Child Abuse and Neglect Annual Report of Child Fatalities and Near Fatalities

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Division of Protection and Permanency

Department for Community Based Services

Cabinet for Health and Family Services

September 1, 2022

TEAM KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

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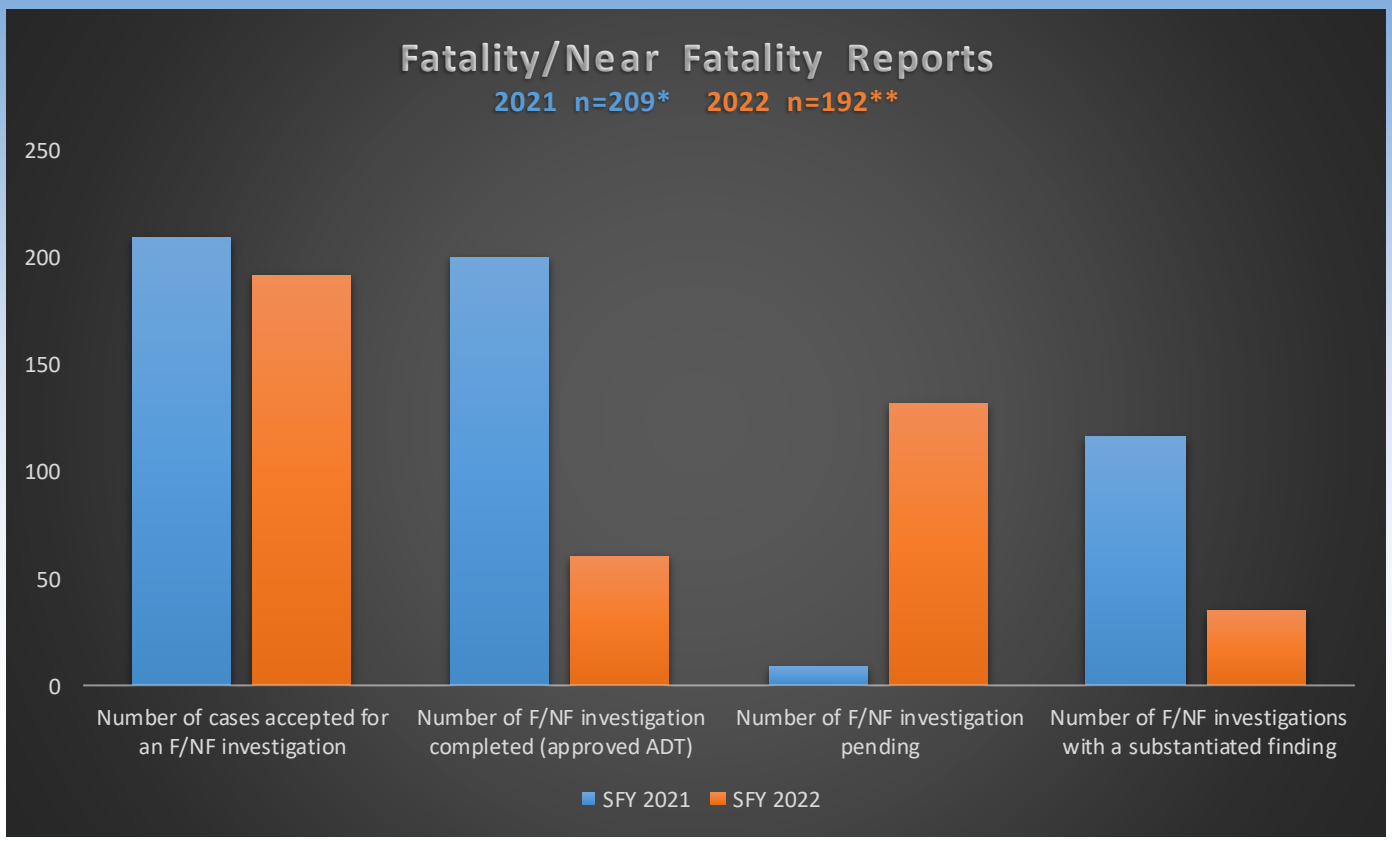
In accordance with KRS 620.050(12)(c), the Cabinet for Health and Family Services (CHFS/cabinet), Department for Community Based Services (DCBS/ department) is required to submit an annual report of child abuse and neglect fatalities and near fatalities. A near fatality is defined by KRS 600.020(40) as, "an injury that, as certified by a physician, places a child in serious or critical condition". This report provides insights into the demographics of the children who were the victims of abusive or neglectful deaths and near deaths, as well as the circumstances around these events.

The report is organized into five sections. Historical data in this report spans five state fiscal years (SFYs) and includes only child abuse and neglect fatalities and near fatalities.

"Childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul."

-Dave Pelzer, A Child Called "IT"

Section I: Comparative Referral Data



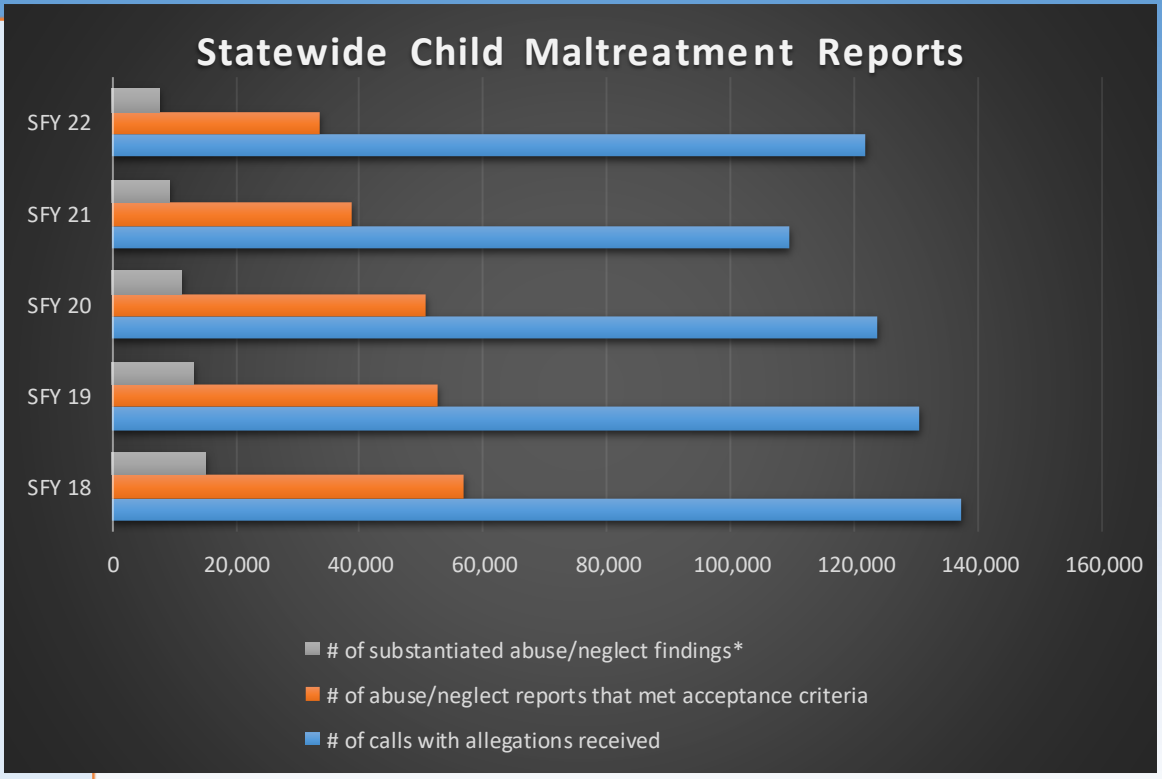
The graph above illustrates data from all completed investigations at the time of this report from SFY 21 and SFY 22. Additionally, there continues to be a large number of pending investigations at the time of this report for SFY 22 and only nine pending cases from SFY 21.

