



Child and Family Services Reviews

Statewide Assessment Instrument



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

This page was intentionally left blank.

Table of Contents

Introduction.....	1
The CFSR Process.....	1
Integration of the CFSP/APSR and CFSR Statewide Assessment.....	2
The Statewide Assessment Instrument	2
Completing the Statewide Assessment	3
How the Statewide Assessment Is Used	3
Statewide Assessment Instrument.....	4
Section I: General Information.....	4
CFSR Review Period	4
State Agency Contact Person for the Statewide Assessment.....	4
Statewide Assessment Participants	6
Section II: Safety and Permanency Data.....	6
State Data Profile.....	6
Section III: Assessment of Child and Family Outcomes and Performance on National Standards	10
Instructions	10
A. Safety	10
B. Permanency	14
C. Well-Being	18
Section IV: Assessment of Systemic Factors	27
Instructions	29
A. Statewide Information System	29
B. Case Review System.....	30
C. Quality Assurance System.....	36
D. Staff and Provider Training	39
E. Service Array and Resource Development	43
F. Agency Responsiveness to the Community	45
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention	47

This page was intentionally left blank.

Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Cabinet for Health and Family Services, Department for Community Based Services, Division of Protection and Permanency

CFSR Review Period

CFSR Sample Period: 4/1/2015-9/30/2015

Period of AFCARS Data: 2014B and 2015A

Period of NCANDS Data: FFY 2014

Case Review Period Under Review (PUR): 4/1/2015-7/25/2016

State Agency Contact Person for the Statewide Assessment

Name: Gretchen Marshall

Title: Branch Manager, Quality Assurance and Policy Development

Address: 275 East Main Street, 3E-A, Frankfort KY 40621

Phone: 502-564-7635 Ext. 3587

Fax: 502-564-4653

E-mail: gretchen.marshall@ky.gov

Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Section II: Safety and Permanency Data

State Data Profile

CFSR 3 Data Profile-Submissions as of 08-19-15 (AFCARS) and 09-25-15 (NCANDS)

CFSR Statewide Data Indicator Performance & PIP Status	12 Month Period	Data Used	Observed Performance			Risk-Standardized Performance (RSP) & National Standard (NS)					Primary Indicator	
			Denominator	Numerator	Percentage or Rate	Lower RSP	RSP	Upper RSP	NS	Performance Related to NS	Baseline	Goal
Permanency in 12 months (entries)	12B13 A	12B- 15A	4,981	2,377	47.7%	44.0%	45.4%	46.7%	40.5%	Met		
Permanency in 12 months (12- 23 mos.)	14B15 A	14B- 15A	1,824	581	31.9%	30.5%	32.6%	34.7%	43.6%	Not met	31.9%	34.2%
Permanency in 12 months (24+mos.)	14B15 A	14B- 15A	1,796	588	32.7%	28.2%	30.0%	31.8%	30.3%	No dif		
Re-entry to care in 12 months	12B13 A	12B- 15A	2,371	218	9.2%	8.2%	9.3%	10.5%	8.3%	No dif		
Placement Stability	14B15 A	14B- 15A	728,301	3,137	4.31	3.92	4.06	4.21	4.12	No dif		
Maltreatment in foster care	14A14 B	14A, 14B, FY14	2,680,821	398	14.85	18.97	20.93	23.09	8.50	Not met	14.85	12.06

Recurrence of Maltreatment	FY13	FY13 FY14	16,982	1,029	6.1%	7.3%	7.7%	8.2%	9.1%	Met		
----------------------------	------	--------------	--------	-------	------	------	------	------	------	-----	--	--

AFCARS Data Quality Checks

	Limit	MFC	PERM	PS	6 month periods									
					10B	11A	11B	12A	12B	13A	13B	14A	14B	15A
AFCARS IDs do not match from one period to next	40%	✓	✓	✓	27.2	25.4	27.3	28.4	26.0	25.0	25.7	23.6	26..1	
Age at discharge greater than 21	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Age at entry is greater than 21	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Date of birth after date of entry	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Date of birth after date of exit	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dropped records	10%	✓	✓	✓	1.0	0.7	0.7	2.3	0.7	1.2	1.1	1.0	1.1	
Enters and exits the same day	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Exit date is prior to the removal date	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
In foster care more than 21 yrs	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing date of birth	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing date of latest removal	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing discharge reason (exit date	5%		✓		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

exists)														
Missing number of placement settings	5%			✓	0.4	0.3	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Percentage of child on 1 st removal	95%	✓	✓	✓	78.1	77.4	77.5	77.3	74.6	75.2	74.8	74.6	74.2	73.3

