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Kentucky

2025-2029
Child and Family Services Plan

2026

Annual Progress and Services Report

2025 Submission

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I. Introduction

The Cabinet for Health and Family Services (CHFS/cabinet), Department for Community Based Services (DCBS/department) presents Kentucky's Annual Progress and Services Report (APSR) for FFY26. This is the first annual report for the 2025-2029 Child and Family Services Plan (CFSP). This report was completed per the program instructions, ACYF-CB-PI-25-01. The department is the entity responsible for administering the state's statutes and regulations relating to child welfare. The APSR provides a comprehensive summary of Kentucky's commitment to achieve positive outcomes for children and families through a more comprehensive, coordinated, and effective child and family services continuum. The state checklist for submission is available as *Attachment 1*. The 2025 APSR submission is posted online at: Quality Assurance Branch - Cabinet for Health and Family Services.

A. Agency Administration and Organization

The cabinet is the state government agency responsible for programs to promote health and safety (see *Attachment 2* for the cabinet organizational chart). The department remains the largest within the cabinet (see *Attachment 3* for the department's organizational chart). The department administers the state's array of protective and supportive services to families including prevention, family support, child protection, foster care, adoption, adult services, and many others. The cabinet's structure affords the department unique opportunities to collaborate and better coordinate with providers of mental health, developmental disabilities, and substance-use disorder services; health care providers of children with special needs; public health; Medicaid services, long-term care providers and aging services; school-based family resource centers; volunteer services; and income supports, such as child support.

Division of Protection and Permanency (DPP/division)

- coordinates the state's child welfare and violence prevention efforts
- coordinates more than 180 contracts with vendors
- provides consultative services and technical assistance (TA) to local protective services
- coordinates permanency services (recruitment and certification for foster care)
- creates standards of practice (SOP)
- implements changes in coordination with state and federal legislation
- gathers and analyzes data
- creates reports to monitor the state's progress on goals

Mission

- interpret and implement policy and procedures
- best meet the needs of the community
- strengthen society through prioritizing families

Vision

- focus on families, children, and vulnerable adults
- commit to families as partners in decision making
- be proactive, responsive, and accessible to all members of the community
- commit to innovation, continuous improvement, shared accountability and measurable outcomes
- community-focused and partnership-oriented

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- become recognized as the best human service delivery organization in the nation

Table 1: Protection & Permanency Branches

DPP Branches	
Adoption Services	Responsible for program oversight and planning in the area of adoption services with a primary focus on timely permanency planning and achievement for committed children in out of home care.
Out-of-Home Care (OOHC)	Focuses on children placed out of their home of origin and assisting the cabinet in achieving safety, permanency and well-being outcomes for children and families.
Child Protection (CPS)	Develops the Standards of Practice (SOP) state manual regarding child protective services intakes, investigations/assessments, and in-home ongoing cases based on United States Code, Kentucky Revised Statutes (KRS), and Kentucky Administrative Regulations (KAR). Provides policy-driven guidance to Central Intake and field staff.
Adult Protection (APS)	Supports state service regions providing adult protective and general adult services through case consultation, development of SOP and development of data systems. The branch is committed to keeping vulnerable adults safe in the least restrictive living arrangement.
Clinical Services	Provides both behavioral and medical health consultation for youth in the custody of the department, as well as administering the medically complex program.
Quality Assurance (QA)	Focuses on assessing child welfare practices, outcomes, and compliance using data and analysis to guide and change policies and practices- improving overall practices for casework staff and outcomes for families.

Division of Service Regions (DSR)

- Jefferson, Two Rivers, The Lakes, Cumberland, Salt River Trail, Northern Bluegrass, Southern Bluegrass, Northeastern, and Eastern Mountain service regions
- DSR Administrative Branches
    - Family Support Call Services, Central Intake, Case Review and Claims, Field Critical Response, Regional Permanency, Field Development and Support, Centralized Mailroom, Field Quality, and Safety and Facilities

Division of Prevention and Community Well-Being (DPCW)

- created in 2023 under the Family First Prevention Services Act (FFPSA) of 2018
- increase primary and secondary prevention efforts to lower the prevalence of child abuse and neglect
- opportunities to invest in expanded tertiary prevention services with increased federal support

Table 2: DPCW

DPCW Branches and Prevention Activities	
Primary Prevention Branch	Ensures families have access to information and support necessary for family well-being. The Primary Prevention Branch includes activities in alignment with primary prevention, such as awareness seeking within the scope of problems associated with child maltreatment. These activities include but are not limited to parent education, parent support groups, child abuse prevention awareness activities, a prevention hotline, and supports for navigating community resources.

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Community Response and Wellbeing Branch	Collaborates and enhances community-based partnerships to support families who may have risk factors for child maltreatment. The scope of work and responsibilities for the Community Response and Well-Being Branch include administering the collaboration of community response programs, administering a state plan for secondary prevention, and administering a plan for collaboration with other family service agencies and parents.
Prevention Evidence-Based Practice Branch	Provides a robust service array to prevent future maltreatment and entry into care. The scope of work and responsibilities for the Prevention Evidence-Based Practice (EBP) Branch include the administration of all FFPSA programming, Family First Preservation and Reunification Services (FFPRS), Kentucky Strengthening Ties and Empowering Parents (KSTEP), Sobriety Treatment and Recovery Teams (START), and prevention pilots, such as Intercept® and Multisystemic Therapy (MST) EBPs.

B. Legislative Updates

The 2025 Regular Session of the General Assembly convened on January 7, 2025, meeting for 30 legislative days. This legislative session divided into two blocks, January 7-10, and February 4-March 28 and did not require the passage of a fiscal budget. The General Assembly filed 1,441 pieces of legislation not including amendments.

DCBS reviewed and tracked over 40 pieces of legislation (directly or indirectly) affecting department programs and those served by the department. DCBS met with legislators and worked with community collaborators and partners during the legislative process. Passed legislation will become effective July 2025.

SB 26 strengthens protections for parents and prospective adoptive caregivers with disabilities, which prohibits denying adoption or child placement petitions solely based on an applicant's disability. SB 26 requires CHFS to consider whether adaptive or supportive services support the applicant's ability to provide care. Additionally, it bars courts from ordering involuntary termination of parental rights solely based on a parent's disability without first offering support services.

House Concurrent Resolution 20 (HCR 20) directs LRC to study access to Sexual Assault Nurse Examiners (SANEs) in emergency care settings. The study's goal is to identify geographic gaps in SANE coverage, assess barriers to SANE availability, and evaluate the distribution and employment of credentialed SANEs across hospitals. A comprehensive report, including policy recommendations is due to LRC committees for submission by December 1, 2025.

HB 242 amended KRS 620.050 to permit designated individuals and entities access to confidential child dependency, neglect, and abuse reports for bona fide research, quality improvement, or evaluation projects. HB 242 includes strict criteria for such data sharing, including requirements for data-use agreements, compliance with data security and privacy, and prohibitions on redisclosure of confidential information. Researchers must demonstrate a project's value, and CHFS retains discretion to decline data sharing if the project lacks sufficient merit or poses unacceptable risks to involved individuals.

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HB 164, known as Braylon's Law, allows courts to finalize adoptions posthumously if a child dies while placed with prospective adoptive parents, provided all legal requirements were met prior to the child's death. Braylon's Law ensures adoptive parents cannot receive inheritance or financial benefits from the posthumous adoption.

Other notable bills include HB 479 and SB 120. HB 479 states that DCBS will implement a one-hour dementia training and continuing education course for its employees. This training must include topics, such as identifying dementia symptoms, communication strategies, safety risks, and best practices for interacting with affected individuals. SB 120 mandates interscholastic athletics participation consent forms include information about child dependency, neglect, and abuse, and requires administrators and coaches to receive training on their mandatory reporting duties.

HB 695 introduced significant changes to Kentucky's Medicaid program. HB 695 mandates able-bodied adults without dependents (ABAWDS) ages 18-60 must meet work or community engagement requirements to maintain Medicaid eligibility. Additionally, HB 695 requires legislative approval for most administrative changes to Medicaid and reintroduces prior authorization requirements for specific behavioral health services.

Finally, HB 805 was introduced and incorporated into SB 181. The final version of SB 181 included various measures, many of which originated from House Bill 805. Key elements of SB 181 focused on educational safeguards and child welfare practices. Specifically, prior use of verbiage - "automatic" was removed, changing how multiple professional reports are filed and investigated within a 30- day period. The Cabinet must also publish a report on Relative and Fictive Kin Placements to LRC annually.

Additional summaries of the 2025 regular session and legislation is available through the Kentucky Legislative Research Commission's (LRCs) website at: https://apps.legislature.ky.gov/record/24rs/record.html.

C. Child Welfare Continuum and Ongoing Collaboration

The department vastly improved partner engagement during the development of the 2025-2029 CFSP, the Round 4 (R4) statewide assessment, and expects this to continue into the upcoming program improvement plan. The department collaborated with parents, children, foster parents, service providers, judicial partners, and community partners (CP).

The invitee list to the semiannual CFSP Partner Engagement Meeting (*formerly known as the CFSP Stakeholder Continuous Quality Improvement (CQI) group*) includes, but is not limited to department staff (frontline workers, supervisors, program staff, and leadership); the Administrative Office of the Courts (AOC); Department for Medicaid Services (DMS); Court Appointed Special Advocates (CASA); Division of Family Support (DFS); Prevent Child Abuse Kentucky (PCAK); the Department of Juvenile Justice (DJJ); the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID); Orphan Care Alliance (OCA); the Children's Alliance; Family Resource and Youth Service Centers (FRYSCs); parents; kinship caregivers; adoptive parents; foster parents; Children's Justice Act (CJA) representatives; various service providers including those receiving Community-Based Child Abuse Prevention

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Program (CBCAP) funding; university partners; Early Childhood Education; the Department for Public Health (DPH); and the Kentucky Department of Education (KDE).

The department continues to partner with the Kentucky Partnership for Families and Children (KPFC) to more deeply engage biological, foster, relative, fictive kin, and adoptive parents. Monthly meetings are held to introduce and acquaint new members to the CFSP Partner Engagement group in a smaller and less intimidating gathering. One department representative and one parent representative attend the meetings to answer questions. The department continues its work with the service regions, CPs, and lived experts for assistance with maintaining and expanding parental involvement. The department continues to pursue avenues for compensation for these group members for time spent sharing their expertise.