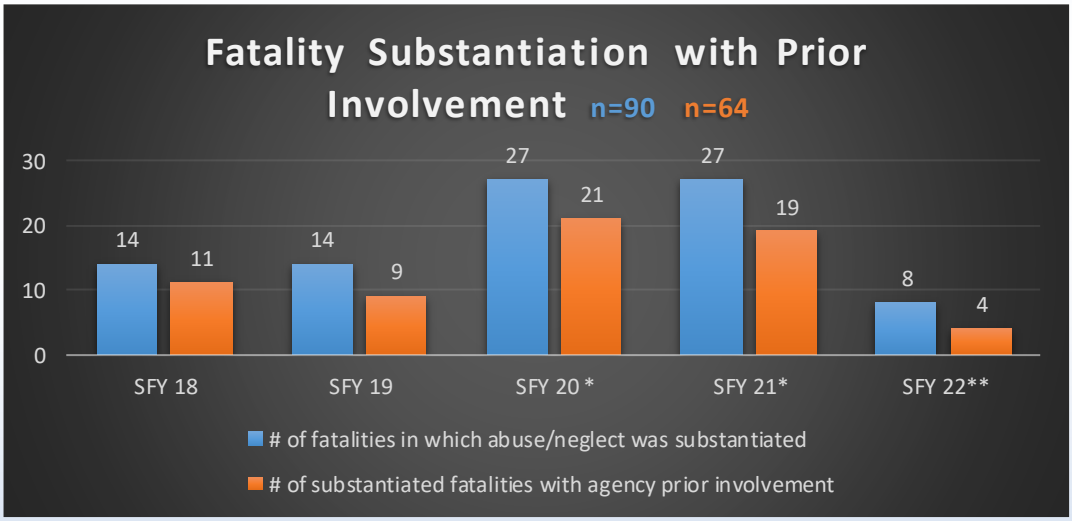
* Indicates adjustment to the number of substantiations from prior year's report due to completed investigations.

** Indicates that this number will change in the next year's submission as the data is not complete due to pending investigations.

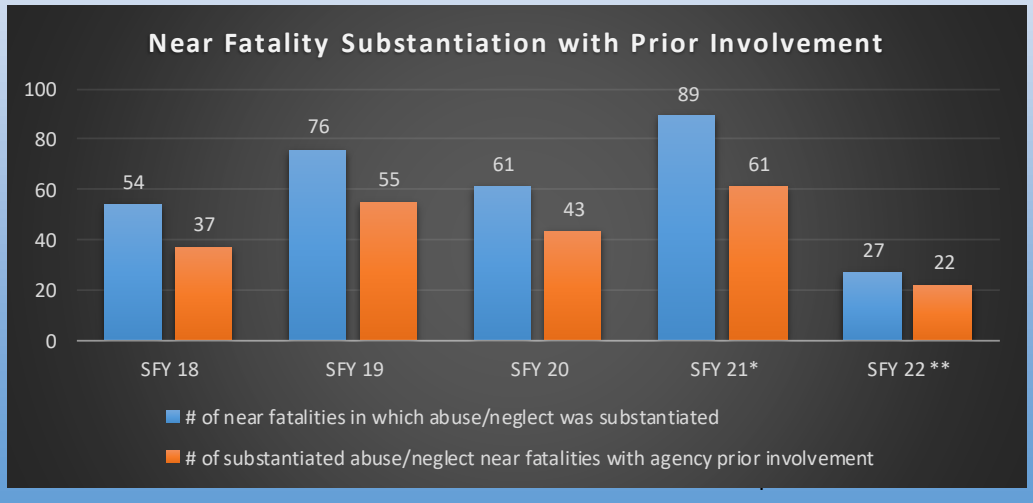
The work required in fatality/ near fatality investigations is more involved when compared to other types of investigations. These investigations are conducted jointly with law enforcement and require records collection and collaboration with other agencies, such as a forensic medical team and the medical examiners office, in order to reach a finding; thus, resulting in delays in finalizing the investigation.

The data indicates a high volume of calls received in SFY 18. This increase is reflected in corresponding increases in reports that met acceptance criteria and substantiated referrals during the same time period. The total number of reports received have decreased in SFY 19, 20, and significantly in 21, with another significant increase in SFY 22.





There was an increase in substantiated fatalities in SFY 20 and SFY 21. This may also be attributed to receiving a higher number of accepted fatality and near fatality reports during these two years. Due to limits of the SFY 22 data currently available, it is currently unknown if this is a continuing trend. The agency does suspect that the COVID-19 pandemic did factor into this increase of reports as families were trying to navigate new challenges of working from home, job loss, virtual school responsibilities and limited childcare.