NCANDS Data Quality Checks

	Limit	MFC	RM	Fiscal Years						
				2011-12	2012-13	2013-14	2011	2012	2013	2014
Child IDs for victims match across years	1%		✓	0.0	4.1	4.2				
Child IDs for victims match across years, but DOB and sex do not match	5%		✓		0.8	1.4				
Missing age for victims	5%	✓	✓				0.0	0.0	0.0	0.1
Some victims should have AFCARS IDs in child file	1%	✓					100.0	100.0	100.0	100.0
Some	No	✓					Yes	Yes	Yes	Yes

victims with AFCARS IDs should match IDs in AFCARS files										
---	--	--	--	--	--	--	--	--	--	--

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

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

Timeliness of Investigation

Table 1

	2011	2012	2013	2014
VIII. Median Time to Investigation in Hours	<24	<24	<24	<24
IX. Mean Time to Investigation in Hours	48.0	58.7	53.9	86.0
Average Time to Investigation in Hours	48.5	47.5	53.6	82.9
Source: Data Profile				

The 2014 data indicates an increase in the mean and average time in hours when compared to prior years.

During the CFSR regional meetings, facilitated discussions revealed a wide misunderstanding of how initiation was calculated, and what documentation fields in TWIST were related to the reflected data. Participants acknowledged that the state does have standardized procedures and protocol related timeliness of Initiations. Also, workers receive initial training about the timeframes of acceptance and initiation of each referral, the SACWIS requires documentation related to the assignment and initial face to face contact with the victim, and each worker is evaluated on their ability to initiate investigations timely as part of their employee performance evaluations. Participants noted concern that the data does not reflect worker effort, specifically unsuccessful attempts to locate families are not credited in the data, and children can be difficult to locate if they are not in school due to their age or in summer months. Regional differences were also noted. Some regions noted that they limited their efforts to the business day, and did not make additional efforts until the next business day. Jefferson Service Region personnel stated that, due to the volume of the reports, if they were unable to locate a family, then they would move on to another report, and they may not make additional attempts on the first report until a later time—resulting in a late initiation for the first report. Jefferson personnel also described their region as being critically and habitually understaffed—which affects initiation times. Many of the Eastern Kentucky supervisors talked about how it is hard to initiate the high risk and on-call referrals within the hour time frame because of the regional geography. The staff stated that there are parts of their community that they are unable to get to within the one-hour timeframe. Additionally, when they can get to the home they do not have the immediate assistance of law enforcement, and may have to wait, even for hours, for law enforcement to reach them. Other aspects of being in a rural community also hinder the workers such as weather conditions, coal mine equipment on the road, and impassable roads.

The state has identified Safety Outcome 1 as an area needing improvement. As noted above, the average time to investigation in hours has increased at a very high rate from FFY 2013 to FFY 2014. Using regional and county level data, the state is strategizing to identify probable causes, as well as solutions for this drastic increase.

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

Recurrence and Reentry

Table 2-Round 2 Indicators

	2011	2012	2013	2014
Absence of Recurrence of Maltreatment⁷ [Standard: 94.6% or more] Source: State Data Profile	94.9	93.8	94.1	91.8
Measure C1-4 Reentries in less than 12 months Source: State Data Profile National median, 15.0%	FFY 2013ab	12 month period ending 3/31/2014		FFY 2014ab
	14.8%	14.3%		14.7%
Measure C1-4 Reentries in less than 12 months Source: Data in a Glance, State Report	Jan 2011	Jan 2012	Jan 2013	Jan 2014
	13.6	12.5	13.0	15.1

