the child welfare system has demonstrated that supports Item 45 (State use of cross-jurisdictional resources for permanent placements)?

- The system was promoted and provided at no cost by APHSA.
- Approximately 2/3's of the states use the APHSA MS access database.
- The database has the functionality to capture and query data that will be necessary to report based on the Safe & Timely Placement Act (2006). I believe that APHSA will develop the queries (and/or assist the states) and provide to those states using the database so that the information provided will be in a consistent and constant format. This will be a big benefit to those states using the database when comparing the state provided data.
- APHSA is also developing a web-based database with the ability to interface information from the APHSA MS access database without data entry. Those states not on the current database would not have this option.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance that supports Item 45 (State use of cross-jurisdictional resources for permanent placements)?

Kentucky cooperates with other states in the interstate planning and placement of abused, neglected or dependent children through the Federal Interstate Compact on the Placement of Children (ICPC). ICPC requirements are enacted in the Kentucky Revised Statute (KRS) 615.030.

Since the last review in 2003, the Safe and Timely Interstate Placement on Foster Children Act of 2006 (P.L. 109-239) has been enacted which requires states to conduct, complete, and report the results of a home study within 60 days after a state receives a request from another state. The Act also provides $1,500 incentive money to states that are completing home study requests within 30 days after a request is received. Kentucky enacted the ICPC over thirty years ago and is an active member of the American Public Human Services Association and Association of Administrators of the Interstate Compact on the Placement of Children. The Safe and Timely Interstate Placement of Foster Children Act of 2006 (Federal legislation H.R.5403, P.L.109-239) established new timelines for interstate home study requirements to improve protections for children and to hold States accountable for the safe and timely placement of children across State lines, and for other purposes. Each state is required to complete and report on the interstate home study within sixty calendar days, with an incentive payment awarded to the state for each home study completed within thirty calendar days.

Section V – State Assessment of Strengths and Needs

1. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily strengths, citing the basis for the determination.

2. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement, citing the basis for the determination. Identify those areas needing improvement that the state would like to examine more closely during the onsite review, for example, to explore possible causal factors. Prioritize the list of areas needing improvement under the safety, permanency and well-being outcomes.

Kentucky's Strengths

- **Item 1** (Timeliness of Initiation): On average, Kentucky initiates investigations within the 2nd day of referral and completed statewide supports for improving documentation of initiation and regional centralized intake. Kentucky adheres to stringent timeframes for initiation.
- **Item 4** (Risk assessment and safety management): The rate of abuse in foster care is far below the national standard. Kentucky makes regular contact with families, regularly holds family team meetings, wraps services around families to reduce risk, and assesses families comprehensively using the Continuous Quality Assessment.
- **Item 8** (Reunification): Kentucky ranks among the top five states nationally on Composite 1, timeliness and permanency of reunification.
- **Item 9** (Adoptions): Kentucky's performance on Composite 2 has exceeded the federal standard from FFY 2005 to the period under review.
- **Item 10** (Other planned permanent living): Kentucky's performance exceeds the national standard on all aspects of Composite 3.
- **Item 12** (Placement with siblings): Kentucky also strives to place children with their siblings; the data show improvement in this indicator since the first PIP.
- **Item 14** (Preserving Connections): Kentucky has made progress since the first PIP in all aspects of case quality performance with current case quality reviews showing performance near the 85% compliance with best case work practices.
- **Item 15** (Relative placement): Kentucky reunifies children with relatives, provides kinship care benefits, and seeks relative placements in all cases.
- **Item 21** (Educational needs of the child): During the first CFSR review, Kentucky was found to make diligent efforts to meet the needs of children. Our CQI case review scores have steadily improved through the PIP to the present.
- **Item 24** (Statewide Information System): Kentucky has an excellent SACWIS system that produces reliable federal and state data and guides case management and accurate payments.
- **Item 27** (Permanency Hearing): Through the court improvement project, permanency teams, and regional attorneys there has been significant improvement in conducting timely and quality hearings. Nonetheless, practice is still inconsistent by jurisdiction.
- **Item 28** (Termination of Parental Rights): The court improvement process, permanency teams, improved tracking have improved adoption speed at all decision points.

- **Item 30** (Standards ensuring quality services): Kentucky has a strong policy writing process that engages staff in developing policy, many internal and external review processes, and extensive statewide SOP reinforced through training.
- **Items 31** (Quality assurance system): Kentucky has a strong statewide CQI process that monitors practice and guides workers to improving quality. It is committed to using evidence to guide practice and policy development.
- **Items 32, 33, 34** (Staff and Provider Training): Kentucky's University Training Consortium has an extensive history of high quality professional development from pre-service training through ongoing training. Curriculums are well developed and consistently implemented statewide and innovative initiatives such as the PCWCP and Credit for Learning Programs are nationally recognized as best practices.
- **Items 38, 39, 40** (Agency responsiveness to the community): Kentucky was rated as having strengths on these items during the first CFSR. Since that time, we have expanded our efforts in collaboration with others both at the state and in every locality. Community stakeholders spontaneously report that they see improvements in sharing in initiatives, solutions, and capacity building with DCBS. They regularly receive updates and reports or data on child welfare's performance and are more aware of needs such as reducing racial disproportionate representation.
- **Item 41, 42, 43, 44, and 45** (Foster and adoptive parent licensing, recruitment and retention): The understanding and development of diligent recruitment needs has vastly improved since the first CFSR. Kentucky maintains the standards required to achieve substantial conformity with these items.
- Statewide implementation of family team meetings to engage clients, community partners, and youth in decisions about their care.

Areas Needing Improvement

- **Item 2** (Recurrence of CAN): Although Kentucky has decreased the rate of repeat maltreatment from a high of 8.6% in CY 2001; the current rate of 6.5% still exceeds federal standards.
    - Link between identification of risk to service provision
    - Lack of employees
    - Training (skill based not theoretical)
    - Inadequate aftercare plans
    - Lack of follow through with services
- **Item 3** (Services to prevent removal or reentry): Although the numbers of children in OOHC are increasing, the percent of the child population (based on census figures) in OOHC (.071%) is similar to the national average of (.069%). Reentry into foster care continues to be a weakness.
    - More thorough initial assessments
    - More comprehensive services
    - Obtainable realistic case plans
- **Item 5** (Reentry to foster care): Although the rate of reentry into foster care has dropped on Composite One measures from 17.0% in 2005 to 14.9% for the period under review, Kentucky's performance is below the 50th percentile nationally.
    - Reunification services to family
    - Foster parents to work collaboratively with biological parents

    - Adolescent services needed statewide
- **Item 6** (Stability of foster care placements): Kentucky's performance of 93.8 on Composite 4 is well below the 101.5 standard. With improved counting of moves within private licensed agencies anticipated by Fall 2008, the composite score is likely to decline.
    - More support to foster parents
    - Increased standards for PCC homes – training requirements should be the same as DCBS
    - SSW doesn't have sufficient time for home visits (paper work too extensive)
    - Paperwork requirements prevent time in the field for SSW
- **Item 7** (Permanency goals for child): Although Kentucky is diligent in changing goals, the process is slower than expected and efforts toward concurrent planning are only partially effective and understood.
    - Lack of identification of possible relative placements – not done early enough
    - Intensive services offered too late if at all
    - Effective case planning
    - Lack of concurrent placement homes
- **Item 11** (Proximity of foster care placement): Kentucky is a state highly committed to family and placement in close proximity to home, but case quality scores and data analysis indicates that too few children are placed in the same county as removal. Data on proximity of placement is incomplete at this time.
    - Not enough foster homes
    - Need consistent support to family
    - Need additional diligent recruitment
    - Realistic demands on foster parents
    - Work in partnership with foster parents
- **Item 13** (Visitation with parents and siblings): Case quality review scores show that best case work practices related to this item are implemented less than 75%.
    - Lack of staff results in less visitation time
    - Lack of visitation programs / services
    - Foster parents to be more involved in the visitation process (help with transports)
    - Transportation teams needed in every region
    - Foster parents should not supervise visits with biological parents
- **Item 16** (Relationship of the child in care with parents): Although Kentucky improved performance during the PIP by more than 10 percentage points, the average performance on case quality scores is only at 82.6%.
- **Item 17** (Needs and services of child, parents, and foster parents): Although Kentucky has made considerable progress on item 17; the state's performance is near the 80% level on case quality work.
    - Inability of workers to assess safety / risks with other needs
    - R&C staff to take more active role with foster parents and provide additional support to them
- **Item 18** (Child and family involvement in case planning): Case quality scores and responses of families and youth on surveys confirm that this is an area needing improvement.
    - Use FTM to develop case plan with realistic objectives and tasks
    - FSOS needs to take more active role in the negotiation of the case plans