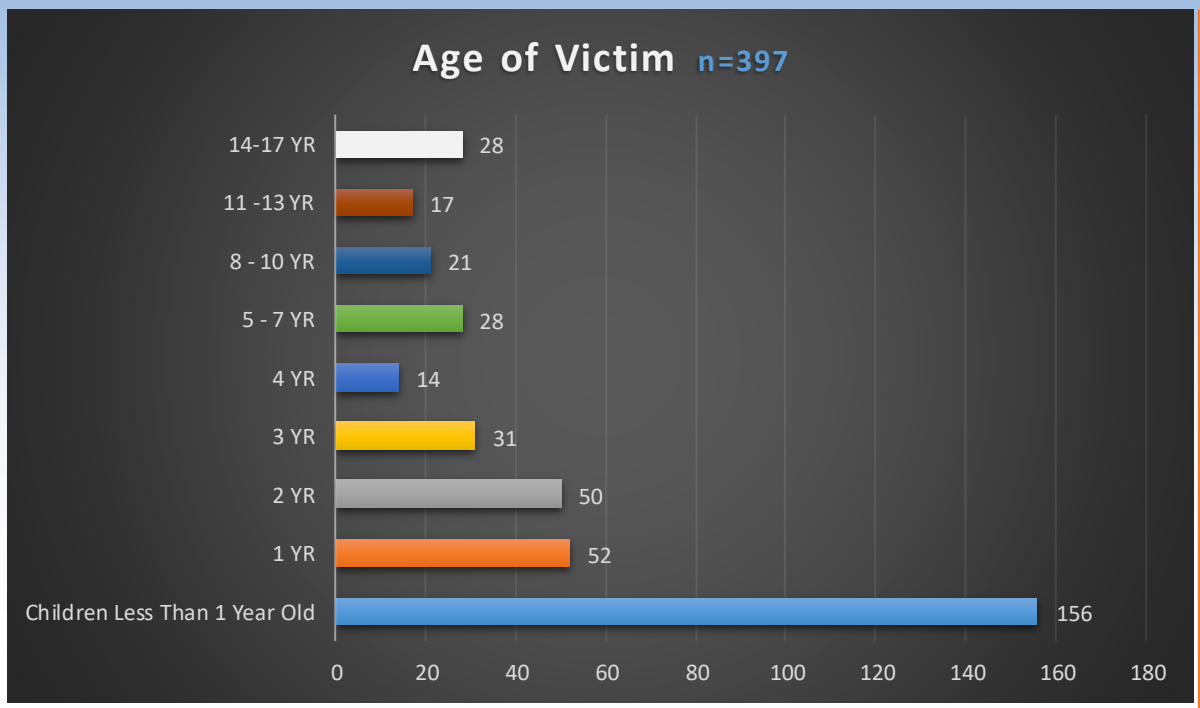


* Indicates adjustment to the number of substantiations from prior year's report due to completed investigations.

**Indicates incomplete data for Investigations.

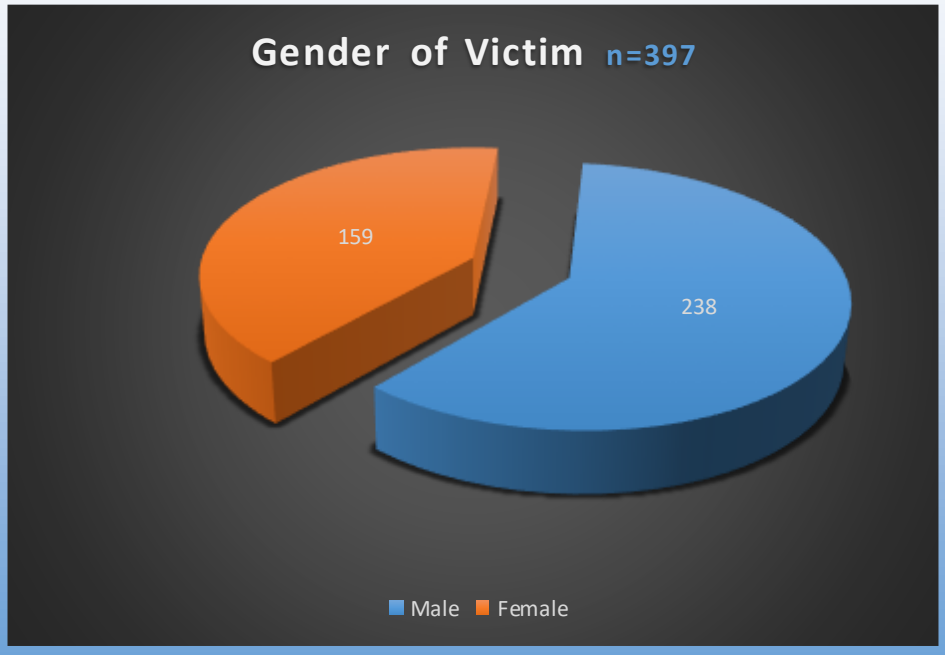
Section II: Child Demographics

The data represented below is from SFY 2018 to SFY 2022



Children three and under comprise more than half of all F/NF victims, with children one and under representing the vast majority of victims.

The majority of the F/NF victims in the data set were male. This is consistent with data reported in previous years.

