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Goal 1: Improve safety outcomes for children during all phases of child welfare intervention.			
Objective	Lead	Tasks	Target Date
1.1: Implement an established safety model to include ongoing safety assessments through critical junctures of the case statewide by 2024.	Child Protection Branch	<p><b>1: Finalize a contract with selected vendor.</b></p> <p><b><i>2020 Update:</i></b> The department finalized a contract and scope of work with the National Council on Crime and Delinquency (NCCD) Children’s Research Center to implement the Structured Decision Making® (SDM) intake assessment for child welfare on March 1, 2020. The target date for completion has been changed from 2019 to 2020. During the preparation activities for developing a safety model, it was evident that implementing an already established and proven successful model would be the most efficient and sound decision and in the best interest of the families served by the department. While understanding this would push back the original start date, the long-term goals were considered in order to ensure a quality assessment process. NCCD and the department have worked diligently to develop a thorough and thoughtful implementation plan with long-term sustainability and client benefit, while adhering to PIP implementation timeframes.</p>	CY 2020
		<p><b>2: Project planning, project start-up, project kick-off meetings, pre-implementation data assessment, intake assessment customization, inter-rater reliability testing, intake assessment training curriculum development, automation, training, and implementation support.</b></p> <p><b><i>2020 Update:</i></b> A project kick-off meeting was held March 20, 2020, where next steps were formalized to move forward with the implementation of the intake assessment. NCCD is currently conducting a review of Kentucky’s statutes, administrative regulations, and department standards of practice. The department has provided relevant materials and assistance as needed for clarification purposes. The project planning and startup tasks include web surveys and phone interviews, data analytics, project management, and a summarization of all start-up activities. Staff from Kentucky’s Comprehensive Child Welfare Information System (CCWIS), The Worker’s Information SysTem (TWIST), team, and NCCD have also begun collaboration for data analysis by NCCD. The safety and risk assessment customization, inter-rater reliability testing, safety and risk assessment training curriculum development, automation, training, and implementation support are detailed in a second contract with NCCD. While the department has committed to the totality of this work, it was necessary to split the work between two contracts to align with the start of a new budget biennium on July 1, 2020. This second contract will be executed at the beginning of the next state fiscal year (July 1) and it is anticipated that this work will continue into 2021. Since execution of the contract, the implementation of the safety model has progressed with a stakeholder kick off meeting scheduled for September 17, 2020. There are no further delays anticipated in the implementation. A timeline has been developed in conjunction with the</p>	CY 2021

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		<p>contracted vendor, NCCD, which allows Kentucky to continue to adhere to timeframes. NCCD will support the department with data analysis, policy review, staff training, consultation, inter-rater reliability assessment, and monitoring of tool integrity once implemented.</p> <p><b><u>2021 Update:</u></b> Evident Change (formerly known as NCCD) and the department have worked diligently to develop a thorough and thoughtful implementation plan with long-term sustainability and client benefit. A virtual project kickoff was held 9/17/2020 to communicate the project to multiple stakeholders, including frontline staff, court, and community partners. Moving into implementation, DCBS and stakeholders have been involved with the customization of the tools. Three separate focus groups were held with frontline staff, community stakeholders, and leadership the week following the kickoff meeting on September 22<sup>nd</sup>, 23<sup>rd</sup>, and 24<sup>th</sup>.</p> <p>During these focus groups, individuals were able to meet with Evident Change, ask questions, and learn more about each assessment. The safety model intake tool customization work group has been formed and the first meeting was held on 10/16/2020. The intake customization meetings were held on November 5<sup>th</sup>, November 6<sup>th</sup>, December 28<sup>th</sup>, and January 27<sup>th</sup>. The meetings consisted of individuals from Evident Change, centralized intake, and central office staff. During these meetings, the intake tool was drafted, and definitions were outlined to assist staff in making informed decisions throughout the intake process. The intake assessment will not be final until the inter-rater reliability (IRR) testing is finished to ensure all edits are completed and no other changes are necessary. An IRR planning meeting was held on March 3, 2021. The next steps of IRR testing include the creation of case vignettes. IRR testing for centralized intake staff will begin on June 15, 2021. Once this step is finished, Evident Change will review the data from the testing and meet with the department to review the intake assessment to determine if changes to the tool are necessary. It is anticipated that data will be available by early August 2021. The target date has been modified to allow for completion of the IRR testing and implementation of the intake assessment.</p> <p><b><u>2022 Update:</u></b> Implementation of the Structured Decision-Making assessments continued throughout 2021 and into 2022. Project leads, TWIST, and central intake staff completed the customization of the intake assessment, inter rater reliability (IRR) testing, and development of the assessment within TWIST and training.</p> <p>IRR testing for the intake assessment tool took place June 15th-29th, 2021. Evident Change completed the analysis of the data from the IRR testing. In total, 111 staff participated in IRR testing; about one third of participants used current practice standards and the remaining two-thirds of participants used the SDM tool. The majority (81%) of participants completed all 18 vignettes in testing. There were 1,836</p>	
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		<p>completed responses for analysis. Current practice IRR results show that there is consistency in identifying allegations and in the screening decision; response time had a lower consistency observed. The overall percent agreement was over the 75% threshold for individual allegation types. Overall, participants reached the same screening decision 88% of the time; the same response time decision was reached only 74% of the time. SDM intake tool IRR results show strong overall consistency in identification of allegations, screening policy overrides, screening decisions, the initial response time, and in response time overrides. The final response priority after the application overrides had overall consistency of 69%. The overall percent agreement was over the 75% threshold for individual allegation types. The overall percent agreement on the initial screening decision was 91% and 90% on the final screening decision. Participants reached overall percent agreement of 80% on the initial response priority. Participants reached overall percent agreement of 69% on the final response priority. Some items on the SDM assessment had low agreement on individual vignettes; Evident Change reviewed the items and vignettes to better understand what may have led to inconsistent scoring. Based on the review, significant changes to the tools were not needed; it is believed that training will help to address the areas of inconsistency. The low agreement on the final response priority reflects the use of overrides on the SDM response priority; these overrides may have been applied based on participants' current practice standards. Training on the appropriate use of overrides, and supervisory approval of such overrides, will be provided. In summary, the review for the test results showed no major changes will need to occur to the logic of the tool, however, some key areas to provide practice guidance/training to staff regarding the intake tool have been identified.</p> <p>Evident Change finalized the intake assessment manual related to the intake assessment tool and submitted the manual to TWIST in December 2021 to begin automation of the tool. The SDM intake assessment tool went live on April 2, 2022.</p> <p>The PIP safety work group leads and ECU's Training Branch began meeting in September 2021 and developed a training plan for intake staff and supervisors, and frontline staff and supervisors. The ECU Training Branch received a training of trainer's session that was provided by Evident Change in February 2022. This allowed ECU Training Branch staff time to create and implement trainings for frontline staff of the intake assessment tool. Evident Change started directly training central intake staff on the SDM intake assessment tool on March 8, 2022 and completed those trainings on March 18, 2022. ECU Training Branch will provide 29 training sessions around the SDM intake assessment throughout the month of April to all frontline staff and supervisors to ensure all staff understand the intake assessment and updated policies.</p>	
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		<p>The Child Protection Branch completed revisions of SOP Chapter 2 to coordinate with the changes that occurred with the new intake tool and to better align with current regulations. On February 22, 2022, the SOP field draft review for SOP 2.1, SOP 2.2, SOP 2.3, SOP 2.4, SOP 2.6, SOP 2.7, SOP 2.14, SOP 2.15.8, SOP 2.16, FAQs on Residency Determination, KY SDM® Intake Manual, and the DPP-115 were sent to all staff to gain feedback on the new policies. The field draft review period was extended to 30 days to provide staff with additional time to review due to the large number of changes. These policies were finalized and released April 2nd, 2022.</p>	
		<p><b>3: Initial safety and risk assessment customization, inter-rater reliability testing, safety and risk assessment training curriculum development, automation, training, and implementation support.</b></p> <p><b><u>2021 Update:</u></b> The contract and scope of work with Evident Change also includes the implement of the Structured Decision Making® (SDM) safety and risk assessments. The customization work for the safety and risk assessment is scheduled to begin Fall 2021. The target date has been modified to allow for completion of the IRR testing and implementation of the intake assessment prior to beginning customization work on the safety and risk assessment.</p> <p><b><u>2022 Update:</u></b> In July 2021, the workgroup kickoff meeting was held for the safety assessment and risk assessment tools. The customization workgroup (comprised of staff from the Child Protection Branch, TWIST, and frontline workers and supervisors) completed the customization work on those two assessments throughout August, September, and October. The safety assessment and risk assessment tools were completed and approved by Evident Change in December. IRR testing on those tools occurred December 8th- 23rd, 2021. Project leads met with Evident Change regarding the updates to the safety assessment and risk assessment tools. Evident Change provided favorable results from the IRR testing, and it was found that no changes to the safety assessment or risk assessment tool were recommended. Evident Change began the certification of the safety assessment and risk assessment tools and provided TWIST with the automation requirements in February 2022 to complete the automation. TWIST planned release date for the safety assessment and risk assessment tools and the updated ADT is September 2022.</p> <p>DCBS leadership met with Evident Change to create the Case Action Guide that will assist field staff with case decisions based on the results of the safety and risk assessments. This guide will utilize the outcomes from both the safety assessment and the risk assessment to assist field staff in guiding case action decisions and will be utilized in the automation of the updated ADT for field staff when completing assessments.</p>	<p>CY 2022</p>

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		<p>The SDM project leads continue to work with Evident Change and TWIST regarding updates to the safety and risk assessment tools. These tools will be automated TWIST screens for final automation. The trainings for the safety and risk assessment tools are being discussed with the ECU Training Branch and are anticipated to be launched for frontline staff in August 2022 with an anticipated TWIST release date in September 2022.</p> <p><b>2023 Update:</b> DCBS partnered with Evident Change and ECU to develop and deliver the professional development training for the Structured Decision Making®: Safety &amp; Risk Assessment Application P&amp;P.</p> <p>On July 6, 2022, Evident Change provided detailed training curriculum as outlined in the SDM® contract. This curriculum included training materials and specific detailed information for training of trainers.</p> <p>Evident Change conducted a training of trainers July 19-21, 2022, for the ECU Training Branch and SDM® project leads. The ECU Training Branch conducted multiple trainings sessions for groups of 25-30 from July 26-September 30, 2022. Live mandatory Zoom trainings were separated into two categories: two-hour worker trainings and two-and-a-half-hour supervisor trainings. The trainings were conducted synchronously at scheduled times for staff to receive training credit. SDM® project leads assisted with presenting information on TWIST changes to ensure knowledge and understanding of the updates to the case management system and the policy that supported the changes.</p> <p>On October 1, 2022, the Structured Decision Making®: Safety Assessment tool and the Risk Assessment tool went live in TWIST. Updated changes incorporating the two SDM® tools were also released on this date, as well as new policy to the Structured Decision Making®: Safety Assessment tool and the Risk Assessment tool.</p> <p>Evident Change has provided post-implementation support to DCBS over the course of many meetings to answer direct questions related to the assessments, as well as support in providing information to stakeholders. On January 8, 2023, the project manager from Evident Change assisted DCBS in presenting updates regarding implementation to the Kentucky County Attorney Association Winter Conference. Updates and changes within the department were shared to help bridge communication lines between the department and local county attorneys across the state.</p>	
		<p><b>4: Intake and initial safety and risk assessments implementation evaluation.</b></p> <p><b>2021 Update:</b> The contract and scope of work with Evident Change includes the implementation of fidelity review and evaluation of the enhanced safety model. In addition, the department has created</p>	<p>CY 2022</p>