A successful feedback loop has been established with the representative attending both the Voices of the Commonwealth (VOC) meetings and the CFSP Partner Engagement Meeting (CFSP-PEM). The department works with the Chafee program administrator to assist with soliciting youth participation in the meetings. Youth who have participated in the past were selected from across the state and include youth from urban and rural areas, and placement backgrounds ranging from foster care, relative placement, and residential placements. VOC has been provided with the CFSP-PEM minutes, and discussions focus on questions and feedback. Discussion continues about how youth voices can be best involved in the CFSP process.

Although there are not federally, or state recognized Native American tribes in Kentucky. The department continues to attempt to engage the two tribal groups within the state, the Southern Cherokee and the Ridgetop Shawnee. The department continues to email the meeting agendas, invites, and meeting minutes prior to and following each partner meeting to the tribal contacts. The department continues to invite the tribal groups to engage virtually. Additionally, the department has reached out to the faith-based community with invitations to the CFSP-PEM.

The most recent CFSP-PEM took place in January 2025. These virtual meetings serve as a crucial platform for disseminating updates and generating input on CFSP goals, thereby ensuring stakeholders are engaged in the process of the five-year plan. The CFSP-PEM provides a forum to examine outcome data and contribute to the formulation of goals and initiatives.

Interagency data sharing is commonplace and essential for program improvement. Examples of specific CP involvement include**s** multidisciplinary team (MDT) meetings; regional and statewide interagency councils; PIP workgroup meetings; quarterly plan of safe care (POSC) meetings; long-term department planning; FFPSA meetings; quarterly private child-caring (PCC)/private child-placing (PCP) meetings; and CFSP-PEMs.

A formalized CQI feedback loop is the goal for the CFSP-PEM. The agency solicits feedback through conversations with the partners, as well as the annual survey of the group. Feedback is discussed internally and during the CFSP-PEM. The survey results, which do not identify respondents, are provided to all invitees, not just individuals who participated in the survey, by email. Those results are provided throughout the narrative used as supporting evidence of partnership and understanding of the CFSP goals and strategies.

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The Field Quality branch utilizes the Minutes and Issues Tracking System (MITS) to track CQI issues. MITS assists with establishing a baseline and monitoring goals related to all CQI related meetings, further facilitating bi-directional feedback loops. Leadership continues to discuss the best way to analyze and use the information collected department-wide (DPP, DSR, etc.). The MITS system is for internal use only and cannot be accessed by external partners to enter meeting minutes. Additional collaborative efforts between the department and stakeholders are outlined throughout the APSR and attached documents.

The State Inter-Agency Council (SIAC) for Services and Supports to Children and Transition-age Youth supports children and transition-age youth with or at risk of developing behavioral health needs**,** and their families. SIAC membership includes DBHDID, KDE, Council on Postsecondary Education, FRYSCs, AOC, DJJ, DMS, Vocational Rehabilitation, Kentucky Housing Corporation (KHC), Office for Children with Special Health Care Needs (OCSHCN), DPH, DCBS, Kentucky Special Parent Involvement Network (KY-SPIN), parents, youths, and faith-based representatives. SIAC meets monthly and covers a variety of topics including mental health promotion, truancy, suicide prevention, and sexual assault prevention.

Each of Kentucky's 18 regions have a regional inter-agency council (RIAC). RIAC meetings are held quarterly. Some of the goals accomplished by RIACs include:

- Communities coming together with school systems and partnering agencies to support and address truancy.
- Capacity-building partnerships with DPCW, local judges, county attorneys, and court liaisons, to address truancy concerns and decrease filings of educational neglect in Barren River Region
- Using the approach of reducing absenteeism by working with local physicians to eliminate unnecessary school excuses.

Collaboration with state courts and members of the legal and judicial communities

DCBS is currently piloting the Alternative Response (AR), which has been implemented in seven of the nine DCBS service regions. The Lakes and Southern Bluegrass are the two remaining service regions awaiting implementation of AR. The need for additional communication between DCBS and the courts on AR was identified in December 2024. An AR communications strategy meeting was held to develop a communication plan between DCBS and the courts. Additionally, Family and Juvenile Services (FJS) collaborated with DCBS to determine how truancy cases might integrate into AR. These discussions created a partnership opportunity between FAIR (Family Accountability, Intervention, and Response) teams and Community Response (CR). The purpose of CR is to refer families to services with the goal of strengthening the family to keep it intact for reports that do not meet criteria for a DCBS assessment.

Since implementation of the Children's Automated Tracking System (CATS)/TWIST interface, AOC staff and FJS have continued to collaborate with CHFS and TWIST staff to re-evaluate and work through issues that arise which impact the workflow for the interface. CATS houses all reviews conducted by the Kentucky Citizen Foster Care Review Board (CFCRB) as well as all children reviewed by the CFCRB. During the R4 statewide assessment process, paper submissions for IPRs were identified as an issue causing unintended blockage of data flow

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through the interface. The need for a child's biological parents and their contact information to auto-populate through the interface was identified. The issue was rectified by TWIST technical staff March 30, 2024.

AOC's Research and Statistics Department provides a monthly Children in Foster Care Report to family court judges and district court judges in non-family court jurisdictions. This report focuses on post-disposition review of dependency, neglect, and abuse cases of children in out-of-home care monitored by the Citizen Foster Care Review Board program. This monthly report includes children who do not have a future scheduled court event.

Table 3: AOC Activities

Type of Training	1st Quarter Activities (January 1, 2023-March 31, 2024)	2nd Quarter Activities (April 1, 2023- June 30, 2024)	3rd Quarter Activities (July 1, 2023-September 30, 2024)	4th Quarter Activities (October 1, 2023-December 31, 2024)
IPR reviews	4,258	3,948	4,134	4,413
Paper reviews	736	678	508	435
CFCRB trainings	4	12	10	4
Judicial Education Trainings	0	0	0	1
Family & Juvenile Justice Services Training of the Judiciary & other Legal Professionals	6	4	0	3
Cross Trainings	14	13	10	7

**Trainings are only counted once, even if they may be applicable in several categories*

D. Annual Progress and Services Report

The following narrative is the initial report out for the 2025-2029 CFSP. Kentucky celebrates the success of goals achieved thus far in the newest CFSP, developed in collaboration with the entities described above and throughout this narrative. Additional requirements from the program instructions and other activities and initiatives identified to improve outcomes for families and children are also covered.

The 2025-2029 CFSP Matrix with detailed tasks and annual updates on the agency's goals is available for review as *Attachment 4*.

1. Accomplishments Regarding Goal One

Improve CFSR safety outcomes 1 and 2 through enhanced engagement with families, children, community partners, and other partners by 2029.

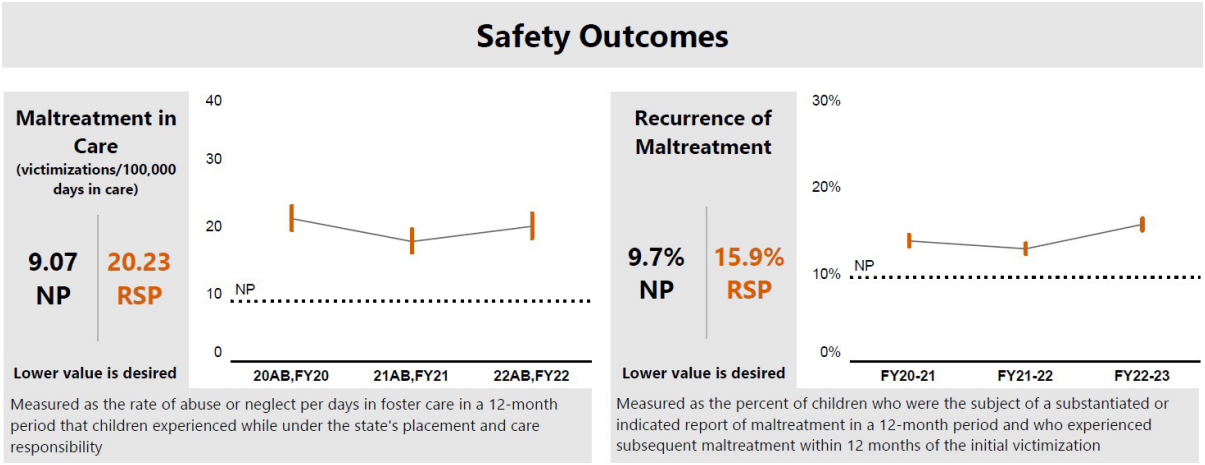
- Measurement for Goal 1 (G1) includes ratings for safety outcomes 1 and 2.
  (S1): Children are, first and foremost, protected from abuse and neglect
  (S2): Children are safely maintained in their homes whenever possible and appropriate

February 2025 CFSR R4 Data Profile shows deterioration in Kentucky's risk-standardized performance (RSP) for maltreatment in foster care over time, with the most recent score at

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20.23. Kentucky hopes to move closer to the national standard of 9.07 with CFSR PIP strategy implementation.

Figure 1: Safety Outcomes, Child and Family Services Review (CFSR 4) Data Profile, February 2025



G1 is monitored through OMS State Rating summary data for S1 and S2. S1 performance fell to 62.34%, for the October 1, 2023 – March 31, 2024 PUR start date. S2 data shows Kentucky has a rating of substantially achieved in only 54.44% of cases.

Strategy 1.1: Improve timeliness to and quality of initiation by each APSR submission.
Measurement: OMS state rating summary data for CFSR Item 1, the average time to investigation in hours as reported to NCANDS, and the percent of timely initiations for completed assessments.

E. CFSR Item 1

The baseline score for Item 1 for the October 1, 2022-March 31, 2023, PUR start date was 73.61%. The target for the 2025 APSR submission was 74.68% with an October 1, 2023-March 31, 2024, PUR start date score of 62.34%, indicating the state is performing below expectations.