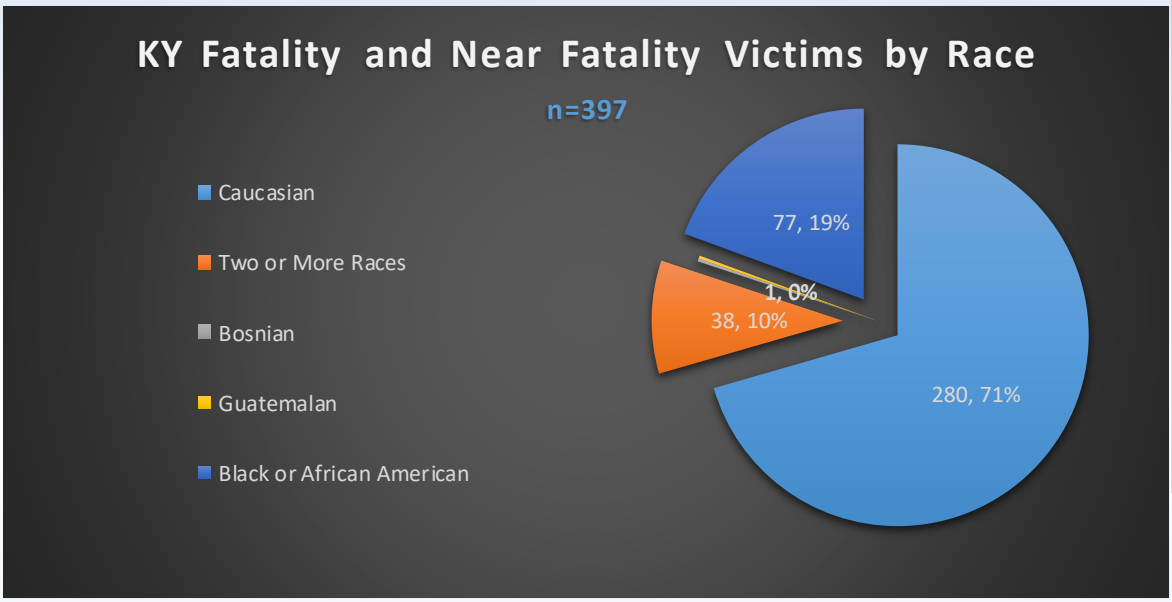


KY US Census Data

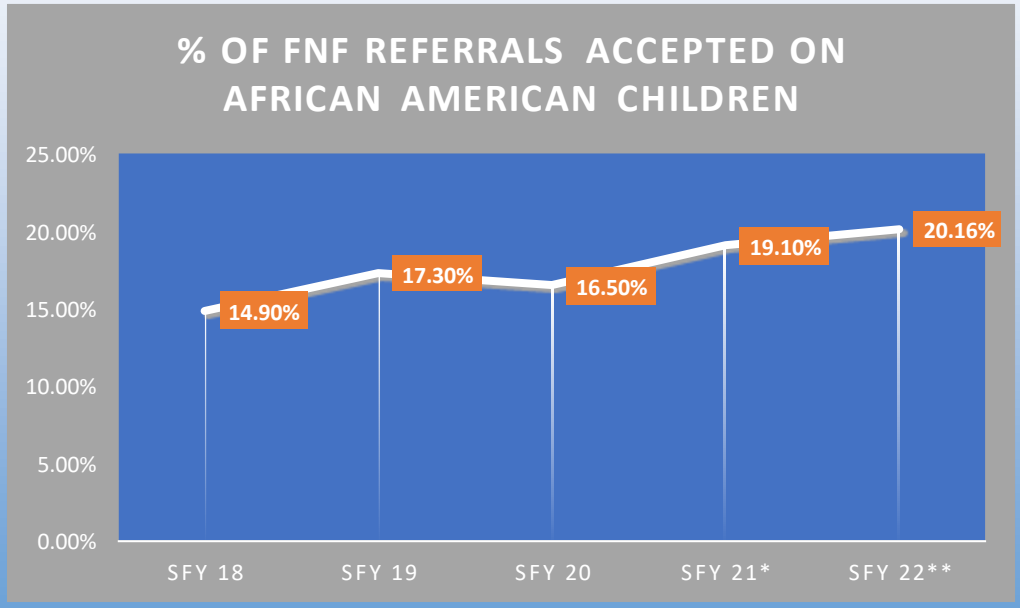
Caucasian/White Alone	87.1
Black or African American Alone	8.6
American Indian and Alaska Native	0.3
Asian Alone	1.7
Native Hawaiian and Other Pacific Islander	0.1
Two or More Races	2.2
Hispanic or Latino	4.2

Chart above is pulled from US Census Bureau at www.census.gov.

The Census Bureau estimates that as of July 1, 2021, the Black or African American population comprises eight point six percent (8.6%) of the total Kentucky population. Black or African American children constitute 19% of victims in fatal and near fatal reports over the five-year period. The cabinet is continuing to work in addressing racial disproportionality and disparity.

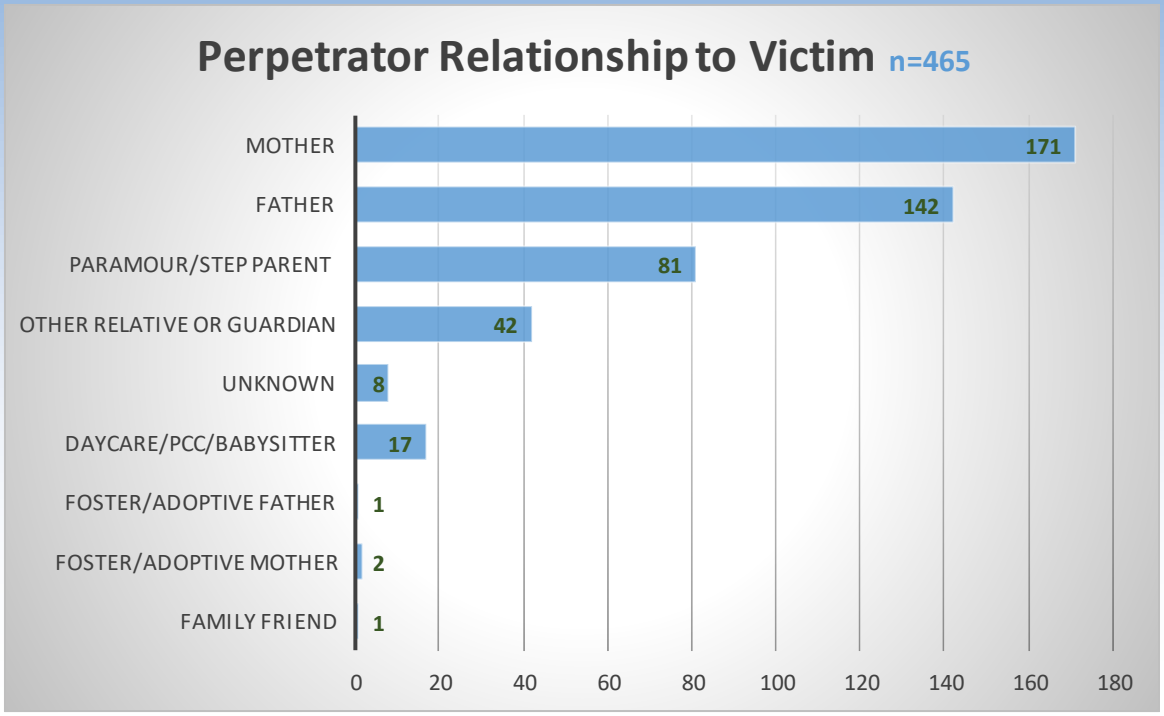


The African-American population consistently makes up 15% or greater of all fatal/near fatal reports received annually. The data also shows a steady increase of these reports since SFY 20 from 16% to now over 20% in SFY 22.