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		<p>the safety model CQI group to meet on a quarterly basis. The group consists of field staff, regional management, CCWIS staff, and central office leadership, as well as various community partners including AOC (Administrative Office of the Courts). The target date has been modified to allow for completion of the IRR testing and implementation of the intake assessment prior to beginning customization work on the safety and risk assessment.</p> <p><b><u>2022 Update:</u></b> The safety model CQI group meets quarterly, or more frequently if needed, to discuss updates regarding the status of the implementation of the SDM assessment tools. Once the implementation of the tools is complete, the CQI workgroup will meet with Evident Change to review implementation survey data to help inform the outcome of the use of the tool and any additional needs of staff.</p> <p><b><u>2023 Update:</u></b> Prior to the customization and implementation of the Intake Assessment, Safety Assessment, and Risk Assessment, Evident Change assisted Kentucky with sending staff surveys to establish baseline numbers regarding decision-making during child protection intake screening, interventions, and staff’s comfort in decision making.</p> <p>The baseline SDM® Intake Assessment survey was completed by 73 central intake staff consisting of frontline central intake staff and central intake supervisors. The survey posed position specific questions. Following the implementation of the Intake Assessment in April 2022, three Intake Assessment Micro-Surveys were sent to gain understanding on staff’s early impressions of the Intake Assessment. The first survey was sent in April, the second in May, and the third in July. The goal of these timeframes was to provide staff with the ability to share their thoughts and concerns quickly following the release date to immediately respond to needs and support.</p> <p>In general, the themes from the July survey were similar as those from May, with positive aspects being: 1) leadership making the effort needed to support SDM® and making it a priority, and 2) feeling able to speak openly about resources needed to use SDM®. Barriers continued to reflect issues with workflow and the use of SDM® to support decision making. Workflow has improved over time, however, with only 35% citing workflow as a barrier compared with 50% in April and 41% in May. Positive attitudes about the SDM® as a tool of facilitation have improved over time with 19% in July, compared with only 13% in April and 18% in May.</p> <p>The baseline SDM® Safety Assessment and Risk Assessment Survey was completed by 317 staff consisting of frontline field staff and supervisors. The survey supported different questions for the different positions. From the results of the survey, key areas of needing improvement were around staff feeling hesitation about changing practice because workers felt confident and grounded in their current</p>	
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		<p>practice, potential room for improvement in making ongoing service recommendations and staff feeling overwhelmed and stressed.</p> <p>Positive areas of reflection include:</p> <ul style="list-style-type: none"> <li>• 80% of staff felt they were often or always supported from their supervisors when deciding whether to recommend or require ongoing services for a family</li> <li>• 85% of staff felt they received the support needed from their supervisors regarding consultation in removing a child</li> <li>• 74% of staff felt supported by their supervisors regarding safety planning with a family</li> </ul> <p>Following implementation of the SDM® Safety Assessment and Risk Assessment, the first micro-survey was sent to staff on March 7, 2023. The results of the survey are not available for this update, however, continued evaluation regarding the fidelity of the tools will occur and updated as appropriate.</p> <p>Feedback around the Safety and Risk Assessment and the updated ADT showed staff having concerns around the new format of documentation in service recordings and the removal of the chronology screens within the ADT. The Child Protection Branch processed feedback received through the appropriate CQI channels and will continue to discuss further with leadership.</p> <p>Other minor issues have been addressed through the TWIST helpdesk and all appear to be corrected. These issues include:</p> <ul style="list-style-type: none"> <li>• workers needing to enter the role/relationship of all individuals listed in a case prior to being able to enter a safety assessment</li> <li>• Assessment Override sections require a selection within the ADT, even if the selection is the same as the original</li> <li>• concerns around requesting extensions on ADTs - no changes have been made to the process in which a worker can request an extension</li> </ul> <p>Duplicate information and large portions of the narrative have been removed from the ADT to streamline the assessment. These changes are currently only occurring in the CPS Incident SDM® Maltreatment Pathway. When a case is determined to take the CPS Incident pathway (maltreatment allegation by a caretaker) the ADT will include the SDM® assessment tools and will no longer require the narrative sections as it did previously. New policy outlines how the worker will document face to face contacts within the Service Recording screens in TWIST. This new ADT pathway will require three separate submissions to the FSOS for approval. Once the investigation is complete and the submission is</p>	
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		<p>made, the entire document will be able to be viewed as one to see the SDM® Safety Assessment, the SDM® Risk Assessment, the Case Promotion decision and finding, and data elements related to the National Child Abuse and Neglect Data System (NCANDS).</p> <p>The investigation timeframe has been extended from to 45 working days with an additional five working days for supervisors to review and approve.</p> <p>This is a large shift in how documentation is handled in current assessments. Previously, workers completed multiple large text fields with identifying information and all steps taken throughout the investigation. Throughout the new SDM® Assessment CPS Incident Maltreatment Pathway, an individual will be able to quickly review the assessment to find the information regarding the safety of the child(ren) as well as the outcome of the investigation without searching through additional information. All other information may be located through service recordings that the worker will be required to enter throughout the investigation, documenting their interactions with the family. Supervisors can filter contacts by investigation timeframes and by SSW to ensure they are reviewing the appropriate service recordings for the coordinating ADT.</p>	
		<p><b>5: Ongoing safety and risk assessment customization, inter-rater reliability testing, ongoing safety and risk assessment training curriculum development, automation, training, and implementation support.</b></p> <p><b><u>2022 Update:</u></b> The department is in the progress of finalizing a contract and scope of work with Evident Change to implement the Structured Decision Making® (SDM) Reunification Assessment Tool and Risk Reassessment Tool. The contract and scope of work will start July 2022 and the target date for completion is 2024. The purpose of these assessments is to assist workers in thoroughly assessing for safety threats throughout the ongoing period of a case.</p> <p><b><u>2023 Update:</u></b> This contract began in July 2022 and will extend through 2024. The kick-off meeting for these tools was held in-person with Evident Change on October 25, 2022. The customization work groups met in person at ECU on December 6-8, 2022. The workgroup met twice virtually through January and February of 2023, and again in person February 28-March 2, 2023, to complete the initial customization of assessments. IRR testing is scheduled to occur in April 2023 to ensure the tools will be validated for Kentucky. The Safety Model Leadership group began initial planning discussions regarding these tools and additional changes that will occur in policy based on this implementation.</p>	CY 2024
		<p><b>6: Ongoing safety and risk assessments implementation evaluation.</b></p> <p><b><u>2022 Update:</u></b> The department is in the process of finalizing a contract and scope of work with Evident Change to implement the Structured Decision Making® (SDM) Reunification Assessment Tool and Risk</p>	CY 2024



2020-2024 KENTUCKY CHILD AND FAMILY SERVICES PLAN-MATRIX

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		<p>Reassessment Tool. The contract and scope of work will start July 2022 and the target date for completion is 2024. The purpose of these assessments is to assist workers in thoroughly assessing for safety threats throughout the ongoing period of a case.</p> <p><b>2023 Update:</b> The SDM® ongoing workgroup has been very responsive and provided great feedback during the initial work grouping of these tools. In February, the workgroup had its third workgroup meeting to customize the assessments and staff from across the state have had direct involvement and participation.</p>					
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Recurrence of maltreatment <i>Source: Child and Family Services Review (CFSR 4) Data Profile (RSP)</i>	Actual	16.2% (FY16-17)	19% (FY17-18)	17.7% (FY18-19)	15.2% (FY19-20)	14.0% (FY 20-21)	
	Target		13.72%	12.54%	11.36%	10.18%	9.0%
Item 3: Risk and safety assessment and management <i>Source: KY CFSR State Rating Summary</i>	Actual	35.09% (07/10/2019) PUR (3/18-6/18)	37.58% (06/08/2020) PUR (01/19-6/19) measurement periods	29.34% (26 <sup>th</sup> measurement period PUR 11/2019 – 4/2020)	47.78% (36 <sup>th</sup> measurement period PUR 09/2020- 02/2021)	57.14% (03/2021- 12/2021, combined PUR <i>includes PIP and non-PIP monitored</i> )	
	Target		40.07%	45.05%	50.04%	55.08%	60%
<b>Goal 2: Ensure that appropriate services are available that expand the prevention continuum and are provided to meet the needs of families and children in Kentucky.</b>							
Objective	Lead	Tasks					Target Date
2.1: Expand prevention services statewide 12% by 2024.	Prevention and Evidence-Based Practices Branch	<p><b>1: Analyze Family First Prevention Services Act (FFPSA) provider readiness assessment, identify evidenced-based practices to submit in 5-year FFPSA Prevention Plan, identify where growth and capacity building is necessary.</b></p> <p><b>2020 Update:</b> In preparation for implementation of FFPSA in October 2019, the department conducted a service array analysis to determine what services are needed and where the need is within the state. Data from this analysis showed that although in some areas of the state many families and children were receiving contracted in-home services, there were still many gaps in service provision. For example, data from the analysis showed that the Eastern Mountain Service Region had 2,011 families served by a contracted services provider in 2018, while only 706 families in The Lakes Service Region</p>					CY 2019

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		<p>received services from a contracted service provider. Additionally, the data also showed that the variety of contracted services available within each region vary. One example is service provision from START and KSTEP, both of which are only available in select areas within the state but have shown high rates of success in those areas. There were more gaps defined as a result of the analysis which then led to expansion of prevention services in the identified areas of need with the evidence-based practice models of TF-CBT, PCIT, and Functional Family Therapy.</p> <p><b><u>2023 Update:</u></b> DCBS continued to collaborate with Chapin Hall with the continuation of Family First CQI infrastructure, CQI processes, case reviews, and data use. The measurement framework continues with implementing and evaluating Family First prevention services, including capacity, reach, fidelity, and outcomes. Framework activities occurring in CY 2022 includes identifying capacity needs from the DCBS survey that occurred in CY 2021, and the focus group with contracted providers that was facilitated by Chapin Hall in CY 2022, implementation of a broader continuous quality improvement infrastructure (CQI), and the development of the ad hoc Reach report. The broader CQI infrastructure includes continued quarterly case reviews for one year, exploration and integration of CFSR items relevant to Family First, formalizing an improvement process for case review that captures strengths and needs during debriefings with providers, prevention branch attendance at monthly CQI specialist’s meetings and regional CFSR review outcome meetings on items relevant to Family First CFSR items. DCBS worked with TWIST to streamline the Prevention Service Referral draft and the integration of the SDM® tool draft. Another broader CQI infrastructure item is the creation of the ad hoc Reach report in advance of a Reach Dashboard that will assess each Family First Prevention Services.</p> <p>The ad hoc Reach report will identify trends from the Family First case reviews and see cases reflected in the data. The ad hoc Reach report provide assessment of children eligible, actual children referred, gatekeeper and provider response to referrals, EBP referred/received, disaggregated by race, ethnicity, age, region to access for capacity and trends in data. There remains continued discussion with Division of Service Regions (DSR) CQI specialist on 2<sup>nd</sup> level case reviews.</p> <p>DCBS partnership continued with Dr. Brandy Kelly-Pryor (BKP Strategies) and the Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and the System of Care (SOC) Five grant. In SFY 2022, Dr. Brandy-Kelly Pryor completed the race and equity audit. The purpose of the audit was to assess the design and implementation of FFPSA, ensure cultural responsiveness, and avoid disproportionality and disparity in services. Moreover, Dr. Brandy Kelly-Pryor facilitated a small workgroup on the Racial Equity Impact Assessment (REIA) including the five Whys to Implementation Practices at the January 2022 Family First Quarterly Stakeholder meeting. BKP completed the qualitative pieces of the assessment but was unable to incorporate recommendations into the FFPSA CQI process</p>	
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		<p>and building capacity within staff to review data that may be indicative of disparate outcomes. BKP will draft a scope of work to share outcomes from REIA in new contract in SFY 2023.</p> <p>A data sharing agreement was not finalized until December 2022, and the data was shared in February 2023. The IRB approval occurred in February 2023. An anticipated findings report of the audit following the data analysis will occur in CY 2023.</p>	
		<p><b>2: Complete regional forums in each service region to collaborate with community partners and service providers regarding FFPSA implementation and Kentucky’s service provision needs.</b></p> <p><b><u>2020 Update:</u></b> The nine regional forums across Kentucky resulted in great engagement. Social workers, educators, judges and prosecutors, nonprofit leaders, state legislators, and many other advocates for Kentucky’s children and families participated in the forums to learn more about what implementation of FFPSA would mean for families in Kentucky. There were 1,149 attendees and another 2,172 streaming views. One vital component of the success of the forums was having a former foster youth share the perspective of a young person with experience within the child welfare system. Regional-specific data was also shared in each region to depict what families most accurately in those communities were experiencing and what the outcomes were for those children. The department knows that strong families equal strong communities and it was vital that each stakeholder see their role in this call to action. The constant message throughout the forums was that individuals know their community’s best and that not everyone will play the same role, but everyone has a role to play. Regionally specific data was presented at each forum, which highlighted the regionally specific needs. The information gathered from participants helped to identify local and regional strengths, needs, and challenges. The guided implementation efforts allowed the department to make adjustments in response to concerns or issues identified that may not have previously been considered. It also helped to identify areas where additional targeted communication was needed due to misconceptions around FFPSA by the local courts or community partners.</p> <p><b><u>2021 Update:</u></b> In 2020, Kentucky partnered again with Kentucky Youth Advocates, along with the Administrative Office of the Courts, to provide an implementation update to state leaders and stakeholders. Forums, Family First Prevention Services Act Implementation: 12 Months Later, were held in October and November 2020.</p> <p>The kick-off occurred in October 2020, with an implementation update forum for state leaders. This forum included remarks by Kentucky Lieutenant Governor, Jacqueline Coleman, Cabinet for Health and Family Services Secretary, Eric Friedlander, and Kentucky Supreme Court Justice, Debra Hembree-Lambert.</p>	<p>CY 2019</p>