    - Find areas of strength and encourage biological parents to bring their support system to the meeting
- **Item 19** (Caseworker visits with child): Kentucky fails to meet new federal standards for caseworker visits to children and the state's performance has remained steady or declined since the first PIP.
    - Need more homes so children can be placed in close proximity to their families
    - Quality of visits versus quantity of visits needs to be explored
- **Item 20** (Worker visits with parents): Current data suggests that between 58% and 68% of families served in the home or in OOHC receive monthly visits.
    - May be unrealistic due to staff shortage to expect workers to make visits to the parents in the home monthly. Should be able to count visits at office, etc.
- **Item 22** (Physical health of the child): Although case quality review scores have improved more than 13 percentage points since 2004, performance is below acceptable standards.
    - Conduct collateral contact with current child care provider
    - Foster parents should be responsible for taking child for initial dental / medical visits
    - More detailed assessment of health of children during the investigative process
- **Item 23** (Mental health needs of the child): Although performance has improved on the case quality reviews, performance is still hampered by limited services.
    - Thorough assessments with collaterals
    - Documentation on how child "appears to be" developmentally on target
    - Utilize tip sheets with guidance questions for assessing
- **Item 25** (Written case plan): Although TWIST supports a comprehensive case planning process and practices have improved, Kentucky still struggles to involve youth and families in the case planning process at an optimal level.
    - Individualized plans based on assessments
- **Item 29** (Notice of hearings and reviews to caregivers): Kentucky has an inconsistent system for notifying and all parties.
    - Courts should mail notices to the families
- **Items 35, 36, 37** (Service Array and Resource Development): Kentucky has made progress in developing services to meet the mental health, medical and dental, substance abuse treatment, educational needs, and in primary and secondary prevention services, but continues to have unavailable and inaccessible services in many areas of the state. Although a portion of any group is well-served, generally a larger portion of that needy population remains with unmet needs.
    - Legislature fails to adequately fund services and programs
- Kentucky places too many children under 12 years in residential settings.
    - More appropriate placement options needed

3. Recommend two additional sites for the onsite review activities, using the strengths and areas needing improvement noted in 1 and 2.

CFSR Site Selection

Federal Expectations

County site selection was first based on identifying counties with an adequate number of cases in each category of review. All counties selected had an inflation factor of four in each OOHC category and at least three for in-home cases. In a second step, counties with very low rates of recurrence or reentry, not representative of the state, were eliminated. Thirty six counties and Jefferson (37 total counties) were then considered.

Barren	Franklin	Madison	Whitley
Boyd	Graves	Martin	
Boyle	Grayson	McCracken	
Breckinridge	Hardin	Mercer	
Bullitt	Harlan	Ohio	
Campbell	Henderson	Perry	
Christian	Hopkins	Pike	
Clark	*Jefferson*	Pulaski	
Clay	Johnson	Rowan	
Daviess	Kenton	Scott	
Fayette	Knox	Shelby	
Floyd	Laurel	Warren	

On-site Review County Selection Process

All CFSR indicators, service delivery indicators, census statistics, staff indicators, and the driving distance from Louisville were examined in the third step of site-selection.
We retained and selected counties with these characteristics:

1. Were similar to the state average on at least one performance indicator identified in the state assessment as an area needing improvement, that are:
   - Recurrence of child abuse and neglect,
   - Reentry into OOHC,
   - Placement stability for children in care 24 or more months
2. Within a 3 hour driving distance of Louisville.
3. Represented a mix of rural and mid-size cities.
4. Included a maximum of two counties from any single service region.

Kentucky: CFSR Indicators for Counties for On-site Review Selection				
CFSR Indicator (standard set at 75% or 25%)	**Jefferson County (metro site)**	**Daviess County**	**Laurel County**	**State Indicator**
Driving Distance from Louisville in minutes	**0**	**127**	**145**	*******
Recurrence of CAN *(6.1% or less)*	4.2%	11.5%	2.5%	6.5%
% of Children w/ Reentry (8.5% or less)	8.6%	14.0%	8.3%	10.3%
C1.1 % of reunifications in less than 12 months *(75.2% or better)*	75.6%	80.2%	74.4%	76.5%
C1.2 Median months in stay - children exiting to reunifications *(5.4 months or less)*	6.7	6.8	6.3	5.7
C1.3 % of children in entry cohort reunified in less than 12 months *(48.4% or better)*	42.5%	59.3%	68.0%	56.5%
C1.4 % of children re-entering foster care in less than 12 months *(9.9% or less)*	12.7%	19.0%	16.2%	14.9%
C2.1 % of adoptions occurring in less than 24 months *(36.6% or better)*	49.3%	37.5%	7.1%	31.0%
C2.2 Median months of stay adopted children. *(27.3% or less)*	24.3	27.3	40.8	29.4
C2.3 % of children in foster care for 17+ months adopted by the end of the year *(22.7% or better)*	21.3%	28.8%	31.7%	22.4%
C2.4 % of children in foster 17+months who become legally free within 6 months: *(10.9% or better)*	21.6%	31.0%	0.0%	18.8%
C2.5 % of children adopted in less than 12 months of becoming legally free: *(53.7% or better)*	46.9%	76.0%	25.0%	52.2%
C3.1 % of children who are legally free for adoption who exit to a permanent home *(29.1% or better)*	21.7%	31.3%	41.2%	24.9%
C3.2 % of children in foster care for 24+ months who exit to permanency by 18 or the end of the fiscal year *(98% or better)*	81.5%	88.9%	100.0%	90.1%
C3.3 % of children emancipated or reaching age 18 who were in foster care for at least 3 years: *(37.5% or less)*	32.5%	29.4%	30.8%	31.6%
C4.1 % of children in care for less than 12 months with 2 or fewer placement settings: *(86.1% or better)*	84.1%	78.6%	87.5%	86.2%
C4.2 % of children in care for 12 to 24 months with 2 or fewer placement settings: *(65.4% or better)*	59.0%	55.6%	51.3%	59.9%

C4.3 % of children in care for at least 24 months with 2 or fewer placement settings: *(41.8% or better)*	19.0%	31.4%	30.4%	28.0%
Overall average for Case Work Quality Score (95%or better). These scores are from 12 quarters of CQI Case Review Scores = Overall average on all items.	84.2%	82.9%	90.5%	81.5%

Kentucky: Census Data and Rates in OOHC for On-site Review Selection				
Census/OOHC Statistic	**Jefferson County (metro site)**	**Daviess County**	**Laurel County**	**State Indicator**
Total Population	701,500	93,613	56,979	4,206,074
Child Population	170,465	23,216	13,789	1,001,046
January 2008: # of children in OOHC	1,164	194	113	7,199
% of Child Population (census) in OOHC (Jan_08)	0.007	0.008	0.008	0.007
% child population Caucasian	71.2%	92.1%	98.0%	88.8%
% child population African American	26.5%	7.2%	1.2%	9.9%
% African American in OOHC (Jan_08)	51.5%	13.9%	0.9%	20.8%
% child population Hispanic	3.3%	1.6%	0.9%	2.6%
% of Population 18 and younger	24.3%	24.8%	24.2%	23.8%
% of children living in poverty	19.0%	18.0%	28.0%	21.0%
High school graduation rate	81.8%	80.7%	63.9%	74.1%
Median Household Income	$42,239	$40,020	$30,255	$37,046
Percent of County Rural	1.9%	26.1%	67.7%	44.2%

Kentucky: Staff Statistics for On-site Review Selection				
Staff Statistic	**Jefferson County (metro site)**	**Daviess County**	**Laurel County**	**State**
Family Court	yes	NO	yes	
Drug Court	yes	yes	yes	
# of SSW & SSC staff	234	47	23	1352

Total # of Cases	3762	836	450	22551
Average Caseload	16.1	17.8	19.6	16.7
Turnover Rate front line staff (SFY2007)	11.5%	5.4%	7.3%	12.0%
% of Front line workers with less than 1 yr experience	21.6%	22.8%	14.5%	22.3%

Kentucky: Cases for Sample and Service Delivery for On-site Review Selection

DCBS Statistic	Jefferson County (metro site)	Daviess County	Laurel County	State
FC Sample: Case Type One	397	56	39	2,195
FC Sample: Case Type Two	343	46	19	1,989
FC Sample: Case Type Three	246	82	36	2,119
FC Sample: Case Type Four	449	115	56	3,450
Number of In-Home Cases	777	212	77	
# of referrals in CY 2007	9,160	2,268	1,147	68,173
% of referrals investigated	56.1%	55.7%	54.1%	47.9%
# of investigations in CY 2007	5,135	1,264	620	32,631
% of investigations substantiated	35.4%	30.8%	29.8%	30.6%
# of families with any Family Preservation Service in SFY 2007	225	61	16	1901
# of children entering OOHC in CY 2007	663	173	129	5,499
# of children exiting OOHC in CY 2007	482	147	82	4,421
# of DCBS Foster Homes (point in time: December 2007)	304	64	48	2,209
# of PCC Foster Homes (point in time: January 2008)	195	33	6	1454
Point in Time (Jan. 08) percent placed in DCBS foster homes	31.4%	55.7%	50.4	39.3%
Point in Time (Jan. 08) percent placed in PCC foster homes	40.3%	24.2%	15.0%	30.8%
Point in Time (Jan. 08) percent placed in PCC Residential settings	21.5%	12.4%	20.4%	17.8%
% of visits to children in foster care completed in compliance with current SOP	82.1%	83.5%	92.2%	75.6%

Rationale for Each County

Jefferson County, Louisville

Jefferson County is Kentucky's largest metro area encompassing Louisville, with a population of more than 700,000 people. The county is 98% urban with the highest high school graduation rate, highest median household income, and greatest proportion of African American children of any counties under consideration. Jefferson is supported by several specialty courts including family drug court; specialized initiatives such as parent advocates, family to family anchor site, START, and the diversion project; and extensive community partnerships.