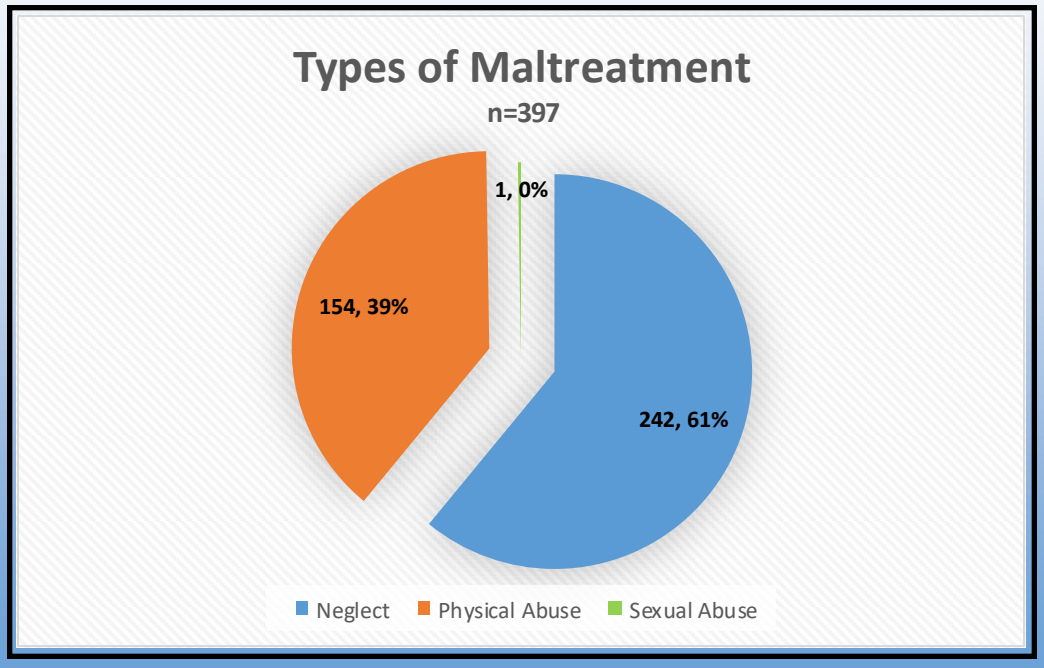


Section III:

Perpetrator and Maltreatment Demographics



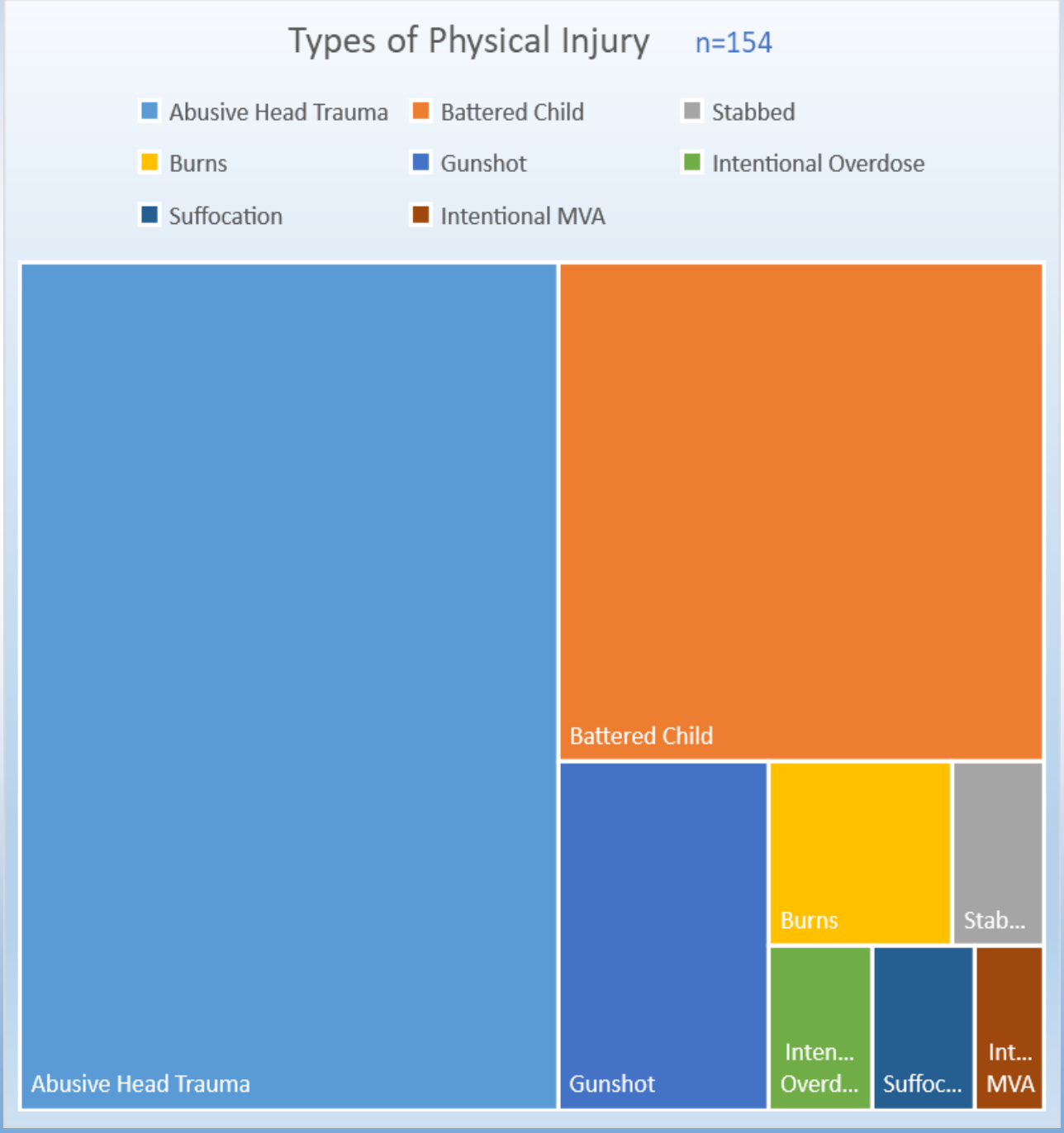
Parents continue to be the most common perpetrator identified in fatality and near fatality investigations. Of the 397 victims, there are 465 perpetrators identified. Unfortunately, there are cases when a child is the victim of fatal/near fatal abuse or neglect by more than one perpetrator.