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		<p>Following the forum for state leaders, forums were held in each of the nine DCBS service regions, including presentations from DCBS, The Department for Behavioral Health, Developmental and Intellectual Disabilities, and a family court judge local to each specific region. Topics included increased funds spent on prevention services, data on families served, SFY 2020 outcome data, prevention expansions, and prevention service provision. Topics also included an update on implementation of qualified residential treatment programs (QRTP), including statewide and regional numbers of children in out-of-home care, statewide and regional numbers of children in congregate care settings, statewide and regional numbers of children placed outside of their home region, QRTP capacity, and an update on statewide and regional foster home numbers.</p> <p>All forums were held virtually, with 677 attending via Zoom, and 173 viewing forum recordings, for a total of 850 attendees.</p>	
		<p><b>3: Select evidenced-based practices and submit those in the 5-year Prevention Plan.</b></p> <p><b><u>2020 Update:</u></b> Based upon information gleaned from the October 2019 studies, the following EBPs were selected and submitted in the five-year prevention plan: Functional Family Therapy, Homebuilders, Motivational Interviewing, Multisystemic Therapy, Parent-Child Interactional Therapy, Sobriety Treatment and Recovery Teams, and Trauma-Focused Cognitive Behavioral Therapy.</p> <p><b><u>2021 Update:</u></b> An amendment to Kentucky’s Five-Year Prevention Plan was submitted in December 2020 and is currently pending to add High-Fidelity Wraparound to Kentucky’s service provision, along with expanded use of Motivational Interviewing.</p> <p><b><u>2023 Update:</u></b> As second Five-Year Prevention Plan amendment was submitted in March 2022, adding Intercept® as an evidenced-based practice (EBP). Intercept® is an EBP through Youth Villages. CY 2022, Intercept® is piloting in Cumberland, Southern Bluegrass, and The Lakes service regions. The submission was approved in September 2022. A third Five-Year Prevention Plan amendment is in draft to include Kentucky Strengthening Ties and Empowering Parents (KSTEP) as an EBP for transitional claiming, to expand the definition for candidates for foster care to include children who have come to the attention of the child welfare agency, and child welfare workers utilizing Motivational Interviewing (MI) as an EBP.</p>	<p>CY 2019</p>
		<p><b>4: Complete contract execution for an additional Family Preservation Program agency in Northern Kentucky.</b></p>	<p>CY 2019</p>

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		<p><b><u>2020 Update:</u></b> In September 2019, a contract was executed with an additional service provider to begin providing Family Preservation Program (FPP) services. The agency was contracted to serve 30 families, with two clinicians serving up to six families at a single point in time. However, multiple contractual delays occurred which led to significant interruptions in hiring, training, and serving families. As a result, the agency was only able to serve seven families in 2019.</p> <p><b><u>2021 Update:</u></b> Contracting occurred to target and serve children at risk for congregate care placement, implementing Functional Family Therapy, Motivational Interviewing, and Trauma-focused Cognitive Behavioral Therapy. In 2020, the agency served 65 families, with 98% remaining home at closure.</p> <p><b><u>2023 Update:</u></b> The agency served 110 families, with 87 cases served through closure during CY 2022. Of the closed cases, 55 cases closed with the children remaining in the home at closure, 14 children were removed from the home, and 18 cases were listed “Other” that were closed due to moving out of the service area, refusal to complete services or no contract, or cases were opened but no longer met criteria for the evidenced based practice.</p>	
		<p><b>5: Request additional funding for the Family Preservation Program when requesting agency budget for the next biennium.</b></p> <p><b><u>2020 Update:</u></b> Additional funding for prevention services was requested in the department’s biennium budget ask. However, considering the priorities of the current administration, to focus on the department’s vital commodity of workforce, the budget request that made it to the legislature did not include an appropriation for prevention services. The department is now focusing on partnership with Medicaid and available FFTA funds to support prevention services in the most efficient and effective manner. The department plans to use FFTA funds to expand family preservation services in serving an additional 25% of families. The only anticipated barrier is the amount of time providers encounter when obtaining their Behavioral Health Service Organization (BHSO) licensure. Chapin Hall is assisting with analyzing a request for information (RFI), which is hoped to bring additional agencies to the table. Additional plans to support FFTA to include training in title IV-E EBPs, specifically increasing statewide capacity to provide TF-CBT and the Homebuilders model.</p> <p><b><u>2021 Update:</u></b> Kentucky continues to have the opportunity to expand prevention services further to serve more families and train further in FFPSA EBPs. The ability to claim 100% reimbursement because of the Consolidated Appropriations has eliminated the need for the use of additional funding through state general funds or FFTA in the past state fiscal year. As a result of advocacy efforts for greater focus on prevention, an additional \$20 million was appropriated for prevention services during the most recent legislative session. This will allow for significant expansion in the coming state fiscal year.</p>	<p>CY 2020</p>

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		<p><b><u>2022 Update:</u></b> Three KSTEP counties are funded by a KORE grant that utilizes SAMSHA funding. This funding is expected to end September 2022 and those three counties will be sustained through state funding and federal reimbursement through FFPSA. KSTEP is expected to expand to the remaining counties of the Cumberland region at the start of SFY 23.</p> <p><b><u>2023 Update:</u></b> In CY 2022, DCBS completed a request for proposal (RFP) for the Family Preservation and Reunification Program, which included adding an additional 25% of funding statewide in addition to increasing flexible funding to meet concrete needs from \$50 to \$1000 per family. The agency received an additional \$10,000,000 in funding for SFY 2023, and an additional \$10,000,000 in funding for SFY 2024 with the agency’s biennium budget and to be used for Family First programs.</p>	
		<p><b>6: Request funding to expand Kentucky’s Title IV-E Waiver program, Kentucky Strengthening Ties and Empowering Parents (KSTEP), statewide when requesting agency budget for the next biennium.</b></p> <p><b><u>2020 Update:</u></b> Additional funding for prevention services was requested in the department’s biennium budget ask. However, considering the priorities of the current administration, to focus on the department’s vital commodity of workforce, the budget request that made it to the legislature did not include an appropriation for prevention services. The department is now focusing on partnership with Medicaid and available FFTA funds to support prevention services in the most efficient and effective manner. Additionally, KSTEP expanded service provision to the entire Northeastern Service Region on June 1, resulting in an additional seven counties having access to this in-home service for families. More information on KSTEP can be found in Attachment 11. The department plans to use FFTA funds to expand family preservation services in serving an additional 25% of families. The only anticipated barrier is the amount of time providers encounter when obtaining their Behavioral Health Service Organization (BHSO) licensure. Chapin Hall is assisting with analyzing a request for information (RFI), which is hoped to bring additional agencies to the table. Additional plans to support FFTA to include training in title IV-E EBPs, specifically increasing statewide capacity to provide TF-CBT and the Homebuilders model.</p> <p><b><u>2021 Update:</u></b> During the summer of 2020, through use of state general funds and title IV-E claiming, KSTEP expanded to the entire Northeastern Service Region, an additional seven counties, for a total of 15 counties. Through leveraging a partnership with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), KSTEP expanded into three counties in a second region in 2021. This expansion was funded through SAMSHA grant funding, through the Kentucky Opioid Response Effort (KORE). As a result of advocacy efforts for greater focus on prevention, an additional \$20 million was appropriated for prevention services during the most recent legislative</p>	<p>CY 2020</p>

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		session. A portion of this funding will be used to expand KSTEP to all the remaining counties in Salt River Trail, as well as expansion into a third region during the next state fiscal year.					
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Total number of children in OOHC with active placements <i>Source: Statewide Foster Care Fact Sheet</i>	Actual	9,875 (06/02/2019)	9,950 (06/07/2020)	9,156 (04/04/2021)	8,760 (05/01/2022)	8,585 (04/02/2023)	
	Target		9,776	9,677	9,578	9,479	9,380
Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care <i>Source: KY CFSR State Rating Summary</i>	Actual	50% (07/10/2019) PUR (3/18-6/18)	36.84% (06/08/2020) Combined PUR (01/19-6/19) measurement periods	29.34% (26 <sup>th</sup> measurement period PUR 11/19 – 4/20)	42.62% Combined PUR (03/20-02/21)	59% (03/2021-12/2021, combined PUR, includes PIP and non-PIP monitored)	
	Target		51%	52%	53%	54%	55%
Item 12: Needs and services of child, parents, and foster parents <i>Source: KY CFSR State Rating Summary</i>	Actual	21.93% (07/10/2019) PUR (3/18-6/18)	34.9% (06/08/2020) Combined PUR (01/19-6/19) measurement periods	28.89% (26 <sup>th</sup> measurement period PUR 11/19 – 4/20)	47.78% (36 <sup>th</sup> MP PUR (09/20-02/21)	51.11% (03/2021-12/2021, combined PUR, includes PIP and non-PIP monitored)	
	Target		23%	24%	25%	26%	27%
Statewide number of families served through contracted services <i>Source: Prevention and Evidence Based Practices Branch Prevention Services Branch</i>	Actual	3,516 (CY 2018)	3,622 (CY 2019)	3,587 (CY 2020)	3,610 (CY 2021)	4,506 (CY 2022)	
	Target		3,569 (+1.5%)	3,622 (+3%)	3,727 (+6%)	3,833 (+9%)	3,938 (+12%)
Objective	Lead	Tasks					Target Date
2.2: Implement an alternative	Child Protection	1: Leadership attendance at a conference regarding alternative response.					CY 2019



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<p>response process statewide by 2024.</p>	<p>Branch &amp; DPP Director’s Office</p>	<p><b><u>2020 Update:</u></b> Leadership attended the Evaluation Summit held in October 2019 and the Innovations in Family Engagement Conference in November 2019. Both conferences held workshops focused on differential response and screening threshold analysis.</p>	
		<p><b>2: Project planning and data assessment.</b></p> <p><b><u>2020 Update:</u></b> Kentucky is currently receiving technical assistance from the Capacity Building Center for States (the Center) regarding the development of an alternative response system, to include collaborating with John Fluke to conduct a screening threshold analysis. By engaging in a screening threshold analysis, Kentucky will determine if and where there are any variations in the application of the department’s practice standards; uncover any potential gaps in policy and move to address them; understand internal and external factors that impact the department’s screening practice; and better understand the root cause of Kentucky’s consistently high screening rates. The screening threshold analysis is currently underway. The first meeting to introduce the threshold analysis was held September 19, 2019. As of May 2020, an initial analysis has been conducted and presented to leadership for discussion and is currently under review.</p> <p><b><u>2021 Update:</u></b> During 2020, the alternative response project was paused due to the implementation of the safety model and customization of the intake tool. It is anticipated that work will begin on this project in Summer 2021. The target date has been modified to reflect the new anticipated completion date.</p> <p><b><u>2022 Update:</u></b> The alternative response workgroup coordinated with eight other states who have implemented an alternative response track into their child welfare system. Information gained included implementation timeframes, organizational structure, terminology, findings, statutory requirements, training, and outside support. The workgroup consulted with the Kempe Center. Kempe submitted a deliverable-based workplan and budget to begin in April 2022 and ending in June 2023. The contract is pending with the Division of Administration and Financial Management (DAFM).</p> <p>Data was requested and pulled surrounding investigation/assessments opened in state fiscal years 2019 and 2020 with a “services needed” finding. The total cases for both years was 2,094. This data was further broken down by region. Findings were discussed within the workgroup and with the Kempe Center. The target date has been modified to reflect the new anticipated completion date.</p> <p><b><u>2023 Update:</u></b> The department secured a contract with The Kempe Center for the Prevention of Child Abuse and Neglect with an implementation date of July 2022. The department is utilizing The Kempe</p>	<p>CY 2022</p>