The state has demonstrated increased recurrence and reentries as indicated in Table 2. During the meetings the regional groups identified issues related to assessment and ongoing monitoring. With regard to assessment, participants acknowledged recent changes in the state's assessment tool, but identified an overall decrease in the quality of risk and safety assessment that may be due to inexperienced or undertrained workers in most regions. All the regional groups noted that turnover was occurring throughout the workforce, although it was noted as critical in both the Jefferson and Northern Bluegrass service regions. Turnover of staff also necessitates reassignment of a departing worker's cases, which increases burden for the remaining staff, and could have affected the quality of risk and safety assessments. With regard to monitoring, participants noted that cases overseen by an overburdened worker, or cases that experience serial case managers, do not receive quality monitoring. Also, some agency personnel referenced a worker habit of copying and pasting material from previous assessments into their own assessments—which can sometimes create confusing assessment content that is not pertinent to the current case circumstances.

All the participants were able to articulate the use of the available community resources, or state vendors to address identified risks. Representatives from various contracted vendors providing family preservation services noted that their services were often implemented during the investigation phase, and noted that as evidence of investigators initiating services early in their

Section IV: Assessment of Systemic Factors

interaction with the families, as opposed to waiting for an ongoing worker to take over the case following a transfer.

With regard to reentries, groups identified some specific state scenarios that they believe have affected reentries recently. For children reentering after relative placement, financial strain may contribute to youth who reenter. There is currently no state financial support system for relatives caring for children other than federal TANF benefits, and many families have struggled during the economic downturn. Participants stated that relatives are initially willing to take children out of the fear of them being placed in foster care, but as the placement duration lengthens, some relatives cannot cope financially and chose to rescind the placement. For children reentering after adoption and children reentering from relatives, participants stated that former foster youth have traumatic pasts. When those youths become teens, they sometimes present with more severe behaviors than in years past. Some caregivers are unable and often unwilling to meet the needs of a child that is suddenly more challenging. Some will not agree to take the child back even after the youth has received therapy and treatment for their behaviors. Participants also noted instances of foster parents discontinuing therapy or medication prematurely, and then the child destabilizes. For children who reenter following reunification, participants stated they monitor the family's progress and make recommendations to the court accordingly. Reentry at the case level is also ultimately at the judge's discretion, and though some reentries are related to new incidents of maltreatment, some are due to families failing to meet the requirements of the case plan or court orders.

Table 3-Round 3 Indicators

	FY13, FY14 Observed Performance
Recurrence of maltreatment Source: Round 3 Data Profile Nov 2015 National Standard: 9.1%	6.1%
	12B-15A Observed Performance
Re-Entry to care in 12 months Source: Round 3 Data Profile Nov 2015 National Standard: 8.3%	9.2%

Round 3 data regarding re-entry remains consistent with Round 2 in that the state's observed performance has remained within an acceptable range of the national standard. However, Round 3 data suggests that the state has improved and is considerably lower compared to the national standard concerning recurrence of maltreatment compared to Round 2 data.

Absence of Maltreatment in Foster Care

Table 4-Round 2 Indicators

Absence of Child Abuse and /or Neglect in Foster Care (12 months)8,B [Standard: 99.68% or more]	99.66	99.5	99.46	99.05
Source: State Data Profile				

The data suggests that the state has seen a slight increase in maltreatment in foster care, although the variance is small over time. During the meetings, participants generally felt that the majority of the foster home referrals of abuse and/or neglect come from homes that are affiliated with private child placing or child caring organizations (PCPs or PCCs). Participants stated that PCP foster homes are not trained in the same manner as the DCBS homes, and there are leniencies given to the PCP foster parents in obtaining the number of hours to become a foster parent. Regardless of the comments recorded at the regional assessment meetings, the state does not have supplementary data to suggest that children are maltreated more often in private placements than state resource homes. Additionally, the standards and trainings for public placements versus private placements have not continued on a divergent path over time. In 2015, the training regulations for public and private foster homes were integrated in a single regulation. Prior to that however, they were, in essence, only as different as they have always been which probably would not account for a change in the occurrence of maltreatment in foster care. However, anecdotally, the observation at the central office level is that the acuity of children placed in foster care has grown more severe over time. Also, the state has seen an increase in reporting of maltreatment in all categories, including maltreatment in foster care.