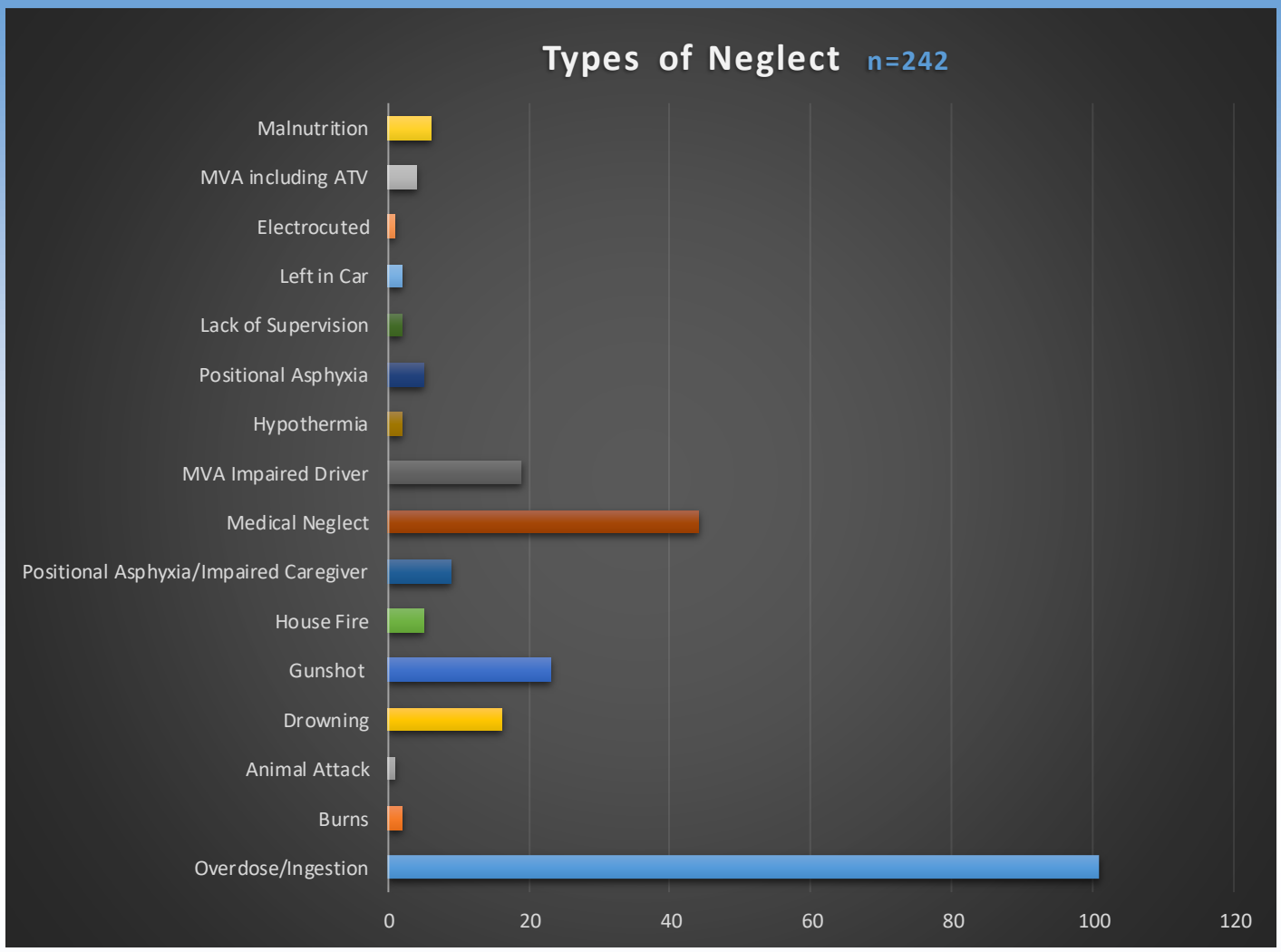


Neglect continues to be the leading type of maltreatment in fatality and near fatality investigation findings. There is one sexual abuse substantiation associated with a fatality designation.

Eighty-one percent (81%) of physical abuse injuries are abusive head trauma and battered child.

The majority of these injuries are sustained by children three years of age and under.