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		<p>Center as a consultant on successful planning and implementation of alternative response. In July 2022, the work group began to meet with Kempe weekly to begin project planning and assessing the data provided to the Kempe Center at the start of the contract. Through data evaluation, the work group began to discuss implementation with DSR, and a selection of early implementation sites were made.</p>	
		<p><b>3: Refine acceptance criteria and identify referral tracks.</b></p> <p><b><u>2020 Update:</u></b> The screening threshold analysis has been completed and presented to leadership for review and discussion of next steps. The safety workgroup core team is currently in the process of defining referral tracks and analyzing current assigned response times.</p> <p><b><u>2021 Update:</u></b> During 2020, the alternative response project was paused due to the implementation of the safety model and customization of the intake tool. It is anticipated that work will begin on this project in Summer 2021. The target date has been modified to reflect the new anticipated completion date.</p> <p><b><u>2022 Update:</u></b> The alternative response workgroup developed an alternative response matrix regarding potential acceptance criteria for alternative response cases. This will include low and some moderate risk investigations/assessments. The workgroup has proposed a multiple response system to include traditional response and alternative response. The target date has been modified to reflect the new anticipated completion date.</p> <p><b><u>2023 Update:</u></b> The alternative response workgroup developed acceptance and exclusionary criteria for the alternative response track. This acceptance criteria includes low-to-moderate risk allegations screened to meet acceptance criteria as outlined in statute. Automatic exclusionary criteria are outlined below.</p> <ul style="list-style-type: none"> <li>a. Any reports that meet criteria for a four-hour response time.</li> <li>b. Child fatality or near fatality allegations.</li> <li>c. Intake is on a family in an open investigation or open ongoing case regardless of age.</li> <li>d. Prior substantiated perpetrator of a child fatality/near fatality is a current household member.</li> <li>e. A prior substantiated sexual abuse or human sex trafficking perpetrator is a current household member.</li> <li>f. Any allegations involving sexual abuse.</li> <li>g. Any allegations regarding human trafficking or female genital mutilation.</li> <li>h. Medical neglect allegations indicate serious medical condition that could cause substantial and immediate harm to include mental health.</li> </ul>	<p>CY 2023</p>

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		<ul style="list-style-type: none"> <li>i. Physical abuse allegations indicate inflicted, non-accidental, or suspicious injury to a child under 5 years old, a child of any age with developmental vulnerabilities, or a non-mobile child of any age.</li> <li>j. Allegations involve a facility, foster home, placement, school, or daycare personnel.</li> </ul> <p>All reports that do not fall into this criterion will be considered and evaluated for the alternative response pathway.</p> <p>There will be two pathways for reports that meet the statutory threshold for an accepted report; a traditional response pathway will encompass all reports that are eligible for an investigation and the alternative response pathway will encompass all reports eligible for an assessment.</p>	
		<p><b>4: Development of alternative response process.</b></p> <p><b><u>2020 Update:</u></b> The department is currently receiving technical assistance from the Capacity Building Center for the States (the Center) in developing an alternate response process. A differential response crosswalk between SOP and practice is in progress to best determine the outline of intake criteria and how it would assist the families in Kentucky. The only anticipated barrier is identifying and implementing needed modifications to TWIST.</p> <p><b><u>2021 Update:</u></b> During 2020, the alternative response project was paused due to the implementation of the safety model and customization of the intake tool. It is anticipated that work will begin on this project in Summer 2021. The target date has been modified to reflect the new anticipated completion date.</p> <p><b><u>2022 Update:</u></b> These tasks are included in the workplan with Kempe Center.</p> <p><b><u>2023 Update:</u></b> The alternative response workgroup has developed a draft of the process to be used when assessing an alternative response case. This drafted model will be tested throughout early implementation and will be subject to modifications. Early implementation sites will begin alternative response in September 2023.</p>	CY 2023
		<p><b>5: Development and implementation of training for alternative response process.</b></p> <p><b><u>2021 Update:</u></b> During 2020, the alternative response project was paused due to the implementation of the safety model and customization of the intake tool. It is anticipated that work will begin on this project in Summer 2021. The target date has been modified to reflect the new anticipated completion date.</p>	CY 2023

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		<p><b><u>2022 Update:</u></b> Development and implementation of training for the alternative response process is included in the workplan with Kempe Center.</p> <p><b><u>2023 Update:</u></b> The development and implementation of training for the alternative response process is being tasked to Kempe as part of the current contract which will allow them to provide training throughout implementation statewide. The Kempe Center is partnering with the ECU training branch to seamlessly incorporate training on the process into foundational training for new staff.</p> <p>Kempe will begin training early implementation sites in August 2023, prior to roll out in September 2023. ECU will shadow the training. As other regions begin alternative response, training will be provided, however, a concrete date for each region will not be established until after evaluation of early implementation processes.</p>	
		<p><b>6: Incorporate policy revisions.</b></p> <p><b><u>2020 Update:</u></b> The anticipated target date was changed to 2022 to allow adequate training and implementation time and to determine needed SOP revisions. It is anticipated that there will be initial revisions made to the process that cannot be determined until implementation has occurred.</p> <p><b><u>2021 Update:</u></b> During 2020, the alternative response project was paused due to the implementation of the safety model and customization of the intake tool. It is anticipated that work will begin on this project in Summer 2021. The target date has been modified to reflect the new anticipated completion date.</p> <p><b><u>2022 Update:</u></b> These tasks are included in the workplan with Kempe Center.</p> <p><b><u>2023 Update:</u></b> Policy revisions are currently in draft form and will not be finalized until alternative response has been implemented statewide, as processes may change as information is gathered through implementation sites.</p>	CY 2023
		<p><b>7: Implementation of the alternative response process statewide.</b></p> <p><b><u>2021 Update:</u></b> During 2020, the alternative response project was paused due to the implementation of the safety model and customization of the intake tool. It is anticipated that work will begin on this project in Summer 2021. The target date has been modified to reflect the new anticipated completion date.</p>	CY 2023

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		<p><b>2023 Update:</b> With the assistance of DSR, early implementation regions have been identified and will begin the process in September 2023. It is our plan to rollout statewide in regional segments to ensure appropriate training can be tailored to each region. The expectation is that alternative response will be implemented statewide in 2024.</p>						
		<p><b>8: Analyze data regarding repeat maltreatment, subsequent entries into out-of-home care (OOHC), and family satisfaction.</b></p> <p><b>2023 Update:</b> The alternative response workgroup alongside the Kempe Center is currently building the evaluation tool with the assistance of the University of Louisville. They will begin evaluation in early implementation sites and will utilize that data throughout statewide implementation. The plan is to have an evaluation process to identify repeat maltreatment, subsequent entries into OOHC, and family satisfaction by 2023-2024.</p>					CY 2023-2024	
Data Indicators			2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Statewide number of past due investigations <i>Source: DSR past due report TWS-W292WI</i>		<b>Actual</b>	7,947 (last week of 2018)	9,112 (last week of 2019)	3,720 (last week of 2020)	7,338 (last week of 2021)	9,931 (last week of 2022)	
		<b>Target</b>		7,868	7,789	7,710	7,631	7,552
Objective	Lead	Tasks						Target Date
2.3: Expand Parent Engagement Meetings (PEMs) to one additional county, evaluate program outcomes, and identify additional funding opportunities for further expansion by 2024.	Prevention and Evidence-Based Practices Branch	<p><b>1: Implement PEMs in Daviess County for the entirety of the 2019-2020 school year.</b></p> <p><b>2020 Update:</b> Kentucky successfully executed a contract with the Green River Area Development District to implement Parent Engagement Meetings (PEMs) in Daviess County, a rural area, in March 2019. After implementation in Daviess County, 17 families were served through the end of the 2019 school year. There were delays with implementation, initially, due to additional work required for partnership between providers and the local DCBS office. The expansion in Daviess County led to an increase in 4% of families served through PEMs. It is intended for PEMs to continue, however, due to the COVID-19 pandemic, it is unknown how this will occur. If schools do not return to in-person instruction, the backup plan is for contract providers to continue to provide services in the form of food, NTI assistance, etc. as they did at the beginning of the pandemic when schools transitioned to NTI.</p>						CY 2020
		<p><b>2: Evaluate program outcomes (number of meetings held, number of children served, percentage of families diverted from being referred for child welfare intervention).</b></p> <p><b>2020 Update:</b> For March-May 2019 in Daviess County: 17 meetings were held; 24 children were served; 100% of families served were diverted for child welfare intervention.</p>						CY 2021

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		<p><b><u>2021 Update:</u></b> During CY 2020 Jefferson County held 349 meetings, 507 children were served, and 99.1% of families were diverted from child welfare intervention. Jefferson County Public Schools remained virtual for all students March 2020-December 2020, resulting in fewer meetings held than in previous year. During CY 2020, Daviess County held 74 meetings, 111 children were served, and 88.3% of families were diverted from child welfare intervention. During CY 2020, Madison County and Estill County each held one meeting and served one child. 100% of families served were diverted from child welfare intervention in both counties. The overall diversion rate for 2020 was 96%.</p> <p><b><u>2022 Update:</u></b> During CY 2021, Jefferson County held 217 meetings, 507 children were served, and 99% of families served were not referred for child welfare intervention. Jefferson County Public Schools remained virtual most of the 2020-21 school year and allowed the option for students to return to in-person learning. PEM facilitators assisted with virtual learning.</p> <p>During CY 2021, Daviess County held 99 meetings, 176 children were served, and 92% of families served were not referred for child welfare intervention. Daviess County remained in-person during the school year.</p>	
		<p><b>3: Identify and secure additional funding opportunities for further expansion.</b></p> <p><b><u>2020 Update:</u></b> A contract, funded with CBCAP monies, was initiated in January 2020 with Kentucky River Foothills to implement PEMs in two additional counties-Madison and Estill. The region completed training and planning in January and February 2020 and it was anticipated that PEMs would begin in March 2020. However, implementation was unable to occur due to the COVID-19 pandemic and subsequent closure of schools throughout Kentucky. Instead, Kentucky River Foothills provided supports to the schools and children by delivering meals and items to the families in need. In addition, they have called previous clients of Community Collaboration for Children (CCC) to assess needs and provide assistance, when needed.</p> <p><b><u>2021 Update:</u></b> PEMs will be implemented into a new rural area in CY 2021, as the vendor no longer wishes to continue the contract in Madison or Estill County. Discussions, among DCBS leadership, continue to occur regarding the prioritization of funding for prevention.</p> <p><b><u>2022 Update:</u></b> PEMs will begin in an additional 11 rural areas in CY 2022 because of additional prevention state general funds and CBCAP funding through the ARPA. Discussions among DCBS leadership continue to occur regarding the prioritization of funding for prevention.</p>	CY 2022