CPS Strengths: Jefferson County has lower rates of recurrence and reentry to foster care than the state with a very high percentage of adoptions occurring within 24 months or less. Jefferson's indicators mirror the state performance on average case load and turnover rates, and timeliness and permanency of reunification. Jefferson is equal to the state on Composite 1 (reunification) and exceeds the state in timeliness of adoptions.

CPS Challenges: Jefferson has a high rate of over-representation of African American children at all decision points in the case from referral to OOHC. On Composite 3, children in long-term placements, and Composite 4, placement stability, Jefferson is the lowest performing region in the state. Although the representation of all children in the census that are placed in OOHC is consistent with the state average (.007%), between January 2003 and January 2008 (point in time counts), Jefferson increased the number of children in OOHC by 349 children, a 43% increase; this growth rate is one of the highest in the state. Jefferson places a larger percent of children in PCC foster homes than any other county under consideration.

Advantages for the On-site review: Child welfare in Jefferson is diverse and complex with many services, strong initiatives, and equally strong challenges. This site will provide an overview of child welfare in Kentucky.

Daviess County

Daviess County in the Two Rivers Service Region is a mid-sized county with a larger city, Owensboro, and a population of 93,000 people with 92% Caucasian. The county is 74% urban with lower rates of children living in poverty, a higher median family income and higher rates of high school graduation than the state average, similar to the census profile of Jefferson County. It is not served by family court, but does have a specialty drug court. Although it is a 2 hour drive from Louisville, the drive is an easy one on an infrequently traveled interstate nearly the entire way.

CPS Strengths: Daviess County is very similar to the state profile on nearly every indicator, timeliness of reunifications, adoptions, outcomes for youth with long-term commitments, placement stability, substantiation rates, and case work quality. The annual front line staff turnover rate is low and the community is progressive, hosting a PCWCP program at Brescia University. The Two Rivers regional office is also located in Owensboro.

CPS Challenges: Daviess County struggles with rates of recurrence of child abuse and neglect and reentry into OOHC that are well above the state average. Despite intensive efforts by regional staff, these high rates in the face of relative wealth and available services have baffled staff. Generally high rates of recurrence are prominent in the eastern Kentucky Appalachia where poverty and limited services contribute to chronic family violence. Daviess

County is a site for the Race, Community and Child Welfare Initiative (one of 11 statewide) because of 2-3 times the rate of African American children placed in OOHC than expected based on the child population.

Advantages for the On-site review: Daviess County offers an opportunity to examine a county that closely mirrors the state's performance on most indicators with the exception of higher rates of recurrence and reentry to OOHC that continue to challenge Kentucky.

Laurel County

Laurel County in The Cumberland Region is a larger rural county, with one city, London, and a population of nearly 57,000 people with 98% Caucasian. The county is about 68% rural with moderate amount of poverty and disadvantage. It has higher rates of children living in poverty, lower median family income and a lower high school graduation rate than the state average. It is served by both family and court. It represents a more typical rural Kentucky county off the I-75 corridor with a 145 minute interstate drive from Louisville. London houses some of The Cumberland regional office staff.

CPS Strengths: Laurel County has very low rates of recurrence and generally low rates of reentry to foster care. This is especially surprising given the poverty and limited resources available in the county. They exceed state rates on reunification and place a large percentage of children in DCBS foster homes. Laurel County performs well with emancipated youth and youth with long-term placements. Placement stability is similar to the state average. The annual front line staff turnover rate is below the state average; staff complete visits to children in compliance with SOP. Overall case work quality is rated higher than the state average.

CPS Challenges: Laurel County struggles with timely adoptions although the permanency team for the area is housed in London. The I-75 corridor in Kentucky is known for the high rates of substance abuse and drug dealing and influences CPS practice.

Advantages for the On-site review: Laurel County represents a relatively urban Appalachian county within a reasonable driving distance of Louisville for any Appalachian county considered. The county has issues of poverty, substance abuse, and limited resources that are challenges statewide. Operation UNITE (Unlawful Narcotics Investigations, Treatment and Education) is active in the county.

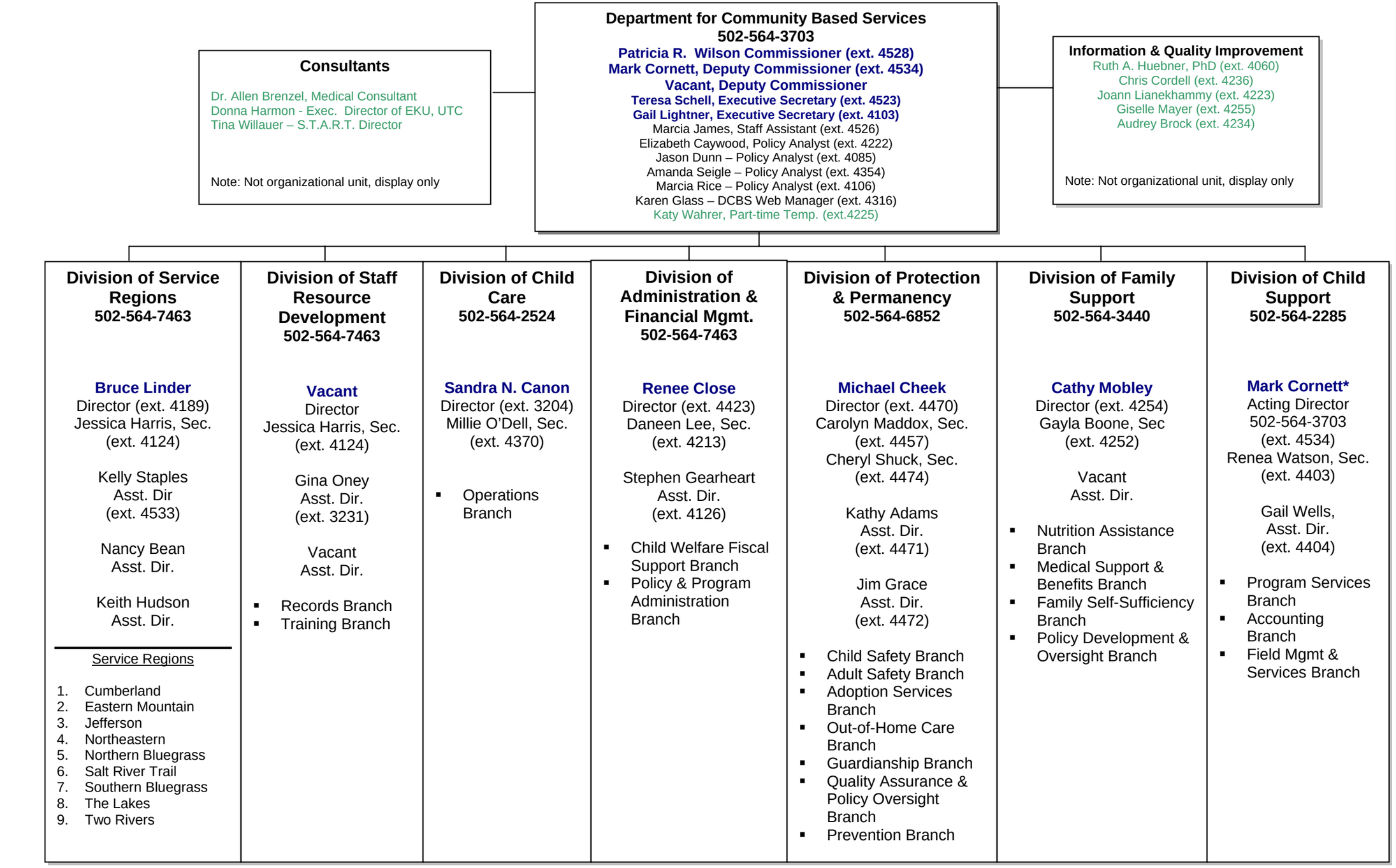
Section V – State Assessment of Strengths and Needs

4. Provide comments about the State's experience with the Statewide Assessment Instrument and process. This information will assist the Children's Bureau in continually enhancing the Child and Family Services Review (CFSR) procedures and instruments.

Completion of this self assessment provided Kentucky an opportunity to take an intensive and comprehensive look at our business process and the services we provide. It has allowed us to identify our strengths and our areas of need through our partnerships with community resources across the state. Kentucky chose to engage each of the nine (9) service regions in this process by

asking them to conduct a self assessment of their specific region as the state was assessed as a whole. The self assessment for Kentucky encompassed more than a year of diligent work.

The procedures manual regarding completion of the self assessment was thorough and easy to understand. The technical assistance we received from ACF was extremely valuable as well. This process provided us with an avenue to strengthen our connection to our community partners as well as our front-line staff.