F. Average time to investigation in hours (NCANDS)

The average time to investigation in hours for Federal Fiscal Year (FFY) 2024 rose to 263.3 hours indicating CFSP strategy 1.1 will be a target for improvement.

G. Percentage of completed assignments initiated timely

The baseline for timely initiations has not yet been set. The target percentage of completed assessments initiated timely for the April 2023-March 2024 PUR start date was 76.56% with an actual score of 62.34%.

Strategy 1.2: Improve timely completion and quality/thoroughness of investigations and ongoing safety and risk assessments by each APSR submission.
Measurement: percentage of investigations completed timely statewide and OMS state rating summary scores for CFSR Items 2 and 3.

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H. Percentage of investigations completed timely statewide

A baseline of 75.83% of investigations completed timely was established for April 2023-March 2024. The 2025 APSR submission goal for April 2023-March 2024 was 76.56% with an actual score of 69.11% indicating improvement is needed.

I. CFSR Item 2

The baseline score for Item 2 for the October 2022-March 2023 PUR start date was 54.90%. The target for the 2025 APSR submission was 56.00% with an October 2023-March 2024 PUR start date score of 61.82%, indicating the state is performing above expectations.

J. CFSR Item 3

The baseline score for Item 3 for the October 2022-March 2023 PUR start date was 49.44%. The target for the 2025 APSR submission was 50.44% with an October 2023-March 2024 PUR start date score of 56.11%, indicating the state is performing above expectations.

Results from the May 2025 CFSP Partner Engagement survey indicate that of the 27 question respondents, five respondents (18.5%) strongly agreed, and 16 (59.3%) agreed that Kentucky's child welfare agency is making the necessary progress to meet G1, Strategies 1 & 2. This measure has an overall 78.8% favorable rating from community partners (CPs).

Strategy 1.3: Educate community partners and other stakeholders on intake and investigative practices.
Measurement: percentage of reports received from CP that did not meet acceptance criteria.

The baseline number of CPS reports from April 2022-March 2023 was 110,698, which dropped to 97,490 for April 2023-March 2024. The baseline percentage of CPS reports that did not meet criteria (DNM) was 34.77% (38,491/110,698). The target percentage for April 2024-March 2025 was 33.81%. The actual percentage was 26.34% (25,681/97,490)**,** showing a better-than-expected drop.

Results from the May 2025 CFSP Partner Engagement survey indicate that of the 27 question respondents, five respondents (18.5%) strongly agreed, and 18 (67.7%) agreed that Kentucky's child welfare agency is making the necessary progress for G1, Strategy 1.3. This measure has an overall 85.2% favorable rating from CPs.

2. Accomplishments Regarding Goal Two

Improve CFSR permanency and wellbeing outcomes through enhanced engagement with families, children, community partners, and other partners by 2029.

Measurement for this goal includes ratings for permanency outcome 1, permanency outcome 2, wellbeing outcome 1, wellbeing outcome 2, and wellbeing outcome 3.

K. Permanency Outcome 1 (P1)

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Children have permanency and stability in their living situations

The baseline score for P1 during the October 2022-March 2023 PUR start date showed scores of substantially achieved in 23.61% of cases. October 2023-March 2024 PUR start date data shows substantially achieved in 16.67% of cases. Not only did the state drop below the baseline, but the updated score also fell below the 24.39% goal.

L. Permanency Outcome 2 (P2)

The continuity of family relationships is preserved for children

The baseline score for P2 during the October 2022-March 2023 PUR start date showed scores of substantially achieved in 91.55% of cases. Kentucky scored substantially achieved in 85.56% of cases for P2 during the October 2023-March 2024 PUR start date. Not only did the state drop below the baseline, but the updated score also fell below the 91.71% goal.

M. Wellbeing Outcome 1 (W1)

Families have enhanced capacity to provide for their children's needs

The baseline CFSP score for W1 during the October 2022-March 2023 PUR start date showed scores of substantially achieved in 48.89% of cases. Kentucky scored substantially achieved in 55.00% of cases for W1 during the October 2023-March 2024 PUR start date. Not only did the state exceed the baseline score, but the updated score also surpassed the goal of 49.90%.

N. Wellbeing Outcome 2 (W2)

Children receive appropriate services to meet their educational needs

The baseline CFSP score for W2 during the October 2022-March 2023 PUR start date showed scores of substantially achieved in 88.61% of cases. Kentucky scored substantially achieved in 91.84% of cases for W2 during the October 2023-March 2024 PUR start date. Not only did the state exceed the baseline score, but the updated score also surpassed the goal of 88.67%.

O. Wellbeing Outcome 3 (W3)

Children receive adequate services to meet their physical and mental health needs

The baseline CFSP score for W3 during the October 2022-March 2023 PUR start date showed scores of substantially achieved in 64.29% of cases. Kentucky scored substantially achieved in 68.35% of cases for W3 during the October 2023-March 2024 PUR start date. Not only did the state exceed the baseline score, but the updated score also surpassed the goal of 65.12%.

Strategy 2.1: Develop and implement a family team meeting revitalization campaign to improve case plan development and monitoring.
Measurement of this strategy includes OMS state rating summary scores for CFSR Items 12(A, B), and 13, as well as the percentage of in-home and OOHC cases with a case plan completed timely.

P. CFSR Item 12: Needs and Services of Child, Parents, and Foster Parents

The baseline score for Item 12 for the October 2022-March 2023 PUR start date was 54.44%. The target for the 2025 APSR submission was 55.41% with an October 2023-March 2024 PUR start date score of 62.22%, indicating the state is performing above projections.

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Q. CFSR Item 12A: Needs and Services of the Child

The baseline score for Item 12A for the October 2022-March 2023 PUR start date was 74.44%. The target for this submission was 75.02% with an October 2023-March 2024 PUR start date score of 79.44%, indicating the state is performing above projections.

R. CFSR Item 12B: Needs and Services of Parents

The baseline score for Item 12B for the October 1, 2022-March 31, 2023 PUR start date was 51.75%. The target for this submission was 52.74% with an October 2023-March 2024 PUR start date score of 58.21%, indicating the state is performing above projections.

S. CFSR Item 13: Child and Family Involvement in Case Planning

The baseline score for Item 13 for the October 2022-March 2023 PUR start date was 54.71%. The target for this submission was 55.75% with an October 2023-March 2024 PUR start date score of 62.21%, indicating the state is performing above projections.

T. Percentage of in-home and OOHC cases with a case plan completed timely

The baseline percentage of cases with a case plan completed timely for April 2024 was 85.79% (7,292/8,500). The target for this submission was 85.97% with an April 2025 score of 87.49% (7,706/8,808), indicating the state is performing below projections.

Results from the May 2025 CFSP Partner Engagement survey indicate that of the 27 question respondents, four respondents (14.8%) *strongly agreed*, and 11 (40.7%) *agreed* that Kentucky's child welfare agency could meet the goal for G2, Strategy 2.1. This measure has an overall 55.6% favorable rating from CPs.

Strategy 2.2: Improve the quality of caseworker visits with parents and children
Measurement of this strategy includes OMS state rating summary scores for Items 14 and 15, and the Title IV-B Monthly Caseworker Visits (MCV) percentage for the 2025 APSR submission.

U. CFSR Item 14: Caseworker Visits with Child

The baseline score for Item 14 for the October 2022-March 2023 PUR start date was 61.11%. The target for this submission was 62.0% with an October 2023-March 2024 PUR start date score of 66.67%, indicating the state is performing above projections.

V. CFSR Item 15: Caseworker Visits with Parents

The baseline score for Item 15 for the October 2022-March 2023 PUR start date was 39.57%. The target for this submission was 40.57% with an October 2023-March 2024 PUR start date score of 42.54%, indicating the state is performing above projections.

W. Title IV-B Monthly Caseworker Visits (MCV)

Kentucky's baseline score for MCV for FFY23 was 84.00%. The April 2023-March 2024 score was 87.80%. The target score for FFY24 was 88.05% and for April 2024-March 2025 was 88.30%. The actual percentages of visits made to children in OOHC on a monthly basis was

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89.81% for FFY24. Statistics for April 2024-March 2025 were not available at the time of submission, but will be added upon next submission.

Results from the May 2025 CFSP Partner Engagement survey indicate that of the 26 question respondents, nine respondents (34.6%) *strongly agreed*, and nine additional (34.6%) *agreed* that Kentucky's child welfare agency could meet the goal for G2, Strategy 2.2. This measure has an overall 69.2% favorable rating from CPs.

3. Accomplishments Regarding Goal Three

Improve engagement and communication with staff at all levels through enhanced consultation, first and second level case review processes, and tailored communication planning.

Measurement of this goal includes ratings from the annual agency Employee Engagement Survey.

Table 4: Goal Three Measurement

Data Indicator	Baseline		2026 APSR, 2025 Submission
Percent of respondents who agree that staff in their program are well trained in their job responsibilities.	**% of respondents who *Strongly Agree* and *Agree***		
	Actual	**62% 2023 survey**	**72% 2024 survey**
	Target		***62.87%***
Percent of respondents who agree their program operates with clear goals and objectives.	**Baseline will be developed from the 2024 Employee Engagement Survey.**		
	Actual		**TBD 2024 survey**
	Target		***TBD***
Percent of respondents who agree that mutual trust and cooperation among staff are strong.	% of respondents who *Strongly Agree* and *Agree*		
	Actual	**72% 2023 survey**	**81% 2024 survey**
	Target		***72.65%***

Source: Employee Engagement Survey, 2024

Strategy 3.2: Implement new first level case review process.
A measurement plan will be developed upon implementation of new first level case review process.

This strategy is still in the planning phase. Formula for second level case reviews will be developed once the Training Branch responsibilities are transferred over from EKU to DCBS.