Table 5-Round 3 Indicators

	2014AB Observed Performance
Maltreatment in foster care Source: Round 3 Data Profile Nov 2015 National Standard: 8.50%	14.85%

In contrast to Round 2 data, Round 3 data shows maltreatment in foster care as an area in which the state will need to make improvements. Based on the Round 3 data profile, the state is currently at 14.85%. The suggested goal to reach is 12.06%. The state will need to continue to monitor maltreatment in foster care and strategize ways to meet the established goal.

Overall, Safety Outcome 2 is an area in need of improvement. While the state has maintained consistency in the area of re-entry and has shown improvements in recurrence of maltreatment, the state has shown a decrease in the absence of recurrence of maltreatment in foster care based on Round 2 and 3 data. The state will need to develop a plan aimed toward decreasing the rate of maltreatment in foster care.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

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

Table 6-Round 2 Indicators

	State Score & National Ranking			Performing above the standard?
	FFY 2013ab	12 Month Period Ending 03/31/2014 (13B14A)	FFY 2014ab	
Permanency Composite 1 (Timeliness and Permanency of Reunification) Source: Data Profile (round 2 indicators)	128.7 3 of 47	141.8 1 of 47	137.4 1 of 47	Yes
Permanency Composite 2 (Timeliness of Adoptions) Source: Data Profile (round 2 indicators)	128.7 3 of 47	141.8 1 of 47	137.4 1 of 47	Yes
Permanency Composite 3 (Permanency Following Extended Period in Foster Care) Source: Data Profile (round 2 indicators)	125.7 11 of 51	126.7 9 of 51	130.9 4 of 51	Yes
Permanency Composite 4 (Placement Stability) Source: Data Profile (round 2 indicators)	101.9 11 of 51	101.2 11 of 51	102.5 11 of 51	No

Timeliness to Permanency

The Round 2 data demonstrates timely permanency for children in foster care. Many regions articulated specific consult requirements for supervisors or regional specialists to help facilitate

timely termination decisions. There are appropriate agency protocols to support timely permanency court actions. The state judges are aware and generally work with the agency to execute timely permanency. Regional groups did identify some case features that can negatively impact permanency in some situations. Groups noted that when substance abuse was a case feature, the case typically required more time to achieve case plan goals and objectives. The participants also observed if the mother has a new baby during the open protection case, the court does not establish a new timeline separate from the first child, and the practice sometimes delays permanency for the first child. During regional meetings, staff participants noted that caseworkers are unclear about ASFA exemptions and what circumstances would permit them to ask for a waiver of efforts.

Table 7-Round 3 Indicators

	12B-13A Observed Performance	14B-15A Observed Performance
Permanency in 12 months (entries) Source: Round 3 Data Profile Nov 2015 National Standard: 40.5%	47.7%	
Permanency in 12 months (12-23 months) Source: Round 3 Data Profile Nov 2015 National Standard: 43.6%		31.9%
Permanency in 12 months (24+ months) Source: Round 3 Data Profile Nov 2015 National Standard: 30.3%		32.7%

Round 3 data shows that the state is doing well regarding permanency in entries and 24 months and over. However, the state did not meet the threshold for permanency for the 12-23 month group, missing the national standard by 11.7%.

Placement Stability

Table 8-Round 2 Indicators

Section IV: Assessment of Systemic Factors

POINT-IN-TIME PERMANENCY PROFILE Source: State Data Profile		Federal FY 2013ab		12-Month Period Ending 03/31/2014 (13B14A)		Federal FY 2014ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	
IV. Number of Placement Settings in Current Episode							
One	3,513	48.0	3,627	47.6	3,525	46.2	
Two	1,751	23.9	1,820	23.9	1,881	24.6	
Three	726	9.9	804	10.6	828	10.8	
Four	359	4.9	365	4.8	410	5.4	
Five	217	3.0	241	3.2	224	2.9	
Six or more	758	10.3	761	10.0	764	10.0	
Missing placement settings	0	0.0	0	0.0	0	0.0	

Table 8 shows the number of moves in the current removal episode for the children in DCBS custody. In FY 2014ab it is shows that 764 children had six or more placement moves. This number has remained consistent over multiple years of data. Teenagers (12 to < 18 years) in the state have the highest percentage of moves, and this age group represents those who are in DCBS custody the longest amount of time (Table 8.) During the regional CFSR meetings, a Jefferson County youth in DCBS care for 7 years stated that she had been moved more than 8 times that she could recall, and a second youth stated that she had moved 11 times since 2011. Both youth stated that some of the moves were because of their behaviors, but other moves were due to the inexperience of the foster parent. The youth stated that they would act out in hopes of being moved if they did not like the foster home or foster family within which they were placed.