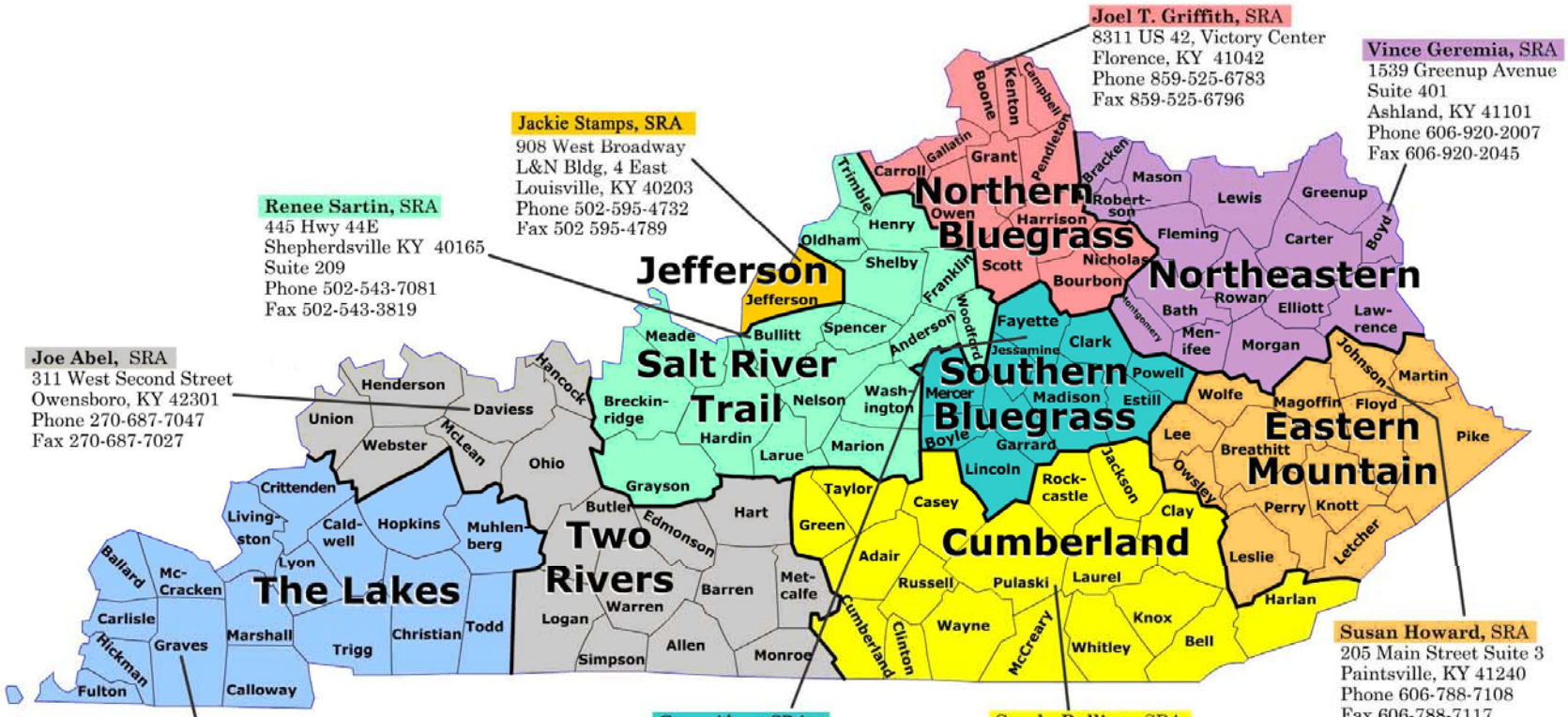
Note: the two sections off the Commissioner's Office are for display only as these sections do not exist in the official organizational structure

*Deputy Commissioner serving as Acting Director of Division of Child Support

Blue = Non-merit staff

Green = Contract staff

DCBS Service Regions



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November 16, 2007

February 1, 2008

DCBS ACRONYMS	
ACF	ADMINISTRATION FOR CHILDREN AND FAMILIES
ADA	AMERICAN DISABILITIES ACT
ADD	AREA DEVELOPMENT DISTRICTS
ADHD	ATTENTION DEFICIT HYPERACTIVITY DISORDER
AH	ADOPTIVE HOME
AFCARS	ADOPTION and FOSTER CARE AUTOMATED REPORTING SYSTEM
AHA	AMERICAN HUMANE ASSOICATION
AIS/MR	ALTERNATE INTERMEDIATE SERVICES/MENTAL RETARDATION
AOC	ADMINISTRATIVE OFFICE OF THE COURTS
AP	ABSENT PARENT
APHSA	AMERICAN PUBLIC HUMAN SERVICES ADMINISTRATION
APS	ADULT PROTECTIVE SERVICES
APS	ABSENT PARENT SEARCH
ASFA	ADOPTION AND SAFE FAMILIES ACT
BSADD	BIG SANDY AREA DEVELOPMENT DISTRICT
CAP	COMMUNITY ACTION PROGRAM
CAP	CHRISTIAN APPALACHIAN PROJECT
CAPTA	CHILD ABUSE AND PREVENTION TREATMENT ACT
CATS	COMPREHENSIVE ASSESSMENT & TRAINING SERVICE
CASA	COURT APPOINTED SPECIAL ADVOCATE
CA/N	CHILD ABUSE AND NEGLECT
CBS	COMMUNITY BASED SERVICE
CCC	COMMUNITY COLLABORATION FOR CHILDREN
CDW	COURT DESIGNATED WORKER
CFC	CABINET FOR FAMILIES AND CHILDREN (as of 1/15/04 named changed to Cabinet for Health and Family Services)
CFS	COMPREHENSIVE FAMILY SERVICES
CFCRB	CITIZENS FOSTER CARE REVIEW BOARD
CFSP	CHILDREN AND FAMILY SERVICES PLAN
CFSR	CHILDREN AND FAMILY SERVICES REVIEW
CIP	CHAFEE INDEPENDENT PROGRAM
COA	COUNCIL ON ACCREDITATION
CPPC	CUMMUNITY PARTNERSHIP FOR PROTECTION OF CHILDREN
CPS	CHILD PROTECTIVE SERVICES
CPSCBT	CHILD PROTECTIVE SERVICES COMPETENCY BASED TRAINING
CRP	CHILDREN'S REVIEW PROGRAM
CRP	CITIZEN'S REVIEW PANEL
CQA	CONTINUOUS QUALITY ASSESSMENT
CQI	CONTINUOUS QUALITY IMPROVEMENT
CSA/MAPP	FOSTER PARENT TRAINING FOR CHILDREN OF SEXUAL ABUSE
CSP	COMMUNITY SERVICE PROGRAM
CWLA	CHILD WELFARE LEAGUE OF AMERICA
DCBS	DEPARTMENT FOR COMMUNITY BASED SERVICES
DCS	DIVISION FOR CHILD SUPPORT
DES	DEPARTMENT FOR EMPLOYMENT SERVICES
DFS	DIVISION FOR FAMILY SUPPORT
DHHS	DEPARTMENT OF HEALTH AND HUMAN SERVICES

DCBS ACRONYMS	
DJJ	DEPARTMENT FOR JUVENILE JUSTICE
DPP	DEPARTMENT FOR PROTECTION AND PERMANENCY
DSS	PAST NAME FOR DPP
DV	DOMESTIC VIOLENCE
EAST KY CCC	EAST KENTUCKY CHILD CARE COALITION
ECO	EMERGENCY CUSTODY ORDER
EEO	EQUAL EMPLOYMENT OPPORTUNITY
EPSDT	EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT
FACTS	FAMILIES AND CHILDREN TOGETHER SAFE
FAQ	FREQUENTLY ASKED QUESTIONS
FC	FOSTER CARE
FH	FOSTER HOME
FINSA	FAMILIES IN NEED OF SERVICE ASSESSMENT
FLO	FAMILY LEVEL OBJECT
FPLS	FERRULE PARENT LOCATOR SERVICE
FPP	FAMILY PRESERVATION PROGRAM
FRC	FAMILY RESOURCE CENTERS
FRP	FAMILY REUNIFICATION PROGRAM
FRYSC	FAMILY RESOURCE AND YOUTH SERVICE CENTERS
FSCBT	FAMILY SERVICES COMPETENCY BASED TRAINING
FSOS	FAMILY SERVICES OFFICE SUPERVISOR
FSW	FAMILY SERVICES WORKER
GAL	GUARDIAN AD LITEM
GAS	GENERAL ADULT SERVICES
GPS/MAPP	GROUP PREPARATION & SELECTION/MODEL APPROACH PARTNERSHIP PARENTING
HCBS	HOME AND COMMUNITY BASED SERVICES
HHS	HEALTH AND HUMAN SERVICES
HIV/DRUG EXPOSED/MAPP	FOSTER PARENT TRAINING FOR INFANTS EXPOSED TO HIV/DRUGS
ICPC	INTERSTATE COMPACT FOR THE PLACEMENT OF CHILDREN
IEPA	INTER ETHNIC PROVISIONS ACT
IFBSS	INTENSIVE FAMILY BASED SUPPORT SERVICES
IHP	INDIVIDUAL HEALTH PLAN
ILP	INDEPENDENT LIVING PROGRAM
ILO	INDIVIDUAL LEVEL OBJECTIVE
IV-A PROGRAM	SECTION IV-A OF THE SOCIAL SECURITY ACT (K-TAP PROGRAM)
IV-D PROGRAM	SECTION IV-D OF THE SOCIAL SECURITY ACT (CHILD SUPPORT PROGRAM)
IV-E PROGRAM	SECTION IV-E OF THE SOCIAL SECURITY ACT (FOSTER CARE PROGRAM)
JC-3	KSP ACTION TAKEN REPORTING FORM (ARREST/NON ARREST)
JSST	JOB SEEKING SKILLS TRAINING
JTPA	JOB TRAINING PARTNERSHIP ACT
KAMES	KENTUCKY AUTOMATED MANAGEMENT ELIGIBILITY SYSTEM
KAR	KENTUCKY ADMINISTRATIVE REGULATIONS
KASES	KENTUCKY AUTOMATED SUPPORT ENFORCEMENT SYSTEM