Table 5: Second Level Reviews

Data Indicators		Baseline		2026 APSR, 2025 Submission	
Comparison of statewide outcome scores from second-level case reviews and KY CFSR reviews	Due to system and contract barriers, a baseline will be developed from the 2026 submission.				
	Safety Outcome 1 (S1)	2nd		2nd	*not yet available*
		OSRI		OSRI	62.34%
		AD		AD	-
				TD	-
	Safety	2nd		2nd	*not yet available*

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2nd = *Second-level case review* OSRI = *KY CFSR review* AD = *Actual Difference* TD = *Target Difference*	Outcome 2 (S2)	OSRI	[redacted]	OSRI	54.44%
		AD		AD	-
		[redacted]		TD	-
	Permanency Outcome 1 (P1)	2nd		2nd	*not yet available*
		OSRI		OSRI	16.67%
		AD		AD	-
		[redacted]		TD	-
	Permanency Outcome 2 (P2)	2nd		2nd	*not yet available*
		OSRI		OSRI	85.56%
		AD		AD	-
		[redacted]		TD	-
	Wellbeing Outcome 1 (W1)	2nd		2nd	*not yet available*
		OSRI		OSRI	55.00%
		AD		AD	-
		[redacted]		TD	-
	Wellbeing Outcome 2 (W2)	2nd		2nd	*not yet available*
		OSRI		OSRI	91.84%
		AD		AD	-
		[redacted]		TD	-
	Wellbeing Outcome 3 (W3)	2nd		2nd	*not yet available*
		OSRI		OSRI	68.35%
		AD		AD	-
		[redacted]		TD	-

Source: Second Level Reviews, KY CFSR Reviews

Strategy 3.3: In collaboration with the vendor selected through the Consultation Services Individual Project Request (IPR), improve case consultation processes for frontline staff.
Measurement for this goal includes ratings from the annual agency Employee Engagement Survey.

The cabinet plans to collaborate with a vendor to finalize a work plan to complete the scope of work within the IPR.

Table 6: Employee Supervision

Data Indicators	Baseline		2026 APSR, 2025 Submission
Percent of respondents who agree that they meet frequently with their supervisors about client needs and progress.	% of respondents who *Strongly Agree* and *Agree*		
	Actual	72% *2023 survey*	88% *2024 survey*
	Target	[redacted]	72.65%

Source: 2024 Employee Engagement Survey

Strategy 3.4: Develop and implement enhanced communication strategies for staff at all levels.
Measurement for this goal includes ratings from the annual agency Employee Engagement Survey.

Table 7: Agency Supports and Success

Data Indicators	**2026 APSR, 2025 Submission**	
Percent of respondents who agree that direct supervisors manage in a way that makes them feel as though they are contributing to the success of the division.	**88.4%** *2024 survey*	
Percent of respondents who agree that the agency supports them in staying current with professional knowledge.	**Actual**	**86.59%** *2024 survey*
	Target	*90.31%*

Source: 2024 Employee Engagement Survey

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Results from the May 2025 CFSP Partner Engagement survey indicate that of the 26 question respondents, five respondents (19.2%) *strongly agreed*, and ten additional (38.5%) *agreed* that Kentucky's child welfare agency could meet the goal for G3, Strategies 3.1, 3.2, 3.3, and 3.4. This measure has an overall 57.7% favorable rating from CPs.

4. Accomplishments Regarding Goal Four

Ensure education, support, and services are available to expand primary and secondary prevention to meet the needs and enhance the well-being of families and children in Kentucky.

Measurement of this goal includes the number and percentage of reports that met acceptance criteria.

For the period of April 2024-March 2025, 57,672 reports met criteria for investigation. This totaled 34.79% of intakes meeting acceptance criteria (from All CPS Response Intakes). The target percentage was 39.19%, therefore the agency fell short of the goal.

Strategy 4.1: Increase community partnerships with local governments, the courts, faith-based organizations, grassroots organizations, health centers, libraries, and public health to enhance community pathways to services for families and children.
Measurement of this strategy includes the attendance numbers at the Community Collaboration for Children (CCC) Regional Network by calendar year.

During the baseline period of CY23, there were 1,891 CCC Regional Network (RN) attendees. The goal for this submission, with a reporting period of CY24 was to expand to 1,928 attendees. The actual number of CCC Regional Network attendees was above the goal at 2,016.

Improved data capture in 2025 is expected to provide a more detailed picture of characteristics of attendees at RN meetings. This data collection allows for CQI efforts in all regions. Staff are providing ongoing technical support to regions to assist with meeting this goal. Following the 2024 Building Effective Parent and Practitioner Collaboration (BEPPC) initiative, efforts at enhancing parent leadership skills and working in unity with RN practitioners continue. The Family Resource Information, Education, and Network Development Service (FRIENDS) National Resource Center (NRC) continues to be a resource and provides guidance for achieving this goal. Beginning in 2025 regions are mentoring areas that do not have current parent involvement as an effort to assist with barriers. A training of trainers opportunity will be offered for parents in 2025. Kentucky's leadership continues to advocate and seek additional funding opportunities.

Strategy 4.2: Expand the counties served by Community Response by 50% by 2029.
Measurement of this strategy includes the number of counties with CR.

Community response is program designed to offer voluntary, community-based resources or services to a family when a report regarding a child under the age of 18 has been made to DCBS but *does not meet* acceptance criteria for a child maltreatment assessment. The

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purpose is to strengthen families, prevent family trauma, and reduce the need for future reports to DCBS by connecting families who may be at higher risk of CPS contact to community-based resources and supports.

In the screened-out report if there are indications that the family could utilize community support or assistance identified by Centralized Intake staff, the report is then sent to one of the three providers: The Brighton Center (Kenton, Campbell, and Boone counties), Gateway Children's Services (Montgomery, Clark, Bath, Powell, and Rowan counties) or the Family Resource Youth Service Center (Barren and Perry counties). The Community Provider reaches out to the family to offer free, voluntary, and family-centered support. Services are and intended to "plant the seed" of prevention to make families aware of services available within their own community. This strategy will be measured by the number of counties offering CR options. At baseline, there were ten counties (8.33%) operating with the Community Response framework. The goal for this submission was 11 counties (9.17%). The program is currently operational in a ten-county pilot project area.

Through the Community Response Program both Gateway and FRYSC providers have reached 982 families to offer support in connecting to community-based resources and supports. The providers have empowered at least 67 families to access community-based resources with the goal of keeping families together.

DCBS is collaborating with several partners on the Community Response program including Chapin Hall, Harvard Kennedy School/Governance Performance Lab (GPL), Foster America, and Think of Us. This collaboration is a part of the Opportunities for Transformation Initiative (OPT-IN). The top needs of families served by CR include housing assistance, mental health, and other concrete supports including financial assistance. There are currently no counties identified for program expansion as funding for additional sites continues to be a barrier.

Strategy 4.3: Advance prevention related education and training, and public education efforts from primary to post-secondary education partnerships.
Measurement of this strategy includes the number of counties with PEMs, the number of PEMs completed statewide (by family), and the percentage of cases diverted from DCBS involvement statewide (by family).

Collaboration with DPH is an ongoing effort by the Primary Prevention Branch. There is representation by primary prevention staff with public health on initiatives and workgroups including Family Thrive, Youth Cafes, and Parent Cafes. The Department of Education is represented at the Community Response advisory meetings. There have been several presentations provided to school staff and FRYSC regarding primary and secondary prevention efforts. There is also training provided by the DPCW for the yearly FRYSC conference. Prevention awareness, safety campaigns, and trainings are offered throughout the state with CBCAP funding. These are tracked within a state database.

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Table 8: Parent Engagement Meetings

Data Indicators	Baseline		2026 APSR, 2025 Submission		
Number of PEM counties served	County served: Jefferson, Barren, or rural counties				
	Jefferson	***Rural***	***Jefferson***	***Barren***	***Rural***
Actual	*1*	*17*	*1*	*1*	*20*
	2022-2023 school year		*2023-2024 school year*		
Target					*18*
Number of PEMs completed statewide, by family	# of families served				
	Jefferson	***Rural***	***Jefferson***	***Barren***	***Rural***
Actual	*406*	*786*	*240*	*21*	*414*
	2022-2023 school year		*2023-2024 school year*		
Target			*446*		*864*
% of cases diverted from DCBS involvement statewide, by family	% of families diverted from CPS				
	Jefferson	***Rural***	***Jefferson***	***Barren***	***Rural***
Actual	84%	87%	94%	92%	91%
	2022-2023 school year		*2023-2024 school year*		
Target			*85%*		*88%*

Source: Gentrack database

Results from the May 2025 CFSP Partner Engagement survey indicate that of the 27 question respondents, ten respondents (37%) strongly agreed, and 11 additional (40.7%) agreed that Kentucky's child welfare agency could meet the goal for G3, Strategies 3.1, 3.2, 3.3, and 3.4. This measure has an overall 77.8% favorable rating from CPs.

II. Update on CFSR Child and Family Outcomes

The following is an update to the 2025-2029 CFSP and was compiled utilizing TWIST data, KY CFSR case review data, Kentucky's CFSR 4 data profile, NCANDS, and AFCARS data. This assessment is intended to include additional updates and data not included within Section I.A-D of this narrative, to provide an update on all CFSR outcomes within the APSR.
In 2024, CB determined Kentucky's case review process met all criteria to conduct a state-led case review. Kentucky was approved and assigned a review period of October 1, 2024, to March 31, 2025. The state is aware that if a program improvement plan is required, additional case reviews may be required for measurement and reporting during such time period.

For more detailed information on CFSR outcomes, please refer to Kentucky's *CFSR Round 4 Statewide Assessment*.

X. Safety Outcome 1 (S1): Children are, first and foremost, protected from abuse and neglect

KY CFSR data (October 2023-March 2024 PUR start date) shows Kentucky had a substantially achieved rating in 62.34% of cases reviewed.

Y. CFSR Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

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Data in Table 9 shows Kentucky's RSP regarding the recurrence of maltreatment and re-entry into foster care based on Adoption and Foster Care Analysis and Reporting System (AFCARS) data as displayed in data profiles from 2020-2024.

Table 9: Recurrence of Maltreatment

Data Profile RSP	KY Scores February 2025
Recurrence of Maltreatment National performance: 9.7%↓ *Lower value desired*	FY 20-21: 15.0%
	FY: 21-22: 13.1%
	FY: 22-23: 15.9%

Source: Child and Family Services Review (R4) Data Profile

NCANDS data over the past several submissions indicate a similar trend, as demonstrated in *Table 10*, with most recent data showing that the average hours to initiation have increased to 263.60 hours. The department adopted new response times that increased the overall allotted time for initiation of reports with lower risk. Frontline staff now have 72 hours to initiate, rather than 48 hours, for low-risk reports. With the statewide expansion of alternative response Kentucky's initiation timeframe requirements have increased, allowing up to five business days for initiating these referrals.