Statewide assessment participants identified differences between private placements and state resource homes that may contribute to disruptions in private resources, where children are reportedly moved solely for behavioral issues if the resource parents are unable to manage the child's behavior. The department may be better able to prevent disruptions in state homes by providing additional services to offset caregiver stress. The private agency often notifies the

child's social worker that the child has been moved to a different home at the time the move is occurring or shortly after the move has happened—which does not permit the case manager to assist in problem solving around a potential disruption. Statewide assessment participants also noted that some regions have fewer respite homes, and without that resource, the agency is less able to intercede in disruptions in those areas.

Table 9-Round 3 Indicators

	2014B-2015A Observed Performance
Placement Stability Source: Round 3 Data Profile Nov 2015 National Standard: 4.12%	4.31%

Round 3 data indicates that the state is doing well regarding placement setting. The state's observed performance was a +.19% from the national standard.

The state rates Permanency Outcome 1 as an overall strength as evidenced by positive observed performance in both timeliness to permanency and placement stability. The state will, however, need to monitor the area of permanency in 12 months for children who have been in care 12-23 months and continue to develop solutions in order to increase this percentage.

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

The table below shows a snapshot of the state's CFSR data with case review data. Please note that any reference to case review data throughout the assessment is in reference to the data collected through the CQI CARES review process. A detailed description of the case review process is outlined under Item 25. Case review items had been crosswalked to CFSR items following the last state CFSR and PIP.

Table 10

	2003 CFSR	2008 CFSR	Data in a Glance: Case Review December 2014
Permanency 2: The continuity of family relationships and connections is preserved	71.4%	67.5%	78.6% N=413*
Item 12: Placement with siblings	84%	100%	80.7% N=122*
Item 13: Visiting with parents and siblings in foster care	60%	58%	72.0% N=174*
Item 14: Preserving Connections	75%	84%	89.7% N=260*
Item 15: Relative placement	79%	70%	77.3%

Section IV: Assessment of Systemic Factors

			N=185*
Item 16: Relationship of child in care with parents	60%	55%	83.5% N=408*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

Placement with Siblings

Available data suggests that the state agency typically makes appropriate efforts to place siblings together. Statewide assessment participants did not note barriers related to approaches by the court or private agency, and agreed that the priority for those working towards a successful placement did consider maintaining siblings in placement as a priority. Participants stated large sibling groups presented the greatest challenge, and a sibling group larger than 2-3 individuals was more difficult to keep together. Many foster parents already have their own children, or other foster children, and are simply unable to foster large sibling groups—particularly when it would require additional transports to visitations and/or service provider appointments. Regional discussion participants noted that workers continued to be focused on reunification of siblings, if separation was initially necessary. Staff continued to reevaluate siblings living arrangements to get the children back together through the life of the case; and work hard to make quality decisions about attachment related to siblings and foster parents at the point of TPR.

Visiting with Siblings in Foster Care

CFSR and case review data suggest that the state agency could improve its performance in the area of sibling visits. Participants acknowledged that sibling visits are widely understood to be a mandatory component of foster care cases. Regional discussions concluded that agency personnel were able to articulate the importance of sibling visits, even though they sometimes struggle to coordinate visitation schedules. Workers often delegate this task to the foster parents who then arrange for the siblings to visit with one another. The workers are also encouraging the foster parents to be more of a mentor to the biological parents and to supervise the visitation outside of the office when they are available to do so. The workers stated that, when it is appropriate to do this, they have seen positive outcomes in the long run. Workers have observed a relationship between biological parents and foster parents that continues after reunification, with foster parents even willing to provide respite or just continue contact with the child after the child's return home, and even after the case is closed. However, as the number of