DCBS ACRONYMS	
KC	KINSHIP CARE
KCHIP	KENTUCKY CHILDREN'S HEALTH INSURANCE PROGRAM
KDVA	KENTUCKY DOMESTIC VIOLENCE ASSOCIATION
KECSAC	KY. EDUCATION COLLABORATION FOR STATE AGENCY CHILDREN
KRADD	KENTUCKY RIVER AREA DEVELOPMENT DISTRICT
KRS	KENTUCKY REVISED STATUTES
KSP	KENTUCKY STATE POLICE
K-TAP	KENTUCKY TRANSITIONAL ASSISTANCE PROGRAM
K-TAP RECIPIENT	PERSON RECEIVING K-TAP ASSISTANCE ON BEHALF OF CHILDREN
LINK	LAW ENFORCEMENT NETWORK OF KENTUCKY
L & R	LICENSING & REGULATION
MCCC	MOUNTAIN COMPREHENSIVE CARE CENTER
MEGAN'S LAW	SEX/CRIMINAL OFFENDER INFO. PROVIDED TO PUBLIC
MEPA	MULTI-ETHNIC PLACEMENT ACT
MR/DD	MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES
NAPCWA	NATIONAL ASSOCIATION OF PUBLIC CHILD WELFARE ADMINISTRATORS
NASCCA	NATIONAL ASSOCIATION OF STATE CHILD CARE ADMINISTRATORS
NCANDS	NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM
NCIC	NATIONAL CRIME INFORMATION CENTER
NCPCA	NATIONAL COMMITTEE FOR PREVENTION OF CHILD ABUSE
NDAS	NATIONAL DATA ANALYSIS SYSTEM
OGC	OFFICE OF GENERAL COUNSEL
OIG	OFFICE OF INSPECTOR GENERAL
OOHC	OUT OF HOME CARE
OPE	OFFICE OF PERFORMANCE ENHANCEMENT
OPS	OFFICE OF PROGRAM SUPPORT
OTS	OFFICE OF TECHNICAL SUPPORT
PCC	PRIVATE CHILD CARE
PCC	PRIVATE CHILDCARE CENTER
PCP	PERSON CENTERED PLANNING
PIC	PRIVATE INDUSTRY COUNCIL
P&P	PROTECTION AND PERMANENCY
PPLA	PLANNED PERMANENT LIVING ARRANGEMENT
PRTF	PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY
QA	QUALITY ASSURANCE
QC	QUALITY CENTRAL
QCI	QUALITY CARE INITIATIVE
OIG	OFFICE OF THE INSPECTOR GENERAL
QMHP	QUALIFIED MENTAL HEALTH PROFESSIONAL
R&C	RECRUITMENT AND CERTIFICATION (FOSTER CARE)
RAP	RELOCATION ASSISTANCE PROGRAM
RIAC	REGIONAL INTERAGENCY COUNCIL
RTC	REGIONAL TRAINING COORDINATOR

DCBS ACRONYMS	
SACWIS	STATE AUTOMATED CHILD WELFARE INFORMATION SYSTEM
SAR	SACWIS ASSESSMENT REVIEW
SARGe	SACWIS ASSESSMENT REVIEW GUIDE
SCL	SUPPORTS FOR COMMUNITY LIVING (MR)
SED	SEVERELY EMOTIONALLY DISTURBED
SNAP	SPECIAL NEEDS ADOPTION PROGRAM
SOP	STANDARDS OF PRACTICE
SPLS	STATE PARENT LOCATOR SERVICE
SRA	SERVICE REGION ADMINISTRATOR
SRAA	SERVICE REGION ADMINISTRATOR ASSISTANT
SRAA	SERVICE REGION OFFICE ADMINISTRATOR ASSOCIATION
SRAC	SERVICE REGION ADVISORY COUNCIL
SRCA	SERVICE REGION CLINICAL ASSOCIATE
SSS	SOCIAL SERVICE SPECIALIST
SSW	SOCIAL SERVICE WORKER
SVTS	SANDY VALLEY TRANSPORTATION SERVICES
SW	SOCIAL WORKER
TANF	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
TAP	TARGETED ASSESSMENT PROGRAM
TPR	TERMINATION OF PARENTAL RIGHTS
TRIS	TRAINING RECORDS INFORMATION SYSTEM
TWIST	THE WORKER'S INFORMATION SYSTEM
URC	UTILIZATION REVIEW COMMITTEE
V.I.N.E.	VICTIM INFORMATION AND NOTIFICATION EVERYDAY SYSTEM

Section V – State Assessment of Strengths and Needs

5. Provide the names and affiliations of the individuals who participated in the Statewide Assessment process;

Name	Agency	Role
Alex Blevins	KY CASA Organization	Community Stakeholders Group
Andrea Sieloff	KY Commission on Community Volunteerism and Service	Community Stakeholders Group
Annette Harrod	Community Collaboration for Children	Community Stakeholders Group
Armine Hutchens	Friends of Children – Fayette	Community Stakeholders Group
Barbara Kaminer	Division of Mental Health, CHFS	Community Stakeholders Group
Barbara Ramlow	Targeted Assessment Program	Community Stakeholders Group
Beth Armstrong		Statewide Assessment Team
Blake Jones	Citizens Review Panel	Community Stakeholders Group
Bradley Stevenson	Child Care Council of Lexington	Community Stakeholders Group
Brenda Boyd	The Children's Hospital Foundation; Office of Child Advocacy	Community Stakeholders Group
Captain Steve Wright	Kentucky State Police	Community Stakeholders Group
Carol Cecil	KY Partnership for Families and Children	Community Stakeholders Group
Chris Cecil	Foster Care Review Board	Community Stakeholders Group
Christina Givens	CHFS/DCBS/DPP	Community Stakeholders Group
Darlene Hoover	CHFS/Division of Child Care	Community Stakeholders Group
Dawn Lee		Community Stakeholders Group
Debbie Acker	CHFS/DPP	Community Stakeholders Group
Debbie Featherstone	Bluegrass Regional Mental Health / Mental Retardation Board	Community Stakeholders Group
Deirdre Cummings	Commission for Children with Special Health Care Needs	Community Stakeholders Group
Earl Washington	Former Foster Youth; Now CHFS employee	Community Stakeholders Group
Eder Crenshaw		Community Stakeholders Group
Elizabeth Caywood	CHFS/Department for Policy Development	CHFS Advisor to Statewide Community Stakeholders Group
Fawn Conley	CHFS / Independent Living Coordinator	Community Stakeholders Group
Gary Perkins	Operation UNITE	Community Stakeholders Group
Germaine O'Connell		Community Stakeholders Group
Helen Bongard	GAL in Fayette	Community Stakeholders Group
Jackie Masterson	Lincoln Trail Area Development District	Community Stakeholders Group
Jerry Stephenson	Faith Based	Statewide Assessment Team
Jim Clark	UK College of Social Work	Community Stakeholders Group
Jim Grace	CHFS/DPP	Community Stakeholders Group
JR Hopson	Court Improvement Project	Community Stakeholders Group
Karen Granger		Community Stakeholders Group
Kenny Phillips		Community Stakeholders Group
Krista Hudson	Community Partnership for Protection of Children	Community Stakeholders Group
LaNell Taylor	CRP	Community Stakeholders Group
Larry Michalczyk	Kent School of Social Work	Community Stakeholders Group