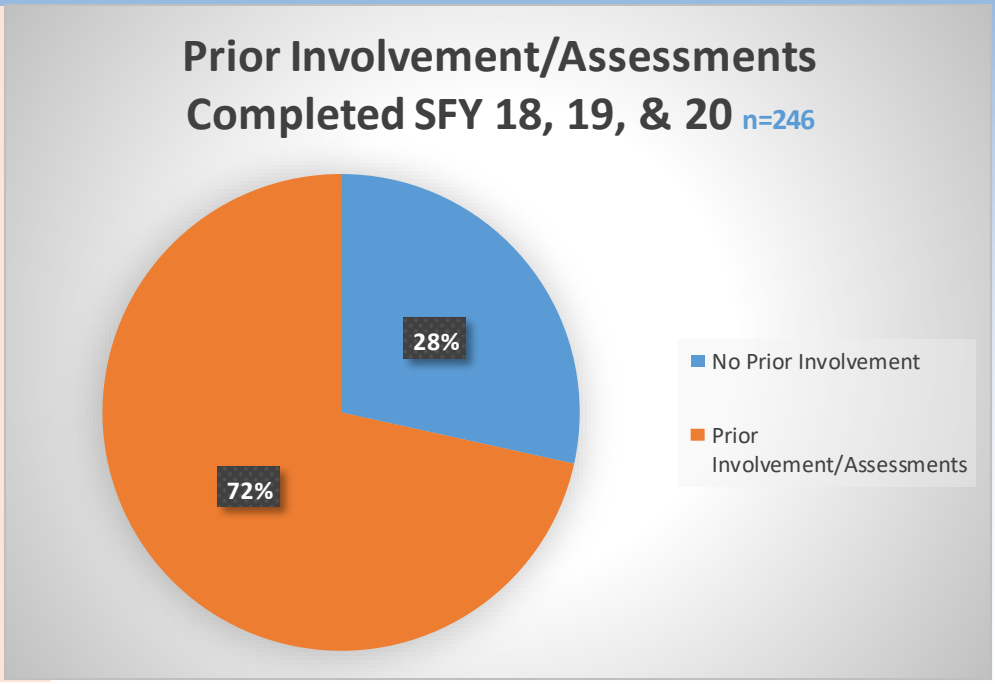




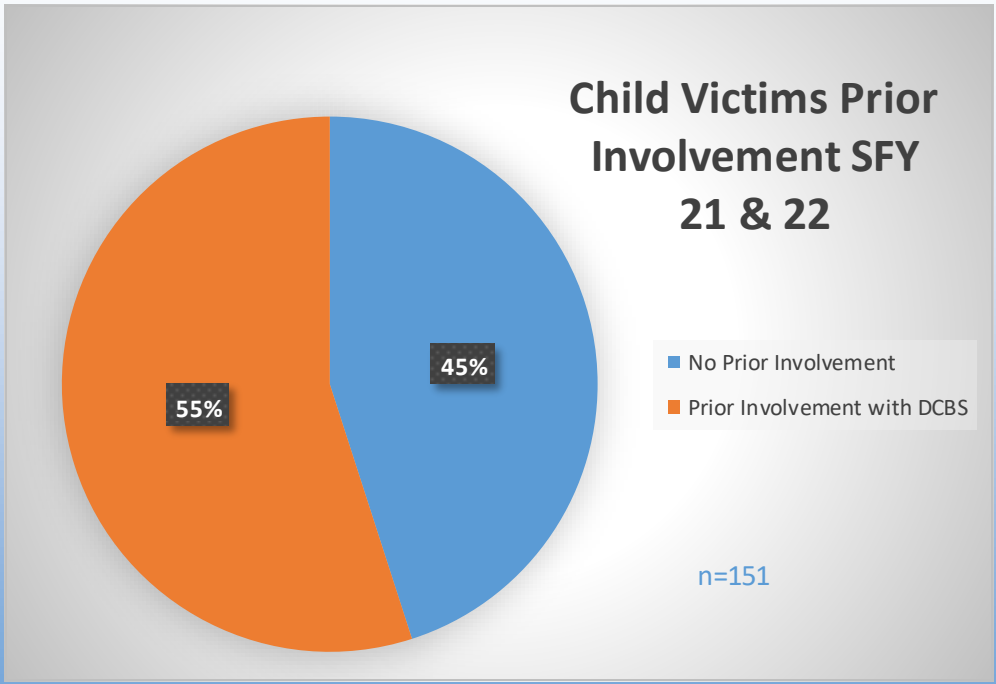
The leading cause of neglect has been accidental overdose/ingestion cases. These cases are typically the result of environmental neglect, when prescribed or illegal drugs are left accessible to children. There have also been some recent ingestions from a candy form of THC and/or Delta 8. THC and Delta 8 edibles/candies are packaged in a way that is appealing to children in the fact that they appear in candy, cookies, and other edible forms.

Section IV: Prior Involvement with Families of Fatality/Near Fatality (F/NF) Victims and Child Victims of Fatality/Near Fatality Prior Involvement

The data collected on prior involvement considers all household members at the time of the F/NF incident and represents the history for those individuals. The F/NF victim may not have been identified as a case individual in the reported history.



DCBS has since changed data collection to collect data on child victims specific to history with the agency in regards to the child F/NF victim. This data is available for SFY 21 and SFY 22.



Prior history with DCBS is defined as any report to DCBS. This includes unsubstantiated reports, reports that did not meet criteria for investigation, and substantiated reports.

Section V: Program Improvement Efforts

Internal Review

KRS 620.050(12)(b) requires that the cabinet "conduct an internal review of any case where child abuse or neglect has resulted in a child fatality or near fatality and the cabinet had prior involvement with the child or family." The statute also requires that the cabinet submit an annual report by September 1 to the Governor, the General Assembly, and the state child fatality review team that includes a summary of the internal reviews and an analysis of historical trends.

System Safety Review Process and Overview

The department continues to partner with Collaborative Safety to implement a culture of safety with DCBS. This process began by changing the internal review process in 2019 and currently, central office case reviewers have been trained to view cases through a different lens to help the agency identify systemic themes and barriers to the day to day work.

The process focuses on understanding the complex nature of child welfare work and the factors that influence decision-making and practice in real time. It moves away from the simplistic approach, which has a tendency to assess blame and results in the application of "quick fixes" that fail to address the underlying issues. The process recognizes that frontline workers strive to make the best decisions in their cases based on information available to them at that time and that those decisions are affected by the system around them. This approach emphasizes shared accountability. Furthermore, agency leadership is accountable for making improvements to create a more resilient and reliable system which improves capacity to provide safe outcomes for children, families, and employees.

Each case accepted as a near fatality or fatality investigation is assigned to a system safety analyst. The analyst then conducts a review of any case history, focusing in on the most recent 24 months. This information is then presented to the multi-disciplinary team that is comprised of individuals from differing entities, including the Department for Public Health (DPH), DCBS Training Branch, Office of Legal Services (OLS), Division of Service Regions (DSR), and staff from the Division of Protection and Permanency (DPP). Cases are selected for further study based on specific features identified during the initial case review, which are referred to as interesting features or learning points.

Human factor de-briefings are conducted with the staff involved in decision making around the time of the interesting feature identified for further study. A systems mapping is conducted following the human factors debriefing. The mapping process includes staff from all organizational levels and may include community partners, such as court personnel and local service providers. The systems mapping works to draw out environmental and systemic influences that contributed to or shaped the decisions made in the features being studied. The system map is narrated and scored using a scoring tool provided by Collaborative Safety. The scoring tool allows the team to produce data about the systemic themes influencing practice. The data collected from all the case studies is presented to DCBS leadership and safety action group, and then used to help inform and influence systemic change to support safer work practices.

Change has actively occurred due to mapping discussions and discoveries. While the System Safety Review process is designed to identify larger systemic features that require response from cabinet leadership, there are occasions when the process reveals features that can be addressed at the division level. Those features are reviewed at monthly quick wins meetings where plans are formulated to activate a response. Plan development requires input from staff throughout DPP. In some instances, plans can be implemented immediately. In others, the plan includes further exploration of the feature identified before defining the response. Each feature proposed as a quick win is tracked to monitor progress and resolution of the issue identified.

Implementing a Safety Model

DCBS is in the process of implementing three Structured Decision Making® (SDM®) tools in collaboration with the contracted vendor, Evident Change. The tool is currently in use during the intake phase of a child protective services case and was launched in June of 2022. The intake assessment tool uses a consensus based model to operationalize policy, regulation, and statute to assist workers in making consistent and supported decisions. The safety and risk tools are actuarial tools that will assist workers in classifying child safety threats and risk factors based on their current situation in real time.