Table 10: NCANDS Child File 2.2 Response Time

Response Time with Respect to the Initial Investigation or Assessment (WKARTIME)	**FFY 2024**
Average Time to Investigation in Hours	**263.60**

Source: NCANDS Child File Validation Workbook

Despite an increased maximum initiation timeframe of 72 hours, the department continues to see initiation hours far above the threshold. Kentucky continues to struggle with a single definition for when the 'clock' begins to calculate initiation.

Z. Safety Outcome 2 (S2): Children are safely maintained in their homes whenever possible and appropriate

The most recent KY CFSR data for the October 2023-March 2024 PUR start date shows a rating of substantially achieved in 47.22% of cases.

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

Current KY CFSR scores for Item 2 for October 2023-March 2024 PUR start date show a strength rating of 61.82%. Strategies to address this item will be included in Kentucky's CFSR PIP.

BB. CFSR Item 3: Risk and Safety Assessment and Management

Current KY CFSR scores for Item 3 for October 2023-March 2024 PUR start date show a strength rating of 56.11%. Strategies to address this item will be included in Kentucky's CFSR PIP.

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CC. Permanency Outcome 1 (P1): Children have permanency and stability in their living situations

The CB CFSR R4 February 2025 Data Profile shows better than national performance (35.2%) RSP scores for permanency in 12 months (entries) at 43.0%. For permanency in 12 months (24+ months), Kentucky has scored better than the national performance (37.3%) with the most recent RSP at 38.4%.

Kentucky continues to perform below than the national standard (43.8%) for permanency in 12 months (12-23 months) at an RSP of 38.3% (24A24B).

Table 11: Permanency RSP

RSP Permanency (12-23) Months	**21B 22A**	**22A 22B**	**22B 23A**	**23A 23B**	**23B 24A**	**24A 24B**
Permanency in 12 months (entries) National Performance: 35.2%▲	42.9%	43.5%	44.9%			
Permanency in 12 months (12-23 months) National Performance: 43.8% ▲	37.8%	38.4%	39.2%	37.0%	37.3%	38.3%
Permanency in 12 months (24+ months) National Performance: 37.3%▲	39.1%	39.2%	39.2%	38.5%	40.2%	42.6%

Source: Child and Family Services Review (CFSR 4) Data Profile, February 2025

Kentucky scored above national performance (5.6%) with re-entry into foster care, an item where lower scores are preferred. The most recent RSP was *DQ*%,* indicating performance was not calculated due to data quality issues beyond the DQ check.

Table 12: Re-entry RSP

RSP Re-entry to Foster Care	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B
Reentry to foster care National Performance: 5.6% ▼	8.5%	8.0%	6.8%	*DQ**	*DQ**	*DQ**

Source: Child and Family Services Review (CFSR 4) Data Profile, February 2025

DD. CFSR Item 4: Stability of Foster Care Placement

Current KY CFSR scores for the October 2023-March 2024 PUR start date shows a strength rating of 67.78%. Kentucky's CFSR R4 Data Profile from February, as indicated in Table 12, demonstrates that placement stability (moves/1,000 days in care) has hovered around national performance (4.48%) for some time. The most recent RSP shows Kentucky is performing better than the national performance at 4.27, as smaller scores are preferred.

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Table 13: Placement Stability RSP

	21B-23A	22A23B	22B24A	23A-24B	23B24A	24A24B
Placement stability (moves/1,000 days in care) National Performance: 4.48 ▼	4.16	4.45	4.22	4.45	4.29	4.27

Source: Child and Family Services Review (CFSR 4) Data Profile, February 2025

EE. CFSR Item 5: Permanency Goal for Child

Current KY CFSR scores for October 2023-March 2024 PUR start date shows a strength rating of 38.89% demonstrating a continued decrease for Item 5. Strategies to address this item will be included in Kentucky's CFSR PIP.

FF. CFSR Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Current KY CFSR scores for the October 1, 2023 – March 2024 PUR start date shows a strength rating in 31.11% of cases. Strategies to address this item will be included in Kentucky's CFSR PIP.

GG. Permanency Outcome 2 (P2): The continuity of family relationships and connections is preserved for children

Current KY CFSR data for October 2023-March 2024 PUR start date shows that Kentucky continues to make significant progress in P2, with a rating of substantially achieved in 85.56% of cases.

HH. CFSR Item 7: Placement with Siblings

Current KY CFSR scores for the October 2023-March 2024 PUR start date shows that Kentucky achieved a strength rating in 91.89% of cases.

II. CFSR Item 8: Visiting With Parents and Siblings in Foster Care

Current KY CFSR scores for October 2023-March 2024 PUR start date shows further improvement, with a strength rating of 72.09%. Strategies to address this item will be included in Kentucky's CFSR PIP.

JJ. CFSR Item 9: Preserving Connections

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 81.11%. Strategies to address this item will be included in Kentucky's CFSR PIP.

KK. CFSR Item 10: Relative Placement

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 90.48%.

LL. CFSR Item 11: Relationship of Child in Care with Parents

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 85.29%.

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MM. Well-Being Outcome 1 (W1): Families have enhanced capacity to provide for their children's needs

Current KY CFSR for the October 2023-March 2024 PUR start date shows that Kentucky has a rating of substantially achieved in 55.00% of cases.

NN. CFSR Item 12: Needs and Services of Child, Parents, and Foster Parents

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 81.11% (12A-79.44%, 12B-58.21%, and 12C-85.88%). Strategies to address this item will be included in Kentucky's CFSR PIP.

OO. CFSR Item 13: Child and Family Involvement in Case Planning

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 62.21%. Strategies to address this item will be included in Kentucky's CFSR PIP.

PP. CFSR Item 14: Caseworker Visits with Child

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 66.67%. Strategies to address this item will be included in Kentucky's CFSR PIP.

QQ. CFSR Item 15: Caseworker Visits with Parents

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 81.11%. Strategies to address this item will be included in Kentucky's CFSR PIP.

RR. Well-Being Outcome 2 (W2): Children receive appropriate services to meet their educational needs

Current KY CFSR scores for the October 2023-March 2024 PUR start date shows that Kentucky has a rating of substantially achieved in 91.84% of cases.

SS. CFSR Item 16: Educational Needs of the Child

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 91.84%.

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

Current KY CFSR scores for the October 2023-March 2024 PUR start date shows that Kentucky has a rating of substantially achieved in 68.35% of cases.

UU. CFSR Item 17: Physical Health of the Child

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 68.91%. Strategies to address this item will be included in Kentucky's CFSR PIP.

VV. CFSR Item 18: Mental/Behavioral Health of the Child

Current KY CFSR data for the October 2023-March 2024 PUR start date shows a strength rating of 84.80%. Strategies to address this item will be included in Kentucky's CFSR PIP.

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Table 15: CFSP-PEM Community Partner Survey 2025 Outcomes

Outcome	Question	# Respondents	# Strongly Agree	# Agree	Total Favorable Percentage
S1	*Children are first and foremost protected from abuse and neglect.*	26	12	9	**80.8%**
S2	*Children are safely maintained in their homes whenever possible and appropriate.*	26	5	12	**65.4%**
P1	*Children have permanency and stability in their living situations.*	26	14	4	**69.2%**
P2	*The continuity of family relationships is preserved for children.*	26	3	13	**61.5%**
W1	*Families have enhanced capacity to provide for their children's needs.*	26	4	15	**73.1%**
W2	*Children receive appropriate services to meet their educational needs.*	26	8	14	**84.6%**
W3	*Children receive adequate services to meet their physical and mental health needs.*	26	6	13	**73.1%**

Source: CFSP-PEM Community Partner Survey May 2025

III. Additional Reporting Requirements

WW. Child Abuse Prevention and Treatment Act

CAPTA Updates

- During the 2025 legislative session, the state did not have any significant changes to state laws or regulations that would affect the state's eligibility for the Child Abuse Prevention and Treatment Act (CAPTA) state grant.
- The state did not alter its use of CAPTA funds as described in its current CAPTA plan:
  - UK provides a multi-dimensional, comprehensive, proactive assessments of children and families identified by the department to more effectively negotiate and implement case plans with family and individual level objectives to address safety and permanency issues for children.
  - Partial funding of the pediatric forensic consultation contract with UofL for use in the investigative assessment of injuries in physical abuse cases
  - Ongoing training efforts
- The state CAPTA coordinator (State Liaison Officer) is Melanie Day and can be contacted by phone at 606-273-4201, by mail at 275 East Main Street 3E-A Frankfort, Kentucky 40621, or via email at melanie.day@ky.gov.
- The state's annual Citizen Review Panel report and agency response are attached (*Attachments 9 and 10*).

Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers

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The state requires health care providers to report children born affected by substance abuse to both state child welfare agency and DPH (KRS 620.030, KRS 214.160, SOP 2.3 Acceptance Criteria, and KRS 211.676). Reports are screened by the child welfare agency's central intake to determine if they meet criteria for abuse or neglect. If a report meets criteria for abuse or neglect, a child welfare worker investigates the report. If the case will be opened, the child welfare worker creates a case plan that will include a POSC for the infant. If the case will not be opened, the child welfare worker creates an aftercare plan that will include a POSC for the infant. The content of any plan will be determined by the case-specific risk assessment. Diagnosed cases of neonatal abstinence syndrome (NAS), as mandated by KRS 211.676, must also be reported to DPH, who publishes statistical data on an annual basis.

For cases active with child welfare, the prevention plan, case plan, or aftercare plan will become the POSC for the infant, although no changes to the forms themselves are necessary.

For CY24, there were 3,042 intakes that included an allegation of child and/or neglect, and substance affected infant. Of those intakes, 2,855 (93.85%) met acceptance criteria for investigation and 22 (0.72%) DNM. Of those screened in for an investigation, 781 (27.36%) resulted in a substantiated or services needed findings.