Name	Agency	Role
LeTonia Jones	KY Domestic Violence Association	Community Stakeholders Group
Linda Taylor	Director, Training Branch, CHFS	Community Stakeholders Group
Lisa Durbin	Division of Protection and Permanency, CHFS	Community Stakeholders Group
Lynn Posze		Community Stakeholders Group
Lynne Mason	Community Collaboration for Children	CHFS Advisor to Statewide Community Stakeholders Group
Margaret Banks	Mountain Comprehensive Care	Community Stakeholders Group
Marty Soaring-Eagle	KY Native American Commission	Community Stakeholders Group
Marvin Miller	Department for Public Health, CHFS	Community Stakeholders Group
Marybeth Jackson		Community Stakeholders Group
Mavis Williamson	Department of Juvenile Justice, Justice Cabinet	Community Stakeholders Group
Melanie Tyner-Wilson	Foster Parent	Community Stakeholders Group
Michelle Frazier		Community Stakeholders Group
Michelle Sanborn	Children's Alliance Program	Community Stakeholders Group
Mike Cheek	Director, Division of Protection and Permanency, CHFS	Community Stakeholders Group
Mike Denny	Family Resource and Youth Services Centers	Community Stakeholders Group
Mike Grimes	Division of Protection and Permanency, CHFS	Community Stakeholders Group
Murray Wood	Legislative Review Committee	Community Stakeholders Group
Norman Powell	KY Educational Collaborative for State Agency Children	Community Stakeholders Group
Phyllis Gilman		Community Stakeholders Group
Phyllis Hildreth		Community Stakeholders Group
Phyllis Millspaugh	KY Association of Sexual Assault Programs	Community Stakeholders Group
Priscilla Gales	Lexington Fayette Urban County Government	Community Stakeholders Group
Rachael Bingham	Foster Care Review Board	Community Stakeholders Group
Rashmi Adi-Brown	Prevent Child Abuse KY	Community Stakeholders Group
Rick Yetter		Community Stakeholders Group
Rissie Forbes		Community Stakeholders Group
Rob Sloan	KY River Foothills Development / Foothills Community Action Partnership	Community Stakeholders Group
Ronnie Nolan		Community Stakeholders Group
Ruth Huebner	CHFS / DCBS / IQI	Community Stakeholders Group
Sarah Henrix		Community Stakeholders Group
Sharon Britton	Workforce Investment Employment and Training	Community Stakeholders Group
Sheila Phillips		Community Stakeholders Group
Sherri Stover	Children's Advocacy Centers	Community Stakeholders Group
Shirley Hedges	Foster / Adoptive Parent	Community Stakeholders Group
Steve Oechsli	CHFS / Department for Policy Development	Community Stakeholders Group
Tina Webb	CHFS/DPP	Community Stakeholders Group
TJ Delahanty	Kentucky Child Now	Community Stakeholders Group
Valerie Noffsinger	Community Mental Health, Children's Service Director	Community Stakeholders Group
Velva Reed		Community Stakeholders Group

Name	Agency	Role
Vickie Henderson	Northern KY Children's Advocacy Center	Community Stakeholders Group

Bryan Fantoni	Citizen Review Panel	Statewide Assessment Team
Robert Clayton	Parent from Parent Advocate Program	Statewide Assessment Team
George Duvall	Former Foster Youth	Statewide Assessment Team
Barbara Hausley	Lex-Link and adoptive parent	Statewide Assessment Team
Stephen George	Judge	Statewide Assessment Team
Earl Trevor	Head Start	Statewide Assessment Team
Nina Begley	Children's Review Program	Statewide Assessment Team
Mary Savage	KY Domestic Violence Association	Statewide Assessment Team
Beth Armstrong	MH/MR	Statewide Assessment Team
Allen Brenzel	Pediatrician / DCBS Consultant	Statewide Assessment Team
Tina Wilhauer	START	Statewide Assessment Team
Doug Burnham	UK College of Social Work and County Extension Service	Statewide Assessment Team
Natalie Kelley	Division of Child Abuse and Domestic Violence Services	Statewide Assessment Team
Duane Osborne	County Attorney – Fayette	Statewide Assessment Team
Bruce Petrie	Judge	Statewide Assessment Team
Kathy Autrey	Training	Statewide Assessment Team
Lily Jo Cockerill	CCC parent	Statewide Assessment Team
Bruce Brading	Tribal Representative (Circle of Wisdom Unity Conference)	Statewide Assessment Team
Patricia Walker Fitzgerald	Judge	Statewide Assessment Team
Joe Stemple	Adoptive Parent	Statewide Assessment Team
Anita Cantrell:	Johnson County Youth Service Center Director	Eastern Mountain Service Region
Bonnie Hale	Impact Director	Eastern Mountain Service Region
Bridget Turner	KRCC Area Director	Eastern Mountain Service Region
Chesa Shelton	Floyd County Health Department	Eastern Mountain Service Region
Christa Francis	KRCC Executive Assistant	Eastern Mountain Service Region
Deanna Johnson	IMPACT	Eastern Mountain Service Region
Debbie Clemons	FRYSC	Eastern Mountain Service Region
Diana Conley	Big Sandy ADD	Eastern Mountain Service Region
Donna Epperson	Buckhorn Children and Family Services	Eastern Mountain Service Region
Elizabeth Fitch	Family Abuse Center	Eastern Mountain Service Region
Gwen Hall	Catholic Social Services	Eastern Mountain Service Region
Jennifer Weber	Hazard/Perry County Community Ministries	Eastern Mountain Service Region
Karen Howard	Mountain Comprehensive Care	Eastern Mountain Service Region
Kari Huber	Kentucy Valley Education Co-op	Eastern Mountain Service Region
Laura Kretzer	Child Advocacy Center	Eastern Mountain Service Region
Lelani Wright	Department of Juvenile Justice, Justice Cabinet	Eastern Mountain Service Region
Misty Blevins	Big Sandy Family Abuse Center	Eastern Mountain Service Region
Sr. Audrey Recktenwald	St. Joseph Ministries	Salt River Trail Service Region
LaShawn Cole-Hack	Head Start/Early Head Start	Salt River Trail Service Region

Name	Agency	Role
Andrea Marchall	Communicare- Impact	Salt River Trail Service Region
Barbara Allen	FRYSC	Salt River Trail Service Region

Faye Critchelon	FRYSC	Salt River Trail Service Region
Lori East	CDW-Juvenile Services	Salt River Trail Service Region
Connie Miller	Boys Haven	Salt River Trail Service Region
Dan Satterfield	FRC	Salt River Trail Service Region
Melissa Davis	CKCAC FPP	Salt River Trail Service Region
Jami Sandusky	CKCAC, Inc.	Salt River Trail Service Region
Judy McGrew	Early Childhood	Salt River Trail Service Region
Sharon Beard	Parent Rep.	Salt River Trail Service Region
David Love	Radcliff PD	Salt River Trail Service Region
Samantha Manire	Advocacy and Support	Salt River Trail Service Region
Susie Byrd	Boys Haven Path	Salt River Trail Service Region
Tinisha Sanders	Headstart	Salt River Trail Service Region
Jo Yates	ECTC	Salt River Trail Service Region
Marie Colasante	CASA	Salt River Trail Service Region
Ramona Silva	Parent Rep.	Salt River Trail Service Region
Leslie Humphrey	Board of Education	Salt River Trail Service Region
Anna Novak	Meade Co. Health Dept.	Salt River Trail Service Region
Connie Miller	Boys Haven	Salt River Trail Service Region
Debra Estep	Meade Co. Lifeline	Salt River Trail Service Region
Loretta Skaggs	Meade Co. Ext. Office	Salt River Trail Service Region
Joyce Mann	Meade Co. Lifeline	Salt River Trail Service Region
Cheri Tivitt	Communicare	Salt River Trail Service Region
Emma Carroll	Community Action	Salt River Trail Service Region
Karen Ewing	KU Works	Salt River Trail Service Region
Wanda Smith	Washington Co. FRYSC\	Salt River Trail Service Region
Harriet Boone	Washington Co. Schools-Therapist	Salt River Trail Service Region
Lori Warren	KY River Foothills	Salt River Trail Service Region
Nina Sadler	Parent	Salt River Trail Service Region
Sharla Whitt	Henry County CARE Team	Salt River Trail Service Region
Sheri Bishop	FRC	Salt River Trail Service Region
Dawn Corcoran	Impact	Salt River Trail Service Region
Jan Antos	ALC Pregnancy Resource	Salt River Trail Service Region
Joy Varney	RIAC	Salt River Trail Service Region
Karen Grant	KY River Foothills	Salt River Trail Service Region
Robin Brown	Parent	Salt River Trail Service Region
Julee Cormack	Multi-Purpose CAA	Salt River Trail Service Region
Anita Thomas	Parent	Salt River Trail Service Region
Dana Bixler	Parent	Salt River Trail Service Region
Gary Rose	Sherman Baptist Church	Northern Bluegrass Service Region
Nancy Powell	Corinth-Mt. Zion Elementary FRC	Northern Bluegrass Service Region
Carol Whipple	UK – CPPC Consultant	Northern Bluegrass Service Region
Tracy Bischoff	NKIDHD – HANDS	Northern Bluegrass Service Region
Debbie Wright	NKIDHD	Northern Bluegrass Service Region

Name	Agency	Role
Gene Nelson	Grandparent	Northern Bluegrass Service Region
Allison Mortenson	Grant County High YSC	Northern Bluegrass Service Region
Judy Martin	Grant County Middle School	Northern Bluegrass Service Region