The safety model workgroup and project leads are continuing the work with Evident Change regarding the updates to the safety and risk assessment tools. These tools are in the process of being developed in The Worker Information SysTem (TWIST) screens for final automation. The trainings for the safety and risk assessment tools are scheduled to begin in August 2022 for frontline staff and supervisors. Staff will be trained by the DCBS Training Branch. The automated tools in TWIST and updated policy will be released on October 1, 2022.

- *The SDM® Safety Assessment identifies current danger and appropriate interventions. It will assist workers at all points in a case to determine if a child may safely remain in the home, with or without a safety plan in place.*
- *The SDM® Risk Assessment is an Actuarial Risk Assessment. This means it is a statistical procedure to identify and weigh factors that predict future maltreatment. It uses empirical research and factors statistically shown to predict future maltreatment. Factors considered include demographics, social factors, and history. It occurs at the conclusion of a child welfare investigation and assists investigation workers in determining which cases should be continued for ongoing services and which may be closed at the end of an investigation.*

The department has finalized a third contract with Evident Change in order to customize and implement the SDM® Reunification Assessment and SDM® Risk Reassessment that will be utilized during key point throughout an ongoing case. This contract was executed in July 2022 and will extend through 2024.

Prevention Efforts

In SFY 22, Kentucky pursued efforts to strengthen primary and secondary prevention efforts to target the general population and those with identified risk factors to prevent maltreatment before it occurs. Efforts are also being made to expand existing primary and secondary prevention programs, expand tertiary prevention services, those seeking to reduce further maltreatment or entry into out-of-home care (OOHC) when maltreatment has already occurred, and efforts to expand Family First Prevention Services.

For primary and secondary prevention efforts in SFY 22, Kentucky has pursued additional fatherhood involvement efforts, and the Lean on Me KY initiative to increase community awareness and ability to support and increase resilience in families. Kentucky also expanded Community Based Child Abuse Prevention (CBCAP) grant activities, including expanding the Community Collaboration for Children (CCC) and Parent Engagement Meetings (PEM) programs. CCC provides in-home services to low risk families through increasing skill-based parenting. PEMs engage families in mitigation of barriers to academic and school attendance, and supports families in the avoidance of involvement with DCBS due to educational neglect. In CY 21, PEMS diverted 96% of families involved from receiving a report of child abuse or neglect. Kentucky also continued participation in the Thriving Families, Safer Children national commitment in partnership with public and private entities to create equitable systems breaking cycles of trauma and poverty. Congruent with this commitment, Kentucky formed a State Prevention Collaborative in which community stakeholders developed the first primary and secondary prevention plan for the state, and held regional visioning sessions to prompt formal regional collaborative and prevention plans. Lastly, for primary and secondary efforts, Kentucky implemented community response pilots in four counties to provide services to families reported to DCBS, but not accepted for an investigation to ensure familial needs do not go unmet and lead to future maltreatment.

Prevention Efforts continued

For expansion of tertiary prevention services or Family First Prevention Services, Kentucky expanded the statewide Family First Preservation and Reunification Services (FFPRS) and Kentucky Strengthening Ties and Empowering Parents (KSTEP), as well as pursued prevention pilot programs in SFY 22. FFPRS serves families with varying need and risk levels, with children 0-17 years of age. FFPRS was expanded by 25% in SFY 22 to serve additional families. KSTEP serves families with the primary risk factor of substance use disorder with children 0-9 years of age. KSTEP is available in the Northeastern Service Region, and was expanded into all of the Salt River Trail Service Region and half of the Cumberland Service Region this SFY. Sobriety Treatment and Recovery Teams (START) continued to be implemented in seven counties across five service regions. FFPRS, KSTEP, and START all consistently meet contractual requirements for percentages of children remaining in their homes post closure of over 80%. Prevention pilot programs, including Multisystemic Therapy (MST) and Intercept well-supported evidence-based practices (EBPs), representing their only availability in the state of Kentucky. MST is piloted in the Jefferson, Salt River Trail, Northern Bluegrass, and Southern Bluegrass service regions, with program goals to address adolescent risk of OOHC entry subsequent to antisocial and problem behavior or serious criminal offenses. Intercept is piloted in the Cumberland, Southern Bluegrass, and The Lakes service regions to provide intensive in-home services to children 0-17 years of age with behavioral or emotional needs or who have experienced child abuse and neglect. This SFY, Kentucky also added to Family First service provision through federal approval of additional EBP utilization. This includes the increased use of Motivational Interviewing (MI), outside of use when it is indicated for substance use disorder alone, the use of MI by child welfare workers, the addition of High-Fidelity Wraparound, and submission of the Intercept EBP, which is pending approval. This is in addition to current federally approved interventions currently being utilized, which includes Functional Family Therapy (FFT), Homebuilders, MI for substance use, MST, Parent-Child Interaction Therapy (PCIT), START, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). START also increased its intervention rating this SFY from a promising EBP to a supported rating.

Community Response/Alternative Response System

On July 1, 2022, Kentucky launched a community response pilot program in four counties-Clark, Montgomery, Perry, and Barren. Gateway Children Services, a nonprofit agency, will offer services to Clark and Montgomery county families, while family resource centers will offer services to Barren and Perry county families. This program offers community-based prevention services to families screened out upon report to DCBS. This includes outreach, assessment of needs, case management, utilization of prevention EBPs, and referrals to other resources as needed. This will allow families to access needed services and/or resources when the report does not meet criteria for a child protective service investigation and/or assessment. Child welfare is owned by the community and this process focuses on making contact with families prior to a potential maltreatment event. It focuses on the upstream process, which works on investing in prevention services for families early on to prevent future child abuse and neglect.

DID YOU KNOW?

Kentucky is a mandatory reporting state. If you suspect abuse or neglect of a child, you are required by law to make a report. You can call 1-877-KY-SAFE1 (1-877-597-2331) or make a web-based report at https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx.

The Child Help National Abuse Hotline

1 (800) 4-A-CHILD (422-4453)

Remember the TEN-4 bruising rule. Children under the age of four should not have bruising to their **T**orso, **E**ars, or **N**eck. Non-mobile infants should not have any bruises.

–Norton Children's Hospital, UL Pediatric Forensics