Of those with a substantiated or services needed findings, the ongoing case disposition was as follows:

Table 16: POSC Case Outcomes

Disposition	Frequency	Percent	Valid Percent	Cumulative Percent
Close Referral	79	10.12%	10.12%	10.12%
In-Home Ongoing Case	369	47.25%	47.25%	57.36%
OOHC Ongoing Case	319	40.85%	40.85%	98.21%
Service Referral	8	1.02%	1.02%	99.23%
Total	781	100	100	

Services for Children Under the Age of Five

The Community Collaboration for Children (CCC) program utilizes the Ages and Stages Questionnaire (ASQ-3) to establish developmental benchmarks of all children under the age of 5 served in-home. Once the evaluation is completed the parent/caregiver is given activities to assist the child in achieving deficient benchmarks or given possible community resources to assist the family. FPP, KSTEP, and START also serve the population of 0-5, in-home, addressing and assisting with any developmental needs.

Efforts to Track and Prevent Child Maltreatment Deaths

Reviews of fatality and near fatality cases indicate the leading cause of fatalities and near fatalities in substantiated cases continues to be accidental overdose/ingestion. The leading cause of death and near death in physical abuse cases is head injury/trauma. Department data shows that children ages four and under represent the largest number of near fatal and fatal incidents, including both neglect and physical abuse.

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The department will continue to work to incorporate efforts to address neglect by accidental overdose/ingestion by strategizing around preventative efforts. The department continues to utilize expert pediatric forensic guidance from the University of Louisville (UofL) to assess child abuse cases.

In the CY24, 290 cases met criteria for initial review under the System Safety Review Process. Of the cases presented to the multi-disciplinary team (MDT), 100 had features identified for further study, and 54 of those cases were selected for full review. Seven cases are pending presentation to the MDT. The full review process is time-consuming limiting the number of cases that can be assigned to each analyst and the number of cases that can be selected from one region at one time.

The data provided below is calculated using incomplete data. There are 159 F/NF cases pending finalization for CY24 recorded in the state database as of March 2025.

Table 17: Fatalities and Near Fatalities CY24

Leading cause of fatalities and near fatalities in neglect cases substantiated with a designation for CY24		**Leading cause of death and near death in physical abuse cases substantiated with a designation for CY24**	
Ingestion/Overdose	27	Head Injury/Trauma	7
Age group/s at greatest risk of death or near death (substantiated with designation) for CY24			
Less than 2 years	44	Less than 1 Year	8
2 years	3		
3 years	5		
4 -5 years	2		
Over 5 years	3		

DPH's most recent Child Fatality Review Annual Report is accessible at CFR Annual Report 2024.docx.

Information on Child Protective Service Workforce

In Kentucky, frontline staff do not experience differences in classification (job title), core curriculum training, or pay based on caseload type. Some frontline staff do carry entirely investigative caseloads; however, any worker could be tasked with an investigation since the agency's expectation and design is towards a generic workforce. The direct line of leadership supervising an individual position has the flexibility to task specific individuals or create teams of specific individuals who only do investigations for efficiency. However, there are regional and county situations where every worker is generic, or at least flexible, and carrying a mixed caseload of investigations and ongoing at any given time. Thus, the state's data system does not separate worker data based on specialty, since the system is designed to consider every position generic.

Education, qualifications, and training requirements established by the state for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions.

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Department personnel are organizationally aligned by their class title. A class title encompasses the duties**,** and the qualifications, education, and training requirements considered necessary to execute the duties successfully. For each class title, the duties and qualification requirements are described by the class specification. For all of state government in Kentucky, class titles and class specifications are established by the Personnel Cabinet in conjunction with the agency or agencies that uses the class title to deploy any part of its workforce.

Any applicant may theoretically enter the state's system at any classification, if he or she meets the minimum requirements as depicted on the class specification, is selected by the designated interview panel for that individual vacancy and is ultimately appointed by the state's appointing authority. Child protective services workers, (i.e., caseload carrying workers, regardless of whether they work as an investigator, an ongoing worker, or a generic worker) are classified under four distinct titles, which are separated based on the minimum requirements necessary to qualify under any title. Caseload-carrying workers and immediate supervisors are listed below and linked to their class specification information on the Kentucky Personnel Cabinet website.

- Social Service Worker I
- Social Service Worker II
- Social Service Clinician I
- Social Service Clinician II
- Family Services Office Supervisor

Regions have the flexibility to deploy their leadership team based on the strengths of the personnel in regional positions. In some areas, SRAAs and SRCAs supervise personnel and casework. In other areas, SRAAs may only supervise personnel while the SRCA is most often the line of authority for case decision-making. Ultimately, regional structures guarantee that there is an associate available, with the necessary education and experience to guide casework decisions. Regional positions that supervise cases are cited below in increasing order. These positions generally work under the next applicable grade level:

- Social Service Specialist (regional position)
- Service Region Administrator Associate;
- Service Region Clinical Associate
- Service Region Administrator

Additional positions, designed to perform a variety of clinical, direct service, or administrative functions—but who do not carry or supervise a caseload, are listed in increasing rows based on their level of responsibility within the agency:

- Social Service Specialist (central office position)
- Human Service Program Section Supervisor
- Human Service Program Branch Manager
- Assistant Director

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Class titles are represented in Table 19 as potential promotional paths for staff who may wish to promote upward, depending on their desire to supervise personnel and/or supervise cases. All classifications are listed directly under the entity that is responsible for their direct supervision.

Table 18: Job Titles and Pay Classification

Pay Class	Field Personnel and Supervision	Central Office Personnel and Supervision
19	Service Region Administrator	Assistant Director II
18	Service Region Administrator Associate	
	Service Region Clinical Associate	
17	Family Services Office Supervisor	Human Service Program Branch Manager
16	Social Service Specialist	Social Service Specialist
	Social Service Clinician II	Human Service Program Section Supervisor
15	Social Service Clinician I	
	Social Service Worker II	
14	Social Service Worker I	
**Leadership positions above a grade 19 are non-classified, i.e., appointed by the current administration.*		

Table 19: Workforce Demographics

Age Range	Workforce %	Supervisors %	Years of Service	Workforce %	Supervisors %
<21	0.20%	0.0%	0-5	69.4%	7.7%
21-30	34.8%	1.8%	6-10	16.8%	23.9%
31-40	27.4%	28.4%	11-15	4.4%	18.2%
41-50	21.9%	44.9%	16-20	3.9%	21.4%
50+	17.7%	24.9%	21+	5.5%	28.8%

**worker refers to staff classified as: Social Service Worker I, Social Service Worker II, Social Service Clinician I, or Social Service Clinician II*

Table 20: Foundations Training Courses Completed in CY24

Course	Staff Completed
Social Work Principles	336
Intake Process Systems	344
Medical Indicators	325
Assessment Skills and Policies, Parts 1 & 2	288
Case Management, Parts 1 & 2	286
Child Sexual Abuse	266

- 24 staff completed the P&P Leadership Training Series during CY24.
- 7,752.75 hours of training were scheduled during CY24
- 144,676 Hours of training credit were earned during CY24

Table 21: Workforce by Race

Race	Workers	Supervisors
White	83.5%	86.3%

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African American/Black	10.4%	10.5%
Not Specified	1.0%	0.4%
Hispanic	1.7%	0.4%
Other	1.3%	1.1%
Two or more races	1.2%	0.4%
Not Specified	1.0%	0.4%
Not Disclosed	0.5%	0.0%
Asian	0.2%	0.4%
Native Hawaiian/Pacific Islander	0.1%	0.0%
American Indian	0.2%	0.7%

Kentucky does not have codified requirements on caseloads, workloads, average number of cases, or maximum number of cases for CPS workers or supervisors.

The staff turnover rate for CY24 for Protection and Permanency was 24.2% statewide.

XX. Juvenile Justice Transfers

Juvenile justice transfers refer to the population of children who are transferred from the department's custody to the responsibility of the state juvenile justice agency, either placed in that agency's custody or through legal commitment. The department and DJJ have an informal agreement to share data on this population. Data sharing among agencies occurs in alignment with the federal AFCARS submission twice per year.

During CY24, 13 children under the care of Kentucky's child protection system were transferred into the custody of Kentucky's juvenile justice system, DJJ. Typical reasons for transfer include the receipt of a criminal conviction for crimes committed prior to or during their commitment to the child welfare agency.

IV. Program Coordination

5. John H. Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Vouchers

- Chafee and ETV services are provided on a statewide basis by 13 regional independent living specialists, two supportive living specialists, two section supervisors, the Chafee program administrator, and the National Youth in Transition Database (NYTD) program coordinator.
- The state agency contracts with Murray State University to coordinate regional Kentucky Resources for Independence Success and Empowerment (KYRISE)**.** In 2024, the contract provider also added a mentoring program for foster youth ages 14 -17 to their service array. This contract was moved to WKU effective July 1st, 2024.
- Kentucky has partnered with the Kentucky Community and Technical College (KCTCS) and UK to employ advisors and coaches for Chafee eligible students to promote college enrollment, retention and graduation.

Table 22: ETVs 2023-2025 School Years

	Total ETVs Awarded	Number of New ETVs
2023 - 2024 School Year (July 2023 -June 30, 2024)	227	55

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2024-2025 School Year* (July 2024 -June 30, 2025)	241	76
**In some cases, this might be an estimated number since the APSR is due on June 30 (the last day of the school year).*		

- In 2024, the state agency contracted with Sivic Solutions Consulting Group to facilitate a series of workgroups focused on improving outcomes of youth in extended foster care. The initiative also included a series of focus groups with current and former foster youth where the state agency garnered feedback on systemic changes that would promote their success**,** additional training needed for foster parents, social workers and private childcare providers.
- In 2025, the state agency plans to collaborate with foster youth, case workers, contract providers and community partners to formulate a plan to implement the recommendations and to utilize data.
- Kentucky uses the entire 30 percent of Chafee program funds allowed to provide room and board services to aged out youth ages 18.5 to 23. The state agency contracts with Community Action Council, a quasi-government agency, to provide hous**ing** vouchers and case management to eligible youth for up to 12 months through the Project Life Program.