Mary Pat Behler	Northkey	Northern Bluegrass Service Region
Jill Gay	UKTAP	Northern Bluegrass Service Region
Tayna Fogle	People Advocating Recovery	Northern Bluegrass Service Region
Gayle Morken	Young Families	Northern Bluegrass Service Region
Lynn Posze	Division of Mental Health and Substance Abuse	Northern Bluegrass Service Region
Peter White	NorthKey	Northern Bluegrass Service Region
Karen Hargett	Transitions	Northern Bluegrass Service Region
Vickie Kennedy	Catholic Social Services	Northern Bluegrass Service Region
Teri Wilde for Ardith Davis	St. Elizabeth Medical Center	Northern Bluegrass Service Region
Shana Tucker	Transitions WRAP	Northern Bluegrass Service Region
Christie Jackson	Welcome House	Northern Bluegrass Service Region
Ann Barnum	Health Foundation of Greater Cincinnati Area	Northern Bluegrass Service Region
Judge Buschelman	Kenton County Family Court	Northern Bluegrass Service Region
Judge Mehling	Kenton County Family Court	Northern Bluegrass Service Region
7 adolescent males in residential Placement	Children’s Home of Northern Kentucky	Northern Bluegrass Service Region
Lisa Ross	Brighten Center	Northern Bluegrass Service Region
Rob Geiger	Brighten Center	Northern Bluegrass Service Region
Shane Davis	Lifeway / Benchmark	Northern Bluegrass Service Region
Jo Davis	Holly Hill	Northern Bluegrass Service Region
Bob Sonega	Family Ties	Northern Bluegrass Service Region
John Ross	Diocesan Catholic Children’s Home	Northern Bluegrass Service Region
Angela Wilson	Parent	Northern Bluegrass Service Region
Freda South-Younger	Adoptive parent/grandparent	Northern Bluegrass Service Region
Laura Beard	Foster Parent	Northern Bluegrass Service Region
Lori Leslie	Parent	Northern Bluegrass Service Region
Mahannare Harris	Parent	Northern Bluegrass Service Region
Patty Creech	Parent, Regional Network Co-Chair	Northern Bluegrass Service Region
Veronica McDaniel	Parent	Northern Bluegrass Service Region
Jennifer Pugh	Brighton Center Community Development Director	Northern Bluegrass Service Region
Kristen Alvarez	Brighton Center Master Case Facilitator	Northern Bluegrass Service Region
Lindsey Lilly	Brighton Center Master Case Facilitator	Northern Bluegrass Service Region
Virginia Despard	Brighton Center Community Collaboration for Children	Northern Bluegrass Service Region
Heather Secrist	Kenton County Family Court	Northern Bluegrass Service Region
Katie McLindon	Kenton County Family Court	Northern Bluegrass Service Region
Natalie Smallwood	Boone County Family Court (Judge Bramlage)	Northern Bluegrass Service Region
Betty Pennington	Collins Elementary Family Resource Center	Northern Bluegrass Service Region
Linda Zacharias	Mildred Dean Family Resource Center	Northern Bluegrass Service Region

Name	Agency	Role
Bill Hobstetter	KY Partnership for Families and Children	Northern Bluegrass Service Region
Dorothea Becker	Family Nurturing Center	Northern Bluegrass Service Region
Hope Winburn	KEYS, Carrollton	Northern Bluegrass Service Region
Donna Taylor	Grandparent, Natural Helper	Northern Bluegrass Service Region

Mary Frazier	Local Citizen, Natural Helper	Northern Bluegrass Service Region
Tammi Brock	Foster Parent	Northern Bluegrass Service Region
Christina Brown	Foster Parent	Northern Bluegrass Service Region
Vicki Degenhardt	Foster Parent	Northern Bluegrass Service Region
Debbie Smith	Foster Parent	Northern Bluegrass Service Region
Debbie Sauber	FCPC	Southern Bluegrass Service Region
Judy Warner	Parent	Southern Bluegrass Service Region
Forrest Burton	TRC	Southern Bluegrass Service Region
Kathleen O'Malley	CC	Southern Bluegrass Service Region
Claudetta Daniels	CTE	Southern Bluegrass Service Region
Karen Confides	Cowan Coalition	Southern Bluegrass Service Region
Catherine Warner	Lexlinc	Southern Bluegrass Service Region
Diane Banks	DCBS	Southern Bluegrass Service Region
Carol Taylor	UK TRC	Southern Bluegrass Service Region
Elizabeth Jones	CTE	Southern Bluegrass Service Region
Cameo Cornelison	CTE	Southern Bluegrass Service Region
Robin Miller	Parent	Southern Bluegrass Service Region
Brian McDonald	Croney & Clark	Southern Bluegrass Service Region
Beth Mueller	CRP	The Lakes Service Region
Ron Campbell	EKU Independent Living Coordinator	The Lakes Service Region
Joe Farless	FPP	The Lakes Service Region
Rebecca Woodrow	Pennyroyal Mental Health Center	The Lakes Service Region
Karen Boyd	CAC	The Lakes Service Region
Lindsey Adams	Assistant County Attorney	The Lakes Service Region
Lynn Pryor	Commonwealth Attorney	The Lakes Service Region
Randall Greene	Hopkinsville Police Departmetn	The Lakes Service Region
Kim Griswold	TAP	The Lakes Service Region
Kathy Oakley-Huitt	TAP	The Lakes Service Region
Jill Scholar	TAP	The Lakes Service Region
Dianne Glasscock	Pennyroyal Mental Health Center	The Lakes Service Region
LaRay Ladd	Parent	The Lakes Service Region
Jeremy Clem	Hospice	Cumberland Service Region
Molly Jones	SKCTCS	Cumberland Service Region
Evelyn Holland	Bell County Schools	Cumberland Service Region
Betty Partin	EKCCC	Cumberland Service Region
Connie Hays	Youth Services Center	Cumberland Service Region
Marilyn Gabbard	Comp Care	Cumberland Service Region
Sandy Creech	Housing Authority	Cumberland Service Region
Amy Smith	Commission for Children	Cumberland Service Region
Joel Bennett	Lifeline	Cumberland Service Region
Robbie Beard	Sheriff's Office	Cumberland Service Region

Name	Agency	Role

Eastern Mountain Service Region
Angela Porter
Angela Stumbo-Baldwin: Floyd County FSOS
Angelina Campbell
Anita Cantrell: Johnson County Youth Service Center Director
Lexington, KY
Belinda Boggs: SRAA, DCBS
Beth Halcomb
Betty Boyd, DCBS, Pikeville, KY
Beverly Tackett
Bonnie Hale-IMPACT Director
Brenda Hughes-DPP
Brian Akers:
Bridget Turner- KRCC; Area Director (Breathitt, Lee, Owsley, & Wolfe Counties)
Cathy Gay
Charlene Clemons
Chesa Shelton-Floyd County Health Department
Chris Kidd: Floyd County FSOS
Christa Francis KRCC; Executive Assistant
Christopher Kidd
Chrystal Ratliff- FPP Program Manager
Cyndee Trent: DCBS Regional Office
Dawnetta Dotson
Deanna Johnson-IMPACT Coordinator Magoffin
Debbie Clemons-FRYSC- Regional Director
Deborah Price
Debra Wilcox-LeMaster
Denise Adkins
Denise Hoffman-DPP
Diana Conley: Big Sandy ADD
Dicey Combs-DPP
Donna Epperson-Program Director Buckhorn Children and Family Services
Edwina Slone
Elizabeth Fitch, Big Sandy Family Abuse Center, Prestonsburg, KY
George Scott Walker-Layne House
Gwen Hall: Catholic Social Services
Jack Quillen
James Carpenter
Jean Slone-Impact Assistant
Jennifer Adkins
Jennifer Roberts
Jennifer Weber- Hazard/Perry County Community Ministries
Joe Cornell- Director
Judy White-IMPACT Secretary
Julie Sandlin
Karen Crum, TAP, Floyd County DCBS Division of Family Support, Prestonsburg, KY
Karen Howard, Mountain Comprehensive Care Center, Victim Service Program

Kari Huber-Kentucky Valley Education Co-op
Kathleen O'Malley- CCC Central Office
Kathy Bohr
Kathy Larder
Kimberly Halcomb
Kristie Combs: DCBS Regional Office
Kristie Hodge-
Laura Kretzer: Child Advocacy Center
LC Dobson
Lelani Wright-Department of Juvenile Judge
Linda Adkins-IMPACT Coordinator
Linda Duncan: DCBS Regional office
Linda May: Floyd Family Support Supervisor
Lisa Murry: Magoffin County FSOS
Liz Hamilton: Big Sandy ADD
Louise Howell- KRCC; Executive Director
Lynn Eggers-Bentley
Margaret Banks-Mountain Comprehensive Community Care
Margery Lindon
Marsha Castle-DPP
Mary Beth Halcomb-DPP
Michael Kadish- KRCC; Area Director (Knott, Leslie, Letcher Counties)
Michelle Kilgore- KRCC Mental Health Rep
Mike Watts-CDW Letcher
Misty Blevins, Big Sandy Family Abuse Center, Prestonsburg, KY
Mona Bush -Parent Rep
Pat King, Big Sandy Area Develop District, Family Services Specialist, Prestonsburg, KY
Patricia Engle-RIAC Chairperson
Patricia VanHoose: MCCC
Rachel Willoughby, Mountain Comprehensive Care Center Regional Prevention Center, Prestonsburg, KY
Rebecca Addington
Rebial Reynolds:
Regina Gearheart- IMPACT Coordinator
Rhonda Muncy-Little
Rita Harris-IMPACT Coordinator
Robert Jackson KRCC; Area Director (Perry County)
Ron Webb-DPP
Rose Price, TAP, Johnson County DCBS, Paintsville, KY
Sara Bailey-CDW Pike County
Sharon Yates:
Shauna Moore-Murray-DCBS
Stacye McQueen, TAP, Floyd County DCBS DPP, Prestonsburg, KY
Steve Noe-Local Resource Coordinator for Laura Holiday
Susan Howard: SRA, DCBS
Susan Stepp
Tammy Hunter: Big Sandy ADD
Teddi Allen-Floyd County Family Support