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		<b>2023 Update:</b> PEMs were expanded to ten additional counties in CY 2022 due to state general funds for prevention and CBCAP funding through ARPA. Discussions among DCBS leadership continue to occur regarding the prioritization of funding for prevention. PEMs are currently available in 14 counties across the state.						
Data Indicators			2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Number of PEMs completed statewide <i>Source: Gentrack</i>	Actual	248 (2016-17 school year)	344 (2017-2018 school year)	428 (2018-2019 school year)	316 (2019-2020 school year)	526 (2020-2021 school year)		
	Target		298	348	398	448	498	
% of cases diverted from DCBS involvement statewide <i>Source: Gentrack</i>	Actual		86%	80.8%	96%	96%		
	Target		80%	81%	82%	83%	84%	
<b>Goal 3: Increase the timeliness to appropriate permanency for all children in OOH.</b>								
Objective	Lead	Tasks						Target Date
3.1: By 2024, ensure that 95% of children entering care receive a behavioral health screener and that 75% of those that screen in for assessment receive a comprehensive behavioral health assessment.	Clinical Services Branch	<b>Screening</b>						
		<b>1: Development of a series of training videos to assist DCBS staff in the completion of screeners and integration into case planning.</b>  <b>2020 Update:</b> The division continues to collaborate with the Training Branch to ensure that screening and assessment is embedded within the department’s training curriculum as well as daily practice. The department is in the process of developing training videos to assist with continuing education of frontline staff on incorporating recommendations for evidence-based treatment into case planning. Department staff are integrating screening and assessment into daily practice, as evidenced by compliance rates. Since the CANS assessment report is utilized in the leveling process, providers are more likely to complete the assessments regularly. There continue to be barriers with community mental health centers embedding the assessment into their daily practice. The clinical consultant is identifying these agencies and working with them individually to overcome this barrier.  <b>2021 Update:</b> Due to shifting needs and the COVID-19 pandemic, the focus has shifted to aiding DCBS staff through tip sheets, consultation, and additional training, as needed.  <b>2022 Update:</b> CANS assessment results are being used to engage caregivers and youth, communicate with providers and partners, and incorporate in case planning at the 90-day family team meeting. Efforts will continue to focus on full integration into casework and treatment planning for DCBS staff.						CY 2022



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		<p>The clinical consultant will continue to provide at least monthly CANS trainings and support providers (CMHCs, PCCs/PCPs, and independent providers) as they utilize the CANS. Ongoing consultation and support through tip sheets and additional/focused training has replaced the originally intended training videos planned to assist in the staff training in the completion of screeners and integration into case planning.</p>	
		<p><b>2: Ongoing training of regional liaisons to assist in tracking completion of screeners.</b></p> <p><b>2021 Update:</b> Regional liaisons receive ongoing support from the Clinical Services Branch (CSB). While most liaisons have been stable in their role, there has been some turnover. CSB provides individual assistance as needed to the liaisons, as well as group meetings when needed. The CSB is also working on a more streamlined method to send referrals to provider agencies, which will decrease the workload for regional liaisons and allow them more time to follow-up on pending assessments.</p> <p><b>2022 Update:</b> The clinical consultant works closely with DCBS regional liaisons to ensure referrals are sent to CANS-trained providers in a timely manner. The regional liaisons continue to receive support from the CSB. One regional liaison has taken on an informal leadership role and has effectively trained new liaisons on tracking and sending referrals.</p>	CY 2022
		<p><b>3: Ongoing technical assistance for DCBS staff from the clinical consultant, specialist, and SRCAs.</b></p> <p><b>2021 Update:</b> The clinical consultant, specialist, and SRCAs continue to provide ongoing technical assistance for DCBS staff. The clinical consultant and specialist have attended staff meetings (virtually) for regions struggling with compliance and continue to offer consultation, as needed.</p> <p><b>2022 Update:</b> The clinical consultant provides monthly CANS refreshers for previously trained clinicians to receive additional training and support in the use of the CANS. The clinical consultant also works closely with DCBS regional liaisons to ensure referrals are sent to CANS-trained providers in a timely manner. The clinical consultant continues to engage additional providers so DCBS workers and families have more options for services. Barriers continue to exist related to referral practices and the use of non-CANS trained providers. Enhancements to the system have been requested but have not yet been funded. The clinical consultant will also devote time to case reviews to ensure quality screener and CANS completion.</p>	CY 2022
		<p><b>Assessments</b></p>	
		<p><b>1: Development of training videos to assist clinicians in the completion of the Child and Adolescent Strengths and Needs (CANS) assessment, as well as technical assistance.</b></p>	CY 2022

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		<p><b><u>2020 Update:</u></b> The division continues to collaborate with the Training Branch to ensure that screening and assessment is embedded within the department’s training curriculum as well as daily practice. The department is in the process of developing training videos to assist with continuing education of frontline staff on incorporating recommendations for evidence-based treatment into case planning. The greatest barrier to completion of the training videos is lack of staff to work on the project. It is anticipated that the addition of the new specialist in the clinical services branch, will allow for the clinical consultant to have more time for this activity.</p> <p><b><u>2021 Update:</u></b> Due to shifting needs and the COVID-19 pandemic, the focus has shifted to aid agencies as needed through regular CANS trainings and additional training opportunities for staff, as needed. The clinical consultant has worked with many agencies to assist in the transition to offering services virtually, specifically around best practices for administering the CANS.</p> <p><b><u>2022 Update:</u></b> The clinical consultant now offers monthly CANS certification trainings (initial training requirement) and monthly refresher trainings for clinicians who have previously been certified but need assistance with re-certification. The clinical consultant works closely with providers to ensure their training needs are met and provides additional training opportunities as requested. Ongoing consultation and support through tip sheets and additional/focused training has replaced the originally intended training videos planned to assist in the staff training in the completion of screeners and integration into case planning.</p>	
		<p><b>2: The clinical consultant will provide ongoing, monthly CANS trainings for providers in central locations (Louisville, Richmond, and Bowling Green).</b></p> <p><b><u>2020 Update:</u></b> The clinical consultant is training providers on the CANS, as well as provide technical assistance for trained providers once they have begun implementing CANS assessments. The clinical consultant provides technical assistance in a variety of forms such as provider training, department staff development and guidance in interpreting the CANS, clinical consultation, quality case reviews, and regular interfacing with community partners, such as private providers, community mental health centers, and other agencies such as CASA. Recently a specialist was hired within the Clinical Services Branch to assist with providing technical assistance and support to regional staff regarding screening and assessment.</p> <p><b><u>2021 Update:</u></b> The clinical consultant continues to provide monthly CANS trainings for providers. Due to the COVID-19 pandemic, all trainings have been offered virtually since April 2020.</p>	<p>CY 2022</p>

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		<p><b><u>2022 Update:</u></b> The clinical consultant continues to provide monthly CANS trainings for providers. All trainings continue to be offered virtually.</p>	
		<p><b>3: Monthly webinars hosted by the clinical consultant and AMS staff to assist in the completion and integration of CANS Assessments; development of a learning collaborative to share resources and build clinical skills statewide with clinicians providing the CANS assessments.</b></p> <p><b><u>2021 Update:</u></b> The clinical consultant has partnered with The Praed Foundation to develop and offer resources and training to providers. The first training is slated for late 2021 and will focus on using the CANS in supervision.</p> <p><b><u>2022 Update:</u></b> The clinical consultant scheduled several meetings with the Learning Collaborative, but there was little interest shown from providers. Alternatively, providers requested CANS refresher trainings, which are now scheduled monthly. These trainings focus on assisting staff with troubleshooting and completing the CANS with fidelity.</p>	CY 2022
		<p><b>4: Ongoing training of SRCAs to support understanding of CANS assessments and integration into case planning.</b></p> <p><b><u>2021 Update:</u></b> The clinical consultant and specialist continue to provide training as needed to SRCAs. SRCAs received a condensed CANS training to assist in case planning and interpretation of the CANS assessments.</p> <p><b><u>2022 Update:</u></b> The clinical consultant and specialist continue to provide training as needed to SRCAs. SRCAs received a condensed CANS training to assist in case planning and interpretation of the CANS assessments.</p>	CY 2022
		<p><b>5: Ongoing technical assistance for providers by the clinical consultant and AMS staff.</b></p> <p><b><u>2021 Update:</u></b> The clinical consultant continues to offer ongoing technical assistance, including webinars and one-on-one training for providers, as needed.</p> <p><b><u>2022 Update:</u></b> The clinical consultant continues to offer ongoing technical assistance to all providers as needed.</p> <p><b><u>2023 Update:</u></b> The clinical consultant continues to offer ongoing technical assistance to all providers as needed.</p>	CY 2023

2020-2024 KENTUCKY CHILD AND FAMILY SERVICES PLAN-MATRIX

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Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Placement stability <i>Source: Kentucky CFSP 4 Data Profile – RSP</i>	Actual	4.44 (18A18B)	4.29 (19A19B)	4.00 (20A20B)	4.56 (21A21B)	4.45 (22A22B)	
	Target		4.57	4.47	4.37	4.27	4.17
Percent of children in care for at least 24 months with 2 or fewer placement settings <i>Source: Federal DIG C4.3</i>	Actual	41.8% (01/2019)	43.8% (01/2020)	46% (01/2021)	50.2% (01/2022)	50.7% (01/2023)	
	Target		42%	42.2%	42.4%	42.6%	42.8%
Percent of children entering care who received a behavioral health screener <i>Source: TWS-M366S</i>	Actual	90.16%	76.82%	89.06%	86.60%	85.14%	
	Target		91%	92%	93%	94%	95%
Of those children screened in for assessment, percent of children who received a comprehensive behavioral health assessment <i>Source: RR# 9994125</i>	Actual	47.61%	47.34%	44.11%	40%	60.54%	
	Target		48.41%	49.21%	50%	63%	75%
Objective	Lead	Tasks					Target Date
3.2: Decrease the number of children five and under that have been in care for 12-23 months who do not achieve permanency within 12 months by 2024.	Adoption Services Branch & OOHC Branch	<p><b>1: Provide data to regional staff monthly regarding the population of children who have been in care 12-23 months and have not yet achieved permanency. Develop a regional continuous quality improvement (CQI) group for the review of data and development of targeted strategies that will be monitored and supported by central office.</b></p> <p><b>2020 Update:</b> The department has implemented bi-monthly regional calls to address permanency data, barriers, and trends. The permanency calls guide the regions in implementing strategies for improving permanency outcomes. Data is used to identify regionally specific barriers that are delaying permanency for children in OOHC and solutions to overcome those barriers. Planning for overcoming barriers is unique to each specific case. TWIST management reports are utilized during the calls by regional and division staff and include detailed listings of children who have a permanency goal of adoption, permanency goals, and length of time in care. A short-term workgroup has been developed to assist with identifying needed modifications to a management report that will meet the specific needs of this activity. The permanency calls are comprised of program staff from the Adoptions and OOHC Branch, including the branch managers and specialists; regional staff including service region clinical associates, regional specialists, CQI specialists, OLS representatives; and local staff including</p>					CY 2019

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		<p>recruitment and certification (R&amp;C) supervisors, child focused recruitment supervisors, and frontline staff, as well as the DSR assistant director. While AOC does not participate in the bi-monthly calls, AOC does participate in the PIP permanency workgroup. During these meetings, updates are given regarding the calls and what barriers, successes, etc. are being identified statewide. The Adoption Branch Manager also contacts AOC workgroup members to discuss concerns when identified, even if only specific to one region.</p> <p><b><u>2021 Update:</u></b> Permanency calls continued during the COVID-19 pandemic through a virtual platform, whereas previously the calls were conducted via conference call. The virtual platform allows for better communication and the feedback from staff has been positive. This process has been impacted by the pandemic.</p>	
		<p><b>2: Submit and finalize communication plans. Develop standing agenda layout for DCBS point of contacts to use during meetings with points of contract from the Administrative Office of the Courts (AOC) and the Office of Legal Services (OLS). Send communication to AOC and OLS prior to implementation of quarterly meetings.</b></p> <p><b><u>2020 Update:</u></b> The department communicated via letter with the courts to explain the permanency call process. Along with the statewide explanation letter, each region submitted their own specific court related communication plan in July 2019. Some jurisdictions already have regularly established meetings between DCBS and the courts in their regions; however, some regions needed assistance with implementing these meetings. The focus of the meetings is to utilize regional level data to focus on trends. The department has provided guidance to requesting regions on how to explain to the judges that permanency teams may affect the data. The department’s goal is to have these meetings implemented statewide during calendar year 2020. Additional aggregate permanency-related data is shared with AOC and OLS. Prior to sharing this data with AOC and OLS, CQI specialists received training on the data indicators, as well as protocol for distribution. Some regions that did not have established meetings with their court jurisdictions and requested assistance on how to build relationships with their local court systems to facilitate a feedback loop with the court system in their areas.</p> <p><b><u>2021 Update:</u></b> At the onset of the COVID-19 pandemic, the court system made many adjustments which delayed the implementation of the data sharing process. However, as telecommuting has become more routine, the regions are beginning to re-focus on their data sharing and communication plans. At the end of 2020, the plans were revisited and the SRAs adjusted their points of contact as needed. Most regions have implemented a system where data is shared, and permanency trends and barriers are discussed on a regular basis. Early implementers serve as an example to other regions and often share their strategies and processes with others across the state.</p>	<p>CY 2019</p>