6. Adoption and Legal Guardianship Incentive Payments

While Kentucky implemented a guardianship assistance program (GAP) in July 2024, no federal Adoption and Legal Guardianship Incentive Payments have been made. The Title IV-E plan for GAP has been submitted and revised based on feedback from the Children's Bureau. Kentucky expects an approved IV-E plan for GAP in the coming months. All payments made to families in this program have been state funded thus far.

7. Inter-Country Adoptions

- In 2024 there were ten foreign adoption certificates of registration processed.
- At present, Kentucky's SACWIS does not automatically track the number of children who enter foster care following a disruption of an international adoption.
- Zero youth fit this scenario in 2024**.**

8. Consultation and Coordination Between States and Tribes and Indian Child Welfare Act (ICWA)

Although there are not federally, or state recognized Native American tribes in Kentucky, the state's ICWA liaison consults with the Bureau of Indian Affairs (BIA) as needed for technical support and guidance. The department continues to attempt to engage the two tribal groups within the state, the Southern Cherokee and the Ridgetop Shawnee. The department continues to invite the tribal groups to engage virtually. KY ICWA Liaison also receives updates via listserv from the National Indian Child Welfare Association (NICWA).

Families of Native American descent are not often represented in the Kentucky child welfare system. Kentucky's Native American population remains at approximately 0.3% according to the most recent Census information. In CY24 there were five children placed in DCBS foster homes whose race/ethnicity was American Indian or Alaskan Native. Four of these children were in Relative or Fictive Kin placements with caretakers approved as foster parents.

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Benefits and services under Chafee and the ETV program are made available to Native American children on the same basis as to other children in the state. The few youths of Native American or Alaskan descent in OOHC are specifically tracked and targeted for appropriate services. Chafee program personnel maintain contact with youths' families, as well as representatives of community partner organizations involved with Native American or Alaskan families.

9. Quality Assurance

Kentucky has implemented Quality Assurance (QA) activities statewide across all jurisdictions including comprehensive case reviews, data collection and analysis, a robust CQI system, CP involvement, policy and practice consistency, feedback mechanisms, and focus on measurable outcomes. Measurable outcomes are contained throughout this APSR, and in *Attachment 4*.

Kentucky is proud to have successfully conducted a state-led review for round 4 of the CFSR. PIP development will begin once statewide assessment results are finalized and distributed. Round 4 case reviews ended March 31, 2025. In order to sustain the ability to conduct a state-led review process for future rounds of CFSRs and to inform ongoing CQI/QA processes, Kentucky will continue reviewing cases in between CFSR round 4 ending, and the beginning of development of PIP baseline. To ensure continued accuracy and consistency amongst KY CFSR case reviews, members of the QA Branch meet monthly with Children's Bureau to discuss case review narratives, ratings, strengths, focus areas, and overall discussions of the case review process. CB will continue providing secondary oversite to a percentage of case reviews on a monthly basis. All team members have received formal training through completion of the federal web-based training modules, manual and review instrument review, individual practice, and updated training.

QA Branch's case review team meets bi-weekly to discuss feedback from secondary oversight, information gathered from monthly meetings with the Children's Bureau, case review narratives and ratings to improve inter-rater reliability (IRR). All case review team members adhere to the Kentucky CFSR Process Manual for all case reviews. Case reviewers access the CFSR portal for resources during reviews to increase competencies and provide clarification.

Case Review System

Kentucky's CFSR case review team uses the federal Onsite Review Instrument (OSRI) to review 180 cases statewide in a six month cycle. Kentucky utilizes data collected from the OSRI as part of the state's ongoing QA/CQI process to analyze strengths and needs, and trends impacting performance. Specifically, Kentucky utilizes Review-Level Reports including the State Rating Summary and Item Rating Summary; Case-Level Reports, specifically the Item Rating Rationale Statements; and the Multi-Item Data Analysis Tool. QA Specialists then present data findings at monthly debrief meetings, held in each region twice a year. The debrief meeting provides a broad overview of trends and data identified during each region's most recent case reviews. A specialist from the QA Branch completes an in-depth review of the data and information identified through the OSRI, identifying

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both strengths and factors leading to ratings of areas needing improvement. Review data is then incorporated into existing CQI activities to ensure that findings and trends are reviewed at the local, regional, and state level and used to inform action planning. The partnership between the CQI specialists and QA reviewers provides additional infrastructure to support staff and build capacity to understand data, connection to everyday practice, and the role in improving outcomes for families and children through data informed decision-making. After data is presented at the debriefing, the CQI specialist leads their region in a deeper discussion and strategizing to create action planning. CQI specialist and the QA leads are responsible for disseminating and monitoring QA activities and action plans within their respective regions. QA lead duties include interfacing with their regional leadership and collaborating directly with the divisions' QA staff to facilitate practice improvement across the state. Monthly QA lead calls are held with the QA Branch hosting and leading these calls. The calls are utilized to implement and monitoring QA activities/initiatives across the state.

Comprehensive Child Welfare Information System

Kentucky's Comprehensive Child Welfare Information System (CCWIS), referred to as The Worker's Information System (TWIST), is used for case management and documentation of all casework activities related to child welfare and adult protective services in Kentucky. The cabinet has established policies and procedures regarding data quality and governance to which the CCWIS project adheres. The CCWIS project focuses on maintaining quality data through accuracy, timeliness, and completeness of data. When data quality issues are identified, DPP program and quality assurance staff, DCBS CQI team, and the TWIST project team work to determine the cause of the data quality concern and problem solve accordingly. For example, if issues are related to end user data entry, DPP program and quality assurance staff develop and disseminate memos or Did You Knows, suggest training, or meet with regional leadership to inform of concerns and opportunities for improvement. Data quality concerns identified through the CCWIS biennial data quality review is discussed within the data quality plan implementation team and assigned to the appropriate program area/IT staff to identify and implement solutions.

10. Training and Technical Assistance

The Eastern Kentucky University (EKU) Training Resource Center (TRC) will continue to provide comprehensive training and professional development for new and tenured protection and permanency staff through June 30, 2025**.**

- CY24 Training Worksheets are accessible at the following link: APSR_CY_2024.
- See *Attachment 7. Kentucky Training Plan, 2025 Update* for additional details for SFY26.
- See *Attachment 4. Kentucky 2026 APSR, 2025-2029 CFSP Matrix* for current TA provisions.

V. Title IV-E Review

Kentucky's next title IV-E review is scheduled for February 23-27, 2026.

VI. Budget Narrative

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11. Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I)

Title IV-B, subpart I funds are used to make foster care maintenance payments for children who enter OOHC as the result of department intervention, as well as to fund worker salaries.

12. MaryLee Allen Promoting Safe and Stable Families (PSSF) Title IV-B, Subpart II)

Family First requires that prevention services be provided utilizing the Evidence-Based Practices (EBPs) and trauma-informed services with a scientific rating of well-supported, supported and promising as outlined in the federal Title IV-E Prevention Services Clearinghouse and in Kentucky's federally approved five-year IV-E Prevention Plan.

- Motivational Interviewing (MI) was approved for use in all three categories on the Title IV-E Prevention Services Clearinghouse in CY24.
- Implementation of HFW occurred in CY24 and is delivered to families in the Jefferson, Cumberland, and Salt River Trail Service Regions. Families must have an open case with DCBS including an investigation that will be opened, or an existing case. The treatment length is nine to fourteen months.
- The program was implemented in August 2024; therefore, the data pool is smaller than most pilot programs.
- High-Fidelity Wraparound (HFW) is rated promising with the Title IV-E Prevention Services Clearinghouse and is being evaluated by Urban Institute for a higher rating.

Table 23: HFW Cases

Data Categories:	Totals:
Number of Referrals Received	48
Number of Families Accepted	42
Number of Families Services Complete	0
Total Number of Children in Home	94
Number of Children at Risk of Placement	76
Number of Children at Risk of Placement at Closure	0
Percent of Children in Home at Closure	100%

- The Intercept program is an integrated, intensive in-home parenting skills program.
- Intercept is appropriate for children ranging in age from birth to 17, with services lasting four to nine months.
- Family Intervention Specialists work with both the child and the caregivers to address issues impacting the stability of the family, meeting an average of three times weekly in the home or community, and providing 24-hour on-call crisis support.
- The Intercept intervention is provided to DCBS families in 8 of the 9 service regions in the state of Kentucky, with hopes to expand statewide by adding the Eastern Mountain Service Region.

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- During CY24, 357 families had referrals submitted for the Intercept intervention. Of those, 226 were accepted and began in-home services, while 177 families completed the service. The number of children at risk were 226.

Table 24: Intercept Cases CY24

Intercept Tracked Outcomes	Number Of Families
Number of Referrals Received	357
Number of Prevention Referrals Accepted	226
Number of Prevention Services Complete	177
Number of Children at Risk of Placement	226

- The pilot program Multi-systemic Therapy (MST) is described as an intensive in-home crisis intervention resource.
- The primary goal of the service is to support DCBS efforts to ensure safety, permanency, and well-being of children by preventing unnecessary placement of children in Out-Of-Home Care, as well as enhance protective and parental capacities of caregivers.
- MST aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12 to 17-year-old youth.
- The MST intervention is provided by three agencies throughout four of the nine Kentucky service regions.
- During CY24, 203 families that had referrals submitted for the MST intervention. Of those, 180 were accepted and began in home services. Of the 180 cases accepted, 94 completed the service and 25 of them moved to the next calendar year. The cases that did not complete services were because some moved out of the service region, children were removed from the home, the family no longer wished to participate, and DCBS closed the case.

Table 25: MST CY24

Tracked Outcomes	Number Of Families
Number of Referrals Received	203
Number of Families Accepted	180
Number of Families with Services Completed	94
Total Number of Children in Home	641
Number of Children at Risk of Placement	410
Number of Children at Risk of Placement at Closure	405
Percent of Children in Home at Closure	**99%**

Family Preservation and Reunification Services Program (FPRS)

Intensive, in-home crisis intervention resources using approved evidence-based practice models. The primary goal of the services is to support the Cabinet's efforts to ensure safety, permanency, and well-being of children by preventing unnecessary placement of children in OOHC, facilitate the safe and timely return home for a child or youth in placement, as well as enhance protective and parental capacities of caregivers.