Tiffany Rice
Wilma Taylor: Pike County FSOS

GRAYSON COUNTY CCC	
Victoria Kelly	DCBS
Sr. Audrey Recktenwald	St. Joseph Ministries
Robin George	DCBS
Jeneana Crider	DCBS
LaShawn Cole-Hack	Head Start/Early Head Start
Andrea Marchall	Communicare- Impact
Barbara Allen	FRYSC
Faye Critchelon	FRYSC
Brandy Smith	DCBS
Cheryl Redd	Communicate
Tracy Surton	DCBS/FS
Mavis Howard	DCBS/FS
Vickie Hulsman	DCBS/FS
Melina VanMeter	DCBS/FS
Lori East	CDW-Juvenile Services
Susan Layman	Family Support
Allison Caswell	P & P
Connie Miller	Boys Haven
Jane Maeser	P & P
Pat Lush-Decker	
Dan Satterfield	FRC
HARDIN COUNTY CCC	
Tommy Furlong	PPFC Chairperson
Robin George	CHFS, SRCA
Jeneana Crider	CHFS, Specialist
Melissa Davis	CKCAC FPP
Jami Sandusky	CKCAC, Inc.
Debbie McColpin	FRSYC
Debbie Jo Cox	FRSYC
Judy McGrew	Early Childhood
Donna Wilson	CKCAC, Faith Based
Sharon Beard	Parent Rep.
Stephanie Tankersley	CCSHN
Jennifer Fowler	CKCAC
Deb Kodama	Pat Educator
David Love	Radcliff PD
Samantha Manire	Advocacy and Support
Linda T. Funk	Vision
Stephanie Harrison	CKCAC, Regional Network Communicator
Renee Sartin	CHFS, SRA
Marian Brooks	CHFS, SRAA
Susie Byrd	Boys Haven Path
Sherri Edelen	CKCAC, FPP
Janet Robinson	FRSYC
Terri Goodman	FRSYC

Tinisha Sanders	Headstart
Jo Yates	ECTC
Marie Colasante	CASA
Ramona Silva	Parent Rep.
Doris Lewis	FRYSC
Annette Harrod	CHFS CCC
Janelle Mason	FRSYC
Jodie Bodnar	FRSYC
Leslie Hall	FRSYC
MEADE COUNTY CCC	
Lisa Parker	P & P
Leslie Humphrey	Board of Education
Ruth Holmes	Family Support
Pat Garacia	FRYSC
Ericka Pritchett	P & P
Debbie Canavera	SPMS, YSC
Anna Novak	Meade Co. Health Dept.
Connie Miller	Boys Haven
Debra Estep	Meade Co. Lifeline
Ruby Denham	P & P
Kara King	MCSH FRYSC
Loretta Skaggs	Meade Co. Ext. Office
Jennifer Henning	Family Support
Whitney Ditto	KERA lot III FRC
Jeneana Crider	DCBS
Joyce Mann	Meade Co. Lifeline
Cheri Tivitt	Communicare
WASHINGTON COUNTY CCC	
Emma Carroll	Community Action
Karen Ewing	KU Works
Jeneana Crider	DCBS
Jeff Doig	WC Adult Education
Wanda Smith	Washington Co. FRYSC\
Harriet Boone	Washington Co. Schools-Therapist
Beverly Fields	DCBS
Shelby County	
Lori Warren	KY River Foothills
DeDe Sullivan	DCBS
Jeneana Crider	DCBS
Kenata Ingram	HCFRC
Nina Sadler	Parent
Sharla Whitt	Henry County CARE Team
Sheri Bishop	FRC
Dawn Corcoran	Impact

Jan Antos	ALC Pregnancy Resource
Joy Varney	RIAC
Karen Grant	KY River Foothills
Robin Brown	Parent
Julee Cormack	Multi-Purpose CAA
Anita Thomas	Parent
Dana Bixler	Parent

Gary Rose	Sherman Baptist Church
Nancy Powell	Corinth-Mt. Zion Elementary FRC
Carol Whipple	UK – CPPC Consultant
Marlene McComas	Marlene's
Cheryl Thomas	CHFS – Recruitment and Certification
Tracy Bischoff	NKIDHD – HANDS
Debbie Wright	NKIDHD
Gene Nelson	Grandparent
Kate Goodenough Hackett	CHFS – Procedures Development
Allison Mortenson	Grant County High YSC
Judy Martin	Grant County Middle School
Chad Hoehn	CHFS – Social Worker
Traci Hudson	CHFS – Social Worker
Robin Scroggins	CHFS – Family Support
Krista Hudson	UK – CPPC Consultant
Mary Pat Behler	Northkey
Jill Gay	UKTAP
Tayna Fogle	People Advocating Recovery
Gayle Morken	Young Families
Anna Stark	Family Services
Stephanie Daudistel	DCBS
Pam Blackburn	DCBS
Tina Willauer	DCBS
Lynn Posze	Division of Mental Health and Substance Abuse
Peter White	NorthKey
Karen Hargett	Transitions
Kate Goodenough Hackett	DCBS
Kindra Kilgore	DCBS
Vickie Kennedy	Catholic Social Services
Teri Wilde for Ardith Davis	St. Elizabeth Medical Center
Rosemary Housley	DCBS
Shana Tucker	Transitions WRAP
Christie Jackson	Welcome House
Jessica Brown	DCBS
Kayla Byer	DCBS
Tracy Gentrup	Tracy.gentrup@ky.gov
Ann Barnum	Health Foundation of Greater Cincinnati Area
Northern Bluegrass P&P Supervisors	DCBS
Judge Buschelman	Kenton County Family Court
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Kristen Alvarez	Brighton Center Master Case Facilitator
Lindsey Lilly	Brighton Center Master Case Facilitator
Virginia Despard	Brighton Center Community Collaboration for Children
Cindy Withrow	Cabinet for Health and Family Services, Family Support
Heather Secrist	Kenton County Family Court
Katie McLindon	Kenton County Family Court
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Betty Pennington	Collins Elementary Family Resource Center
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Hope Winburn	KEYS, Carrollton
Donna Taylor	Grandparent, Natural Helper
Mary Frazier	Local Citizen, Natural Helper
Tammi Brock	Foster Parent
Christina Brown	Foster Parent
Vicki Degenhardt	Foster Parent
Debbie Smith	Foster Parent

Southern Bluegrass	
Debbie Sa	FCPC
Judy Warn	Parent
Forrest Bu	TRC
Kathleen C	CC
Claudetta I	CTE
Karen Con	Cowan Coalition
Catherine \	Lexlinc
Diane Banl	DCBS
Carol Tayl	UK TRC
Elizabeth J	CTE
Cameo Co	CTE
Robin Mille	Parent
Brian McD	Croney & Clark

The Lakes

Janet Doye	DCBS
Deb Daugh	DCBS
Linda Woo	DCBS
Gary Brook	DCBS
Renee Buc	DCBS
Sherry Litc	DCBS
Peggy Mer	DCBS
Cassandra	DCBS
Kristi Griffey	
Jae Darnell	
Beverly Bone	
Kim Ford	
Sheri Langston	
David Wolff	
Ann Veatch	
Amanda Barnes	
Aimee Timmons	
Julie Greitz	
Lisa Sanderson	
Channa Woodall	
Kelli Covington	
Tawana Cathy	
Shannon Griggs	
Kelli Kirkham	
April Alford	
Betty Mollaun	
Kelly Shuecraft	
Rhonda Strader	
Kathy Harden	
Aneta Calhoun	
Angela Shepherd	
Andea Jones	
Tommy Williams	
Sherry Newton	
Michael Parrish	
Linda Cochran	
Letitia Goolsby	
Donald Garrett	
Dana Matlock	
Leslie Tinsley	
Ashley Smith	
Brenda Holt	
Tonya Holland	
Beth Muell	CRP
Ron Camp	EKU Independent Living Coordinator
Joe Farles	FPP
Rebecca W	Pennyroyal Mental Health Center
Karen Boy	CAC
Lindsey Ad	Assistant County Attorney

Lynn Pryor	Commonwealth Attorney
Randall Gr	Hopkinsville Police Departmetn
Kim Griswc	TAP
Kathy Oakl	TAP
Jill Scholar	TAP
Dianne Gla	Pennyroyal Mental Health Center
LaRay Lad	Parent