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		<p><b>3: Share permanency data with AOC and OLS and begin quarterly meetings. Develop and implement strategies for addressing identified barriers.</b></p> <p><b>2020 Update:</b> The department communicated, via letter, with the courts to explain the permanency call process. Along with the statewide explanation letter, each region submitted their own specific court related communication plan in July 2019. Some jurisdictions already have regularly established meetings between DCBS and the courts; however, some regions needed assistance with implementing these meetings. The focus of the meetings is to utilize regional level data to focus on trends. The department has provided guidance to requesting regions on how to explain to the judges that permanency teams may affect the data. The department’s goal is to have these meetings implemented statewide during calendar year 2020. Additional aggregate permanency-related data is shared with AOC and OLS. Prior to sharing this data with AOC and OLS, CQI specialists received training on the data indicators, as well as protocol for distribution.</p> <p><b>2021 Update:</b> In 2020, OLS staff from the central office level began participating in the regional permanency calls on a more regular basis. They have been able to address regional processes and protocols; adjusting practice that allows for more timely permanency. They have also been able to intervene with judicial issues at the local level. They have been able to speak with judges, when needed, and have also elevated concerns to AOC, when appropriate.</p>	CY 2020					
		<p><b>4: Communicate local and regional progress and outcomes with local and regional AOC and OLS points of contact on a quarterly basis. Central office staff will communicate statewide progress and outcomes with statewide AOC and OLS points of contact on a quarterly basis.</b></p> <p><b>2020 Update:</b> The PIP permanency workgroup continues to meet regularly with AOC in attendance. Discussions surrounding permanency and the permanency calls take place during these meetings. The meetings occur on a quarterly basis. Identified barriers are relayed to either regional court district representatives or AOC staff pending specific case circumstances. Typically, identified barriers are shared through regularly established meetings between the regions and the courts.</p> <p><b>2021 Update:</b> AOC representatives, QA, DSR, DPP, and IQI meet quarterly for data collaboration and trend sharing. The most recent meeting was held on May 13, 2021.</p>	CY 2020					
<b>Data Indicators</b>			<b>2019 CFSP Submission</b>	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Percentage of children age 5 and under who have been in care 12-23	<b>Actual</b>		47.6%	45.3%	44.3%	45.4%	36.8%	
	<b>Target</b>		46.6%	45.6%	44.6%	43.1%	41.6%	

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months who did not achieve permanency within 12 months <i>Source: TWS-Q334D</i>					(-3%)		(-6%)
Objective	Lead	Tasks					Target Date
3.3: By 2024, decrease the number of youth exiting care at age 18 or older without having achieved permanency.	Adoption Services Branch, Transitional Services Branch, & OOHC Branch	<p><b>1: Utilizing data provided by CQI specialists, increase the focus on the target population of youth who have been in OOHC for greater than 12 months at the age of 16.</b></p> <p><b><u>2020 Update:</u></b> As of March 2020, statewide, there were 434 children aged 16 in OOHC for 12 months or longer. In March 2019, 355 children aged 16 were in OOHC for 12 months or longer. CQI specialists have begun tracking this information in an effort to identify and trends and assist regions in action planning around barriers.</p> <p><b><u>2022 Update:</u></b> As of March 2022, statewide there were 432 children aged 16 in OOHC for 12 months or longer. The numbers over the past three years have remained between 432 and 436. Although this is a definite increase as opposed to pre-pandemic, the agency is working to increase the number of homes that accept older youth.</p> <p><b>2: Include youth and/or young adults in diligent recruitment committees and the CQI process.</b></p> <p><b><u>2020 Update:</u></b> Salt River Trail, Northeastern, and Northern Bluegrass service regions have implemented youth engagement CQI meetings quarterly and work very closely with the independent living specialists and VOC staff to coordinate these. Although the COVID-19 pandemic has delayed progress in implementing youth into the existing regions, the remaining regions are in the process of creating youth CQI meetings. CQI specialists help facilitate the meetings by identifying local and regional issues for program improvement that directly affect youth in OOHC. These topics often coordinate with department initiatives and focus on permanency and foster care issues. CQI specialists help guide open discussions with youth on issues identified as problematic and action plan around these, as well as document issues identified that need regional or department level review for resolution. CQI specialists document meeting minutes; regional level issues are reviewed with regional leadership for resolution/discussion; and department level issues are forwarded to DSR for review during the statewide CQI meetings. Feedback is provided to the regions to share with the youth CQI teams. Some examples of issues that youth have discussed included placement moves, visits with siblings, school issues, and the ability to have more foster youth group activities. The information gleaned from youth participation in the diligent recruitment committee is used to tailor and strategize regional and statewide diligent recruitment. For example, members of the VOC were a crucial part in the action steps of the diligent recruitment transformation workgroups. They were invited to the diligent recruitment steering committee and a part of those efforts related specifically to targeted recruitment for older</p>					CY 2019
							CY 2020



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		<p>youth. This work continues as former and current foster youth are incorporated into the planning for diligent recruitment. Concerns and information gleaned by youth participating are also shared with appropriate regional staff and the Transitional Services Branch, as well as VOC to address on a regional and statewide level, if necessary. DSR's Field Quality Branch has also invited youth to be a part of the CQI self-assessment and redesign.</p> <p><b><u>2022 Update:</u></b> KAPE specialists attend pre-service trainings and informational meetings to discuss the KAPE program, the needs of children in OOHC, and the need for adoptive homes, especially for older youth in OOHC.</p>	
		<p><b>3: Review each regional diligent recruitment plan every six months and provide technical assistance with the emphasis on child-specific and targeted recruitment for transition age youth.</b></p> <p><b><u>2020 Update:</u></b> The division has a statewide diligent recruitment specialist within the OOHC Branch who provides technical assistance and support to the regions. The diligent recruitment specialist has focused on mapping recruitment and retention needs for each county and region, so efforts are data driven and focused in targeted areas. Each region is required to update their regional recruitment plans twice per year. Updated plans are sent to the Out-of-Home Care Branch upon completion. The regions are also asked to make note regarding events on their plans to help with future planning (how the event went, interest, etc.). Additionally, there is a statewide meeting that occurs quarterly with the regional leads and program leads for diligent recruitment.</p> <p><b><u>2021 Update:</u></b> Diligent recruitment efforts continue across the state and are coordinated by the diligent recruitment specialist in central office. In 2020, the department rebranded the former Special Needs Adoption Program (SNAP) to Kentucky Adoption Profile Exchange or KAPE and along with that developed a new logo, brochure, and purchased recruitment materials to promote the new brand. Work also began on the new partner site with AdoptUskids which will launch in 2021.</p> <p><b><u>2022 Update:</u></b> The new partner website with AdoptUskids launched in April 2021. A new FosterKY Newsletter launched in January 2021 which included a KAPE Corner, profiling at least two teens registered on KAPE and available for adoption. KAPE specialists also attend some of the pre-service trainings/informational meetings to discuss the KAPE program, the needs of children in OOHC, and the need for adoptive homes especially for older youth in OOHC.</p> <p>The Heart Gallery was also relaunched in 2021. Twenty-one (21) children were filmed in 2021 by Kentucky's Kids Belong for child-specific recruitment. There continues to be discussion around allowing youth who have been adopted after the age of 16 to return to care. The Transitional Services Branch</p>	<p>CY 2019</p>

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		<p>will continue to advocate and research how this can be implemented in Kentucky. DCBS' Call to Action Plan includes a component regarding the development of a permanency goal to meet the needs of older youth. Regulation work began in 2021 to solidify this goal, and SOP will be drafted to provide frontline staff with guidance and direction on establishing this goal for youth in OOHC.</p>						
		<p><b>4: Evaluate permanency measures and outcomes.</b></p> <p><b>2020 Update:</b> Kentucky continues to remain above the national standard (31.8%) for permanency in 12 months for children in care 24 months or more at 37.82% based on the February 2020 CFSR 3 Data Profile. Kentucky also remains above the national standard (42.7%) for children entering care and achieving permanency in 12 months, as outlined below. Kentucky continues to fall below the national standard (45.9%) for permanency in 12 months for child in care 12-23 months, however, is showing steady improvement. This cohort was identified as a focus during PIP development and efforts will continue for this population within CFSP Goal 3.</p> <p><b>2021 Update:</b> Based on the January 2021 CFSR 3 Data Profile, Kentucky continues to remain above the national standard (31.8%) for permanency in 12 months for children in care 24 months or more. While Kentucky remains below the national standard (45.9%) for permanency in 12 months for children in care 12-23 months, Kentucky has made improvements over the last 12 months of 7.6%.</p> <p><b>2022 Update:</b> Based on the January 2022 CFSR 3 Data Profile, Kentucky continues to remain above the national standard (31.8%) for permanency in 12 months for children in care 24 months or more (34.1%). While Kentucky remains below the national standard (45.9%) for permanency in 12 months for children in care 12-23 months (35.5%), Kentucky has made improvements over the last 12 months of 0.7%.</p>					CY 2019	
<b>Data Indicators</b>			<b>2019 CFSP Submission</b>	<b>2020 APSR Submission</b>	<b>2021 APSR Submission</b>	<b>2022 APSR Submission</b>	<b>2023 APSR Submission</b>	<b>2024 APSR Submission</b>
Number of youth exiting care at age 18		<b>Actual</b>	612 (2018 exits)	644 (2019 exits)	475 (2020 exits)	436 (2021 exits)	607 (2022 exits)	
Source: TWS-M050		<b>Target</b>		604	596	588	582	576
<b>Goal 4: Implement supports to stabilize the workforce to decrease caseloads.</b>								
<b>Objective</b>	<b>Lead</b>	<b>Tasks</b>						<b>Target Date</b>
4.1: Decrease the percentage of frontline staff exiting and	Division of Service Regions, DPP Director's	<b>1: Internal and external communication and/or training regarding Culture of Safety, development of System Safety Review (SSR) process for child fatalities and near fatalities, procedures manual and policy updates, implementation.</b>						CY 2019

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<p>increase the number of staff entering the workforce by 2024.</p>	<p>Office, ECU Training Branch</p>	<p><b><u>2020 Update:</u></b> The department, in collaboration with Collaborative Safety, implemented the system safety review (SSR) process for fatality and near fatalities in October 2019. In preparation for the implementation of the new review process, program and regional staff began training with Collaborative Safety in March 2019. Leadership and frontline staff attended orientations and leadership trainings on the process throughout the remainder of 2019. The department’s goal in implementing the SSR was to adopt a culture within the department that looks at the child welfare system, rather than scapegoating and reacting punitively toward individual staff in an effort to assist with removing the stigma associated with working for the department.</p> <p>All cases with a child fatality or near fatality in an active case or investigation will have an initial review by the system safety analyst and will be presented to the multi-disciplinary team (MDT) for consideration of a comprehensive analysis. The system safety review team completes an initial case review, which includes a review of the circumstances of the fatal/near fatal incident, allegations and details of prior investigations, and the provision of ongoing services. The goal of the initial review is to identify features that may be recommended for a more in-depth analysis. Particular attention is given to history occurring within 24 months prior to the fatal/near fatal incident. The <a href="#">System Safety Review Process Manual</a> and <a href="#">SOP 2.14 Investigations of Child Fatalities and Near Fatalities</a> fully outlines the SSR process.</p> <p><b><u>2021 Update:</u></b> As of October 2020, the department has completed its first full calendar year of SSR reviews. Insights gained through this review process about the systemic influences affecting safe work practice has driven modifications of practices or provision of supports that were able to be implemented quickly. One example of this was the way new or revised policies were distributed to field staff, which provided a summary of policy’s content, or highlights of the revisions made. From the findings of this process, considerations for systemic evaluation have been reported to agency leadership. The considerations made to date have targeted efficiencies in the hiring process, evaluation of the structure and use of production metric system and enhancing training and support for addressing issues of medical neglect and domestic violence in child maltreatment cases. Leadership is studying regional hiring processes to better understand the challenges experienced. They are also developing a mechanism for capturing data about the timeline of the hiring process. This information will be used to direct discussions with Human Resource Management and the Personnel Cabinet aimed at identifying solutions for inefficiencies reported. Efforts have been initiated to leverage relationships with partner agencies and current contractual relationships to enhance staff competency and support around these common risk factors.</p>	
		<p><b>2: Define job duties/tasks and responsibilities for Field Training Specialist (FTS) position, development of criteria and process for the identification and selection of FTSs.</b></p>	<p>CY 2020</p>