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The estimated number of individuals and families to be served (the number of individuals and families to be served by service/activity with the total estimated funding indicated); the population(s) to be served (the population that has been targeted for the designated services); and the geographic areas where the services will be available is provided on the CFS-101 forms (Attachment B).

FPRS services are funded through multiple funding streams:

- State General Funds;
- Title IV-B Subpart 2 Funds (Promoting Safe & Stable Families);
- TANF funds; and
- Title IV-E funding

FPRS services are available statewide in all 120 Kentucky counties through contracts with non-profit agencies.

A percentage rate of 80% or more of children remaining in the home indicates that the services were successful. The table below indicates that up to 92% of children at risk were maintained in their homes at closure for both preservation and reunification services.

Beginning October 1, 2026, the federal reimbursement for title IV-E prevention will increase to the state's FMAP rate, which will be roughly 72% in Kentucky (based on the current FMAP rate). Similarly, Kentucky received a federal certainty grant, granted to former waiver demonstration states. The current amount of this grant is $3,003,300. This grant amount can be adjusted based on the state's title IV-E claiming, but it must be used by 9/30/2026. It can also be used to support implementation of Family First services.

Adoption Savings (section 473 (a)(8) of the Act)

Kentucky expects to provide the following services to children and families utilizing the adoption savings funds: post-adoption services, services for children at risk of foster care, and other title IV-B and IV-E allowable services. The department has reported adoption savings. In FFY 2023, the department spent $12,737,830, and since FFY 2015 has spent a total of $ $60,777,645. The department utilizes the Children's Bureau methodology for the adoption savings calculation.

Table 26: Family Preservation and Reunification Services (FPRS) continuum

FPRS	Risk Level/Duration and Service Intensity	Outcomes
Family Preservation Services (FPS) Referral Criteria: Moderate to imminent risk of removal of child from home.	***Moderate to Imminent risk cases*** **Duration and intensity:** 1-6 months for 3-10 direct hours per week. **Caseload:** 2 – 6 families at a time. **Age limit:** 0-17 years old.	**FPS Outcomes** 1768 of 2394 families completed services

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Family Reunification Services (FRS) Referral Criteria: A plan to return a child home from OOHC.	***Immediate to Moderate risk cases*** **Duration and Intensity:** Average 3-6 months interventions meeting 1x/week for 3-8 direct hours based on family needs. **Caseload:** Carry a caseload that adheres to the approved EBP model and best practice (not to exceed 24 planned direct service hours with families in each week) **Age l10imit:** 0-17 years old	**FRS Outcomes** 335 of 415 families completed services
FPRS - Total Number of Children Served	• FPS and FRS – Total Number of Children Served • 4630 of 4819 children remained safely in the home at closure (96%)	

Kentucky spent a total of $4,260,245.00 on Title IV-B subpart 2 funds in FFY23. Twenty-two and one half (22.5%) percent was allocated for Family Preservation, 22.3% for Family Support, 35.2% for Family Reunification, 9.1% for Adoption Promotion and Support Services, and 10% administrative costs. See Attachment 11, Part III for more information.

13. Title IV-B, subpart II, Kinship Navigator Funds

In the fall of 2024, in partnership with UK-training resource center (TRC), DCBS launched a new program, The Kinship Navigators. The Kinship Navigators are housed onsite in each of Kentucky's nine DCBS service regions. These Kinship Navigators work in accordance with DCBS regional staff, ensuring relative and fictive kin caregivers understand the financial differences between becoming a relative or fictive kin foster parent or accepting temporary custody.

Figure 2: KY-KINS

Total Referrals and Registrations: 475
Number of Self-Registrations: 59
New Connections to a Peer Supporter: 199
Total Kinship families served: 268

Figure 3: Referral Source

DCBS: 281
Community Organization: 50
FRYSCKY: 14
Family/Friend: 1
Other: 70

Figure 4: KR Referral Outcomes

- 416 Referrals
- Connected to a Peer Supporter: 157
- Declined Service: 61
- Did not respond to communication efforts regarding the program services: 119
- No longer providing Kinship Care: 14
- Choosing to become Foster Parents: 2 (*prior to July's kinship foster*)
- Did not complete registration requirements for enrollment in the program: 1
- Incorrect/Inappropriate Referral: 2
- Joined KIN VIP: 3
- Unresolved (still open) as of 12/31/2024: 38

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Figure 5: Kindred Roots CY24

Kindred Roots Program Statistics CY24			
Scott County: **8**	Madison County: **18**	Fayette County: **97**	
237 total children		**Total families served: 123** **48% increase in families served**	
47 completed the program (no voluntary or involuntary early discharge)		Average enrollment time: **7 months**	
74 families discharged		**89%** closed successfully in court	
Children's Ages			
0-3: **36%**	4-7: **24.2%**	8-12: **22%**	13 and up: **17.8%**
Case primarily opened due to			
Neglect: **59.4%**	Abuse: **36.6%**	Dependency: **4%**	
Case Closure			
42 closed with permanency	**20** closed with permanency to Kinship Caregiver	**22** closed as a reunification with Birth Parent(s)	
5: achieved goals/stabilized placement but not yet closed in court	**4**: involuntary discharge for noncompliance	**4**: voluntary discharge	

Table 27: Kinship Caregivers CY24

37% grandparents	**22%** aunts/uncles	**13%** fictive kin	**28%** other sibling, cousin, great aunt, great grandparent, relatives of bio parent's current partner who are *not* blood relatives of child

Figure 6: Kinship Placement Stability

Placement stability outcomes

- **97.50%** were stable at six months
- **97.25%** were stable at 12 months
- **9** additional families were reunified within six months of working with Kindred Roots
- Average family received referrals to five additional services including housing, food, therapy or medical services, substance abuse/parental/psychosocial evaluations, employment services, substance abuse treatment, tutoring/mentorship programs, and clothing resources.
- Most frequently contracted services were supervised visits and parenting education.

The state and local share spending for title IV-B subpart 2 programs for 2015, in comparison to the 1992 base year amount are as follows:

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FFY 2022 state/local expenditures	$ 3,327,599
1992 base year amount	$ 8,153,548

14. Monthly Caseworker Visit Standards

- Kentucky's performance on caseworker visits is monitored through management reports and is reported at the child and worker level.
- Compliance is monitored on an ongoing basis and is incorporated in the personnel evaluation process.
- As outlined in C5.7 SSW's Ongoing Contact with the Birth Family and Child - Standards of Practice Manual, it is the department's expectation that staff have a private, face-to-face visit with the child in their placement at least once every calendar month to assess progress toward case plan goals and objectives and adjustment to the OOHC placement.
- Staff may utilize the Caseworker Visit Template to ensure that discussions around the child's progress in placement, as well as information around the safety, permanency, and well-being are occurring.
- The department will utilize monthly caseworker visit funds to improve the quality of caseworker visits with an emphasis on improving caseworker decision making on safety, permanency, and well-being of children in OOHC and recruitment, retention, and training.
- Monthly caseworker grant funds provided by title IV-E program are not used to supplant other grants or state dollars.
- Each region continues to monitor and strategize for compliance with caseworker visit standards using CCWIS management reports.
- For FFY24, the state missed the 95 percent performance standard for caseworker visits by 5.2%. Because Kentucky scored below the federal threshold, the FFP rate for the title IV-B, subpart 1, Child Welfare Services program funding for FFY24 was reduced. See Fig. 7 for additional information**.**
- There are many activities anticipated within the next several years targeted at reducing the number of children entering OOHC, reducing caseloads, and improving employee retention—all of which may affect monthly caseworker visits with children.
- Kentucky is targeting efforts around increasing *quality* caseworker visits through improved engagement. See Attach. 4 for additional details.
- The department anticipates that through improved quality and engagement, frequency of visits will also increase.

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Figure 7: MCV Compliance

Kentucky's Monthly Caseworker Visits Period: FFY 2024 (10/01/2023-09/30/2024)	
Data Needed for Computation and Verification	
Aggregate number of children in the data reporting population for monthly caseworker visit data *(# of children that were in care for at least a full calendar month)*	**11,017**
Total number of monthly caseworker visits made to children in the reporting population. If multiple visits were made to a child during the calendar month, the state must count them as one monthly visit.	**76,896**
Total number of complete calendar months children in the reporting population spent in care.	**85,605**
Total number of monthly visits made to children in the reporting population that occurred in the child's residence.	**74,882**
Calculation of Percentages	
Percentage of visits made on a monthly basis by caseworkers to children in foster care	**89.8%**
Percentage of visits that occurred in the residence of the child	**97.4%**
** See Program Instruction ACYF-CB-PI-12-01 for detailed information on the reporting population for monthly caseworker visit data*	

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VII. Proposals for Re-Allocation of Funds

- See CFS-101 attachment for Chafee re-allocation fund proposal.
- FY25 Title IV-B, Subpart 2 Kinship Navigator Funding Request was submitted on June 2, 2025.

YY. Maintenance of Effort and Limitations

Table 28 outlines Kentucky's title IV-B, subpart I funds to be used for childcare, foster care maintenance payments, and adoption assistance payments during 2005. These numbers will be utilized for comparison purposes over the next five years.

Table 28: Title IV-B Subpart I Funds

Title IV-B Subpart I Purpose:	Fiscal Year 2005 Actual Expenditures
Child Care	$0.00
Foster Care Maintenance Payments	$1,052,124.00
Adoption Assistance Payments	$0.00

Kentucky spent $305,708 in title IV-B, subpart I non-federal funds as match for title IV-B foster care maintenance payments during fiscal year 2005.

Kentucky spent a total of $4,260,245.00 on Title IV-B subpart 2 funds in FFY23. Twenty-two and one half (22.5%) percent was allocated for Family Preservation, 22.3% for Family Support, 35.2% for Family Reunification, 9.1% for Adoption Promotion and Support Services, and 10% administrative costs.

The state and local share spending for title IV-B, subpart II programs for 2023, in comparison to the 1992 base year amount are as follows:

FY 2023 State/Local Expenditures	$ 3,327,599
1992 Base Year Amount	$ 8,153,548

Additional fiscal information may be found in the CFS-101s located in *Attachment 11*.

-END-