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		<p><b><u>2020 Update:</u></b> Staff interested in becoming an FTS must undergo a rigorous application process to assess whether they match the criteria for the program. Selection criteria includes: Time on the job: It is preferred that staff have at least three years of experience as a child protective services worker; Adequate training record: It is preferred that staff complete all of the competency-based trainings within the previous three-year period; Demonstrated competency in the requirements for written work: Staff must exhibit exemplary written work in all documentation of their duties; Recommendation of supervisory staff: As FTSs will coach new workers, he or she must demonstrate good work with coworkers in this type of capacity. Both the immediate supervisor and next line supervisor must write a letter of recommendation for each FTS applicant. The FTS roles will be filled by existing positions (clinicians) that are already established within the regions who will assume the FTS duties. There are three pilot regions identified and the current proposal is one clinician per region during the pilot. The ratio of FTS to new workers is not determined at this time as it will depend upon current staffing within the pilot regions. FTS will assist new staff, at a minimum, during their academy training.</p> <p><b><u>2021 Update:</u></b> Job duties/tasks and responsibilities have been defined. Criteria for identification and selection has been determined. FTSs will be selected from one of three pilot regions (Northern Bluegrass, Salt River Trail, and Two Rivers). These regions were picked due to staffing and strong leadership and coaching/mentoring skills, as well as high performers in case work, engagement, verbal/written skills, and timeliness of documenting casework.</p>	
		<p><b>3: Identify high performing frontline workers and those to be performing the roles and responsibilities of the FTSs and conduct DACUM occupational analysis (validation) to confirm current duties, tasks, knowledge and skills needed to successfully perform the work; conduct focus groups with subject matter experts (e.g., high performing employees, supervisors, regional administrators, central office staff, university partners, community partners) to revise the Behavioral Anchor Tools for use in evaluating and coaching new DPP employees.</b></p> <p><b><u>2020 Update:</u></b> A DACUM (Developing a Curriculum) for current DCBS Protection and Permanency staff is currently being used to support the Protection and Permanency Training Academy for new workers. Dr. Barbee, along with her staff at the University of Louisville, have created draft behavioral anchors. DPP leadership, DCBS Training Branch curriculum developers and trainers, and university partners have reviewed the behavioral anchors. The DCBS Training Branch cross-walked the draft behavioral anchors with the DPP academy courses and identified the training sections where each of the anchors is addressed. This information is necessary for determining the timing of the FTS/new employee sessions for observation of the specific behavioral anchors.</p>	<p>CY 2021</p>

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		<p><b><u>2021 Update:</u></b> Due to the COVID-19 pandemic, some activities with the FTS program were delayed. FTSs were identified in December 2020. Their names were submitted to ECU and the University of Louisville. A three-day extensive training was held at the beginning of February 2021. The FTS were not assigned new employees until March 2021. ECU, DCBS leadership, and the University of Louisville will begin meeting with the FTSes and their supervisors to discuss the behavioral anchors and address any questions or concerns. A DACUM may be necessary in the future to review job duties and tasks of the FTS.</p> <p><b><u>2022 Update:</u></b> A DACUM was not developed, however, meetings with FTSs and other leadership were held at least twice beginning March 2021. Feedback on the FTS program and behavioral anchors was received. Adjustments and reductions on behavioral anchors were made based on that feedback.</p>	
		<p><b>4: Develop FTS Program Framework consisting of activities and interactions (tied to Behavioral Anchors) for the new employees to complete with guidance and feedback from FTSs.</b></p> <p><b><u>2020 Update:</u></b> Dr. Barbee, along with her staff at the University of Louisville, have created draft behavioral anchors. DPP leadership, DCBS Training Branch curriculum developers and trainers, and university partners have reviewed the behavioral anchors. The DCBS Training Branch cross-walked the draft behavioral anchors with the DPP academy courses and identified the training sections where each of the anchors is addressed. This information is necessary for determining the timing of the FTS/new employee sessions for observation of the specific behavioral anchors.</p> <p><b><u>2022 Update:</u></b> Behavioral Anchors were created based on research and collaboration between the Department, ECU, and UofL. The total number of anchors created was 44.</p>	CY 2022
		<p><b>5: Design an evaluation plan to assess effectiveness of FTS program, develop online system (web portal) to capture Behavioral Anchor Tool usage in the field.</b></p> <p><b><u>2020 Update:</u></b> ECU has developed a web-based program in Qualtrics that will be used to facilitate the FTS process. The system is designed to capture the FTS behavioral anchor ratings of new employees based on observations. The system will allow the ratings to be shared with the FTS, new employee, and the new employee’s supervisor. The ratings will be compiled and reported on a regular basis. Reports will be shared with DCBS leadership, DCBS Training Branch leadership, and Dr. Barbee. Reports generated through Qualtrics will be used to identify trends in the ratings of behavioral anchors. These aggregate reports of the ratings can be used to inform decisions regarding updates/changes to training curricula, potential changes in DCBS processes, etc.</p>	CY 2023

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		<p><b>2022 Update:</b> The new EKU training system for FTSs, developed through Qualtrics, was launched February 2021.</p> <p><b>2023 Update:</b> The system was converted to be hosted by the University of Louisville, who can pull reports and provide updated data on progress.</p>					
		<p><b>6: Design, develop, deliver, and evaluate initial training program for FTSs—including instruction on use of behavioral anchors, provide training and support (via development and maintenance of web-based portal) for the FTSs.</b></p> <p><b>2022 Update:</b> A training was conducted in February 2021 for three pilot regions. This included training on coaching and mentoring, and how this applies to the use of the Behavioral Anchors. The training also included how to access the Field Training Specialist Behavioral Anchor Database and how to enter ratings for new employees.</p> <p><b>2023 Update:</b> In March 2022, three additional regions were trained on FTS. Six of the nine service regions now have FTS training.</p>					CY 2024
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Percentage of frontline staff entering the workforce <i>Source: Personnel Cabinet Turnover Report</i>	Actual	44.97% (SSWI entries in 2018)	58.48% (SSWI entries in 2019)	55.86% (SSWI entries in 2020)	55.77% (SSWI entries in 2021)	39.85% (SSWI entries in 2022)	
	Target		44.97%	45.97%	46.97%	47.97%	48.97%
Percentage of frontline staff exiting the workforce <i>Source: Personnel Cabinet Turnover Report</i>	Actual	43.14% (SSWI exits in 2018)	39.52% (SSWI exits in 2019)	39.65% (SSWI exits in 2020)	51.23% (SSWI exits in 2021)	56.81% (SSWI exits in 2022)	
	Target		43.14%	42.64%	42.14%	41.64%	41.14%
<b>Goal 5: Improve the department's CQI system.</b>							
Objective	Lead	Tasks					Target Date
5.1: Increase the number and quality of CQI stakeholder meetings statewide by 5% by 2024.	Quality Assurance Branch & Field Quality Branch	<p><b>1: Modify or identify an information tracking system that can be used to document the quantity and quality of stakeholder meetings.</b></p> <p><b>2020 Update:</b> The target date for this activity has been updated as it was determined during the self-assessment phase that a tracking system could not be modified or developed without the full execution of the self-assessment and examination of the strengths and weaknesses of the current tracking system. The department, with assistance from the Center, is consulting with other states to learn</p>					CY 2023

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		<p>about tracking systems utilized in other states. As a part of the CQI redesign, a CQI application development sub-workgroup has been established to identify strengths and limitations of the current tracking system and strategize on how best to proceed with improving the tracking system. The sub workgroup is in the initial planning phase. Once an enhanced tracking system is finalized, the departments will establish a baseline number of stakeholder participants for the 2022 APSR submission in order to monitor the increase in participation throughout the remaining years of the CFSP.</p> <p><b><u>2021 Update:</u></b> The CQI application development workgroup has sent their recommendations for the system redesign which are currently with developers. Once an enhanced tracking system is finalized, the department will establish a baseline number of stakeholder participants for the 2022 APSR submission to monitor the increase in participation throughout the remaining years of the CFSP.</p> <p><b><u>2022 Update:</u></b> The CQI application development workgroup has sent their recommendations for the system redesign which are currently with developers. The CQI specialists will continue to manually track meeting minutes until MITS is live. Once an enhanced tracking system is finalized, the department will establish a baseline number of stakeholder participants for the 2023 APSR submission to monitor the increase in participation throughout the remaining years of the CFSP.</p> <p><b><u>2023 Update:</u></b> The new MITS is currently in User Acceptance Testing (UAT) with CQI specialists. Usernames and passwords have been assigned. The widget appears in the KOG system, but is not yet fully operational.</p>	
		<p><b>2: Incorporate stakeholder meetings and use of tracking system into the rebranding and restructuring of DPP's CQI process.</b></p> <p><b><u>2020 Update:</u></b> The target date for this activity has been updated to reflect the completion of 5.1.1, which must be completed prior to this activity can be developed and implemented.</p> <p><b><u>2021 Update:</u></b> As a part of the CQI redesign, a CQI application development sub-workgroup was established to identify strengths and limitations of the current tracking system and strategize how best to proceed with improving the tracking system. The sub-workgroup continues to meet monthly. The system redesign is currently with developers. Once an enhanced tracking system is finalized, the department will establish a baseline number of stakeholder participants for the 2022 APSR submission in order to monitor the increase in participation throughout the remaining years of the CFSP.</p> <p><b><u>2022 Update:</u></b> Recommendations for key features of an enhanced tracking system have been sent to developers. The CQI specialists will continue to manually track meeting minutes until MITS is live. Once</p>	<p>CY 2023</p>



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		<p>an enhanced tracking system is finalized, the department will establish a baseline number of stakeholder participants for the 2023 APSR submission to monitor the increase in participation throughout the remaining years of the CFSP.</p> <p><u>2023 Update:</u> The new MITS is currently in User Acceptance Testing (UAT) with CQI specialists. Usernames and passwords have been assigned. The widget appears in the KOG system but is not yet fully operational.</p>	
		<p><b>3: Develop and incorporate system training into initial and ongoing training for CQI specialists.</b></p> <p><u>2021 Update:</u> The system redesign is currently with developers. Once an enhanced tracking system is finalized, training will be provided to CQI specialists.</p> <p><u>2022 Update:</u> Recommendations for key features of an enhanced tracking system have been sent to developers. The CQI Specialists will continue to manually track meeting minutes until the MITS system is live. Once an enhanced tracking system is finalized, the department will establish a baseline number of stakeholder participants for the 2022 APSR submission to monitor the increase in participation throughout the remaining years of the CFSP.</p> <p><u>2023 Update:</u> The new MITS is currently in User Acceptance Testing (UAT) with CQI specialists. Usernames and passwords have been assigned. The widget appears in the KOG system but is not yet fully operational. User training will be developed, and integration into CQI training will take place once the system is active.</p>	CY 2023
		<p><b>4: Implement the utilization of the information tracking system for CQI stakeholder meetings.</b></p> <p><u>2021 Update:</u> The system redesign is currently with developers. Once an enhanced tracking system is finalized, it will be used to track CQI stakeholder meetings.</p> <p><u>2022 Update:</u> Recommendations for key features of an enhanced tracking system have been sent to developers. The CQI specialists will continue to manually track meeting minutes until MITS is live. Once an enhanced tracking system is finalized, the department will establish a baseline number of stakeholder participants for the 2023 APSR submission to monitor the increase in participation throughout the remaining years of the CFSP.</p> <p><u>2023 Update:</u> The new MITS is currently in User Acceptance Testing (UAT) with CQI specialists. Usernames and passwords have been assigned. The widget appears in the KOG system but is not yet fully operational.</p>	CY 2023

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		5: Assess baseline data to determine current functioning of CQI stakeholder meetings. Develop and implement strategies to increase the quantity and quality of meetings.  <b>2023 Update:</b> Beginning in mid-2023, CQI stakeholder meetings will be increased from to times per year to quarterly. As a preparation methodology for CFSR Round 4, and to increase the functionality of CQI stakeholder meetings, additional stakeholders will be identified and invited to meetings on an ongoing basis. Baseline data will begin to be collected once the MITS is operational.						CY 2024
		6: Evaluate the effectiveness of strategies during CQI specialist monthly meetings.  <b>2023 Update:</b> Baseline data will begin to be collected once MITS is operational. Data will be evaluated once a significant amount is collected and analyzed.						CY 2024
Data Indicators			2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Number of CQI stakeholder meetings <i>Source: TBD, see narrative</i>	Actual							Baseline
	Target							
Quality of CQI stakeholder meetings <i>Source: TBD, see narrative</i>	Actual							Baseline
	Target							
		Tasks						Target Date
5.2: Implement a formalized CQI training process statewide by 2024.	Quality Assurance Branch & Field Quality Branch	<b>1: Complete a Developing a Curriculum (DACUM) process for CQI specialists.</b>  <b>2020 Update:</b> The DCBS Training Branch completed a DACUM with CQI Specialists in August 2019. DACUM profiles were completed and provided to the Field Quality Branch leadership for review. The results of the DACUM were provided to department leadership for input prior to finalization.  <b>2021 Update:</b> Based on the input from CQI Specialists and the DACUM findings the Field Quality Branch along with ECU is developing a CQI training academy along with a specific staff development plan for CQI Specialists. The position description for CQI Specialists has been updated and finalized.  <b>2022 Update:</b> The training module and staff development plan is in the final steps of revision and with an estimated roll out of April 2022.  <b>2023 Update:</b> The training module and staff development plan was completed and rolled out in June 2022 to CQI specialists.						CY 2019
		<b>2: Develop a formalized initial and ongoing training for CQI specialists.</b>						CY 2021

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		<p><b>2020 Update:</b> CQI specialists are currently participating in the Center’s CQI academy with a target completion date of July 2020. The goal of the CQI academy is to ensure all CQI specialists receive uniform training so that the same CQI principles are shared throughout each of the regions. The division, in collaboration with ECU, will utilize DACUM findings and identified training needs to develop a CQI training academy for initial and ongoing CQI specialist training.</p> <p><b>2021 Update:</b> CQI specialists completed The Capacity Building Center for States CQI Academy training in August 2020. Ongoing, the CQI Academy training will be available and completed by new CQI specialists. The Field Quality Branch is continuing to work with ECU to develop a CQI training academy that will include training modules for new CQI specialists, as well as ongoing training needs for tenured specialists. Although the training materials have been finalized, the target date has been modified to allow for finalization of the formal training through ECU.</p> <p><b>2022 Update:</b> All specialists have completed the Center’s CQI Academy, which is also incorporated into the CQI specialist training academy for all new CQI specialists, and as a refresher, as needed, for tenured staff. All CQI specialists completed the Meeting Management and Facilitation Skills Workshop with ECU on March 17-18, 2021. The CQI training module is in the final steps of revision, with an estimated roll out of April 2022. Currently, the Center is partnering to provide coaching and mentoring to the Field Quality Branch in the CQI redesign work.</p> <p><b>2023 Update:</b> All tenured CQI specialists have completed the Capacity Building Center for States CQI Academy, which is also incorporated in the CQI Specialist Training Portal that rolled out June 2022. The Center continued partnering to provide coaching and mentoring to the Field Quality Branch in the CQI redesign work. The CQI training module covers 15 distinct topical areas that support both new employees and tenured CQI specialists. The modules are online, but embed live trainings, synchronous trainings, and one-on-one sessions with team members and supervisors, for a robust training experience. The Capacity Building Center for States Academy for CQI is required for all CQI specialists, therefore, is included in the training module. The modules also include check for understanding questions, quizzes, and a survey.</p>	
		<p><b>3: Implement a formalized initial and ongoing training for CQI specialists.</b></p> <p><b>2021 Update:</b> The department is currently working with ECU to create a formalized training for CQI specialists. The target date for completion is CY 2021. The Field Quality Branch, along with ECU, has completed an initial web based CQI Overview Training that was sent to all staff to complete in November 2020 which will be part of section one of the CQI training academy. The Field Quality Branch has completed a CQI specialist onboarding training index that includes document attachments,</p>	<p>CY 2021</p>

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		<p>resources, web-based training, and links/information that are already in place and available to staff. In March 2021, all CQI specialists completed the Meeting Management &amp; Facilitation Skills workshop. The State CQI Redesign State Plan has been completed.</p> <p><b>2022 Update:</b> Refer to items 5.2.1 &amp; 5.2.2. Also, see <a href="#">Onboarding Training, Children's Bureau Foundational Training in CQI, iTWIST Systems Training</a>, and <a href="#">CQI State Plan and Procedures Manual</a>. The CQI State Plan and Procedures Manual has been completed and is now included in <a href="#">SOP 30.6 Continuous Quality Improvement (CQI) and the Case Review Process</a>.</p> <p><b>2023 Update:</b> The CQI Training Portal was completed and rolled out to CQI specialists in June 2022.</p>	
		<p><b>4: Develop training for second-level case reviewers.</b></p> <p><b>2022 Update:</b> DPP is creating a formalized training for 2<sup>nd</sup> level and KY CFSR case reviews. The Field Quality Branch has completed a CQI case review training for CQI specialists that can also be utilized by field staff for further education and understanding on the case review process. This is estimated to roll out in April 2022 to CQI specialists and will then open to other DCBS staff. The Field Quality CQI case review training includes the Case Review Strength and Mentoring tool.</p> <p><b>2023 Update:</b> The Field Quality Branch completed a CQI case review training for CQI specialists that can also be utilized by field staff for further education and understanding of the case review process. The CQI training portal was rolled out June 2022 to CQI specialists and will be open to other DCBS staff. The Field Quality CQI case review training includes the Case Review Strength and Mentoring tool and a training video of coaching and mentoring by supervisor/staff.</p>	CY 2024
		<p><b>5: Implement a training for second-level case reviewers.</b></p> <p><b>2022 Update:</b> DPP is creating a formalized training for 2<sup>nd</sup> level and KY CFSR case reviews. The Field Quality Branch has completed a CQI case review training for CQI specialists that can also be utilized by field staff for further education and understanding on the case review process. This is estimated to roll out in April 2022 to CQI specialists and will then open up to other DCBS staff. The Field Quality CQI case review training includes the Case Review Strength and Mentoring tool.</p> <p><b>2023 Update:</b> The Field Quality Branch completed a CQI case review training for CQI specialists that can also be utilized by field staff for further education and understanding of the case review process. The CQI training portal was rolled out June 2022 to CQI specialists and will be open to other DCBS staff. The Field Quality CQI case review training we have includes the Case Review Strength and Mentoring tool and training video of coaching and mentoring by supervisor/staff.</p>	CY 2024

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Data Indicators													
Comparison of pre-test and post-test scores for CQI specialists initial training <i>Source: Intensive Project-Semi-Annual Report- Kentucky CQI Project draft for Core Team</i>	<b>Pre-Test Average</b>		Unit 1: <b>60%</b>	Unit 2: <b>67.9%</b>	Unit 3: <b>43.7%</b>	Unit 4: <b>46.6%</b>	Unit 5: <b>35.7%</b>	Unit 6: <b>34.4%</b>					
	<b>Post-Test Average</b>		Unit 1: <b>85%</b>	Unit 2: <b>80.4%</b>	Unit 3: <b>81%</b>	Unit 4: <b>48.4%</b>	Unit 5: <b>43.7%</b>	Unit 6: <b>61.6%</b>					
	<b>Knowledge Gain Average</b>		<b>25%</b>	<b>12.5%</b>	<b>37.3%</b>	<b>1.8%</b>	<b>8%</b>	<b>27.2%</b>					
		<b>2019 CFSP Submission</b>		<b>2020 APSR Submission</b>		<b>2021 APSR Submission</b>		<b>2022 APSR Submission</b>		<b>2023 APSR Submission</b>		<b>2024 APSR Submission</b>	
Comparison of statewide outcome scores from second-level case reviews and KY CFSR reviews <i>Source: Casework Quality DIG, Third-Level Case Review State Rating Summary</i>  2 = Second-level case review 3 = KY CFSR review DA = Difference actual DT = Difference target	<b>Safety Outcome 2</b>	2	88.1% (03/2018)	2	89.4% (03/2019)	2	90.3% (03/2020)	2	88.6% (03/2021)	2	Data currently unavailable	2	
		3	47.22% (baseline)	3	36.91% (06/08/2020)	3	28.89% (05/25/2021)	3	51.96% (5/25/2022)	3	56.51% (5/25/2023)	3	
		DA	41.08%	DA DT	52.49% 35%	DA DT	61.41% 30%	DA DT	36.64% 25%	DA DT	20%	DA DT	10%
	<b>Permanency Outcome 1</b>	2	52.2% (03/2018)	2	52.6% (03/2019)	2	84% (03/2020)	2	83% (03/2021)	2	Data currently unavailable	2	
		3	30.56% (baseline)	3	18.64% (06/08/2020)	3	11.11% (5/25/2021)	3	19.44% (5/25/2022)	3	23.02% (5/25/2023)	3	
		DA	21.64%	DA DT	33.96% 50%	DA DT	72.89% 40%	DA DT	63.56% 30%	DA DT	20%	DA DT	10%
	<b>Permanency Outcome 2</b>	2	93.2% (03/2018)	2	93.9% (03/2019)	2	94.8% (03/2020)	2	93.8% (03/2021)	2	Data currently unavailable	2	
		3	54.17% (baseline)	3	64.41% (06/08/2020)	3	54.17% (05/25/2021)	3	76.39% (5/25/2022)	3	81.75% (5/25/2023)	3	
		DA	39.03%	DA DT	29.49% 30%	DA DT	40.63% 25%	DA DT	17.41% 20%	DA DT	15%	DA DT	10%
<b>Well-Being</b>	2	62.5% (03/2018)	2	62.0% (03/2019)	2	57.7% (03/2020)	2	57.7% (03/2021)	2	Data currently	2		

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	<b>Outcome 1</b>										unavailable		
		<b>3</b>	32.22% (baseline)	<b>3</b>	30.2% (06/08/2020)	<b>3</b>	23.89% (05/25/2021)	<b>3</b>	47.22% (5/25/2022)	<b>3</b>	49.52% (5/25/2023)	<b>3</b>	
		<b>DA</b>	30.28%	<b>DA</b> <b>DT</b>	31.8%	<b>DA</b> <b>DT</b>	33.9% 25%	<b>DA</b> <b>DT</b>	10.48% 20%	<b>DA</b> <b>DT</b>	15%	<b>DA</b> <b>DT</b>	10%
	<b>Well-Being Outcome 2</b>	<b>2</b>	93.7% (03/2018)	<b>2</b>	92.1% (03/2019)	<b>2</b>	94.4% (03/2020)	<b>2</b>	93.5% (03/2021)	<b>2</b>	Data currently unavailable	<b>2</b>	
		<b>3</b>	79.22% (baseline)	<b>3</b>	83.33% (06/08/2020)	<b>3</b>	65.43% (05/25/2021)	<b>3</b>	84.29% (5/25/2022)	<b>3</b>	80.43% (5/25/2023)	<b>3</b>	
		<b>DA</b>	14.48%	<b>DA</b> <b>DT</b>	8.77% 12%	<b>DA</b> <b>DT</b>	29.1% 11%	<b>DA</b> <b>DT</b>	9.21% 10%	<b>DA</b> <b>DT</b>	9%	<b>DA</b> <b>DT</b>	8%
	<b>Well-Being Outcome 3</b>	<b>2</b>	95.6% (03/2018)	<b>2</b>	96.0% (03/2019)	<b>2</b>	97.4% (03/2020)	<b>2</b>	96.4% (03/2021)	<b>2</b>	Data currently unavailable	<b>2</b>	
		<b>3</b>	70.5% (baseline)	<b>3</b>	57.14% (06/08/2020)	<b>3</b>	49.62% (05/25/2021)	<b>3</b>	67.42% (5/25/2022)	<b>3</b>	66.11% (5/25/2023)	<b>3</b>	
		<b>DA</b>	25.1%	<b>DA</b> <b>DT</b>	38.86% 22%	<b>DA</b> <b>DT</b>	47.8% 19%	<b>DA</b> <b>DT</b>	28.98% 16%	<b>DA</b> <b>DT</b>	13%	<b>DA</b> <b>DT</b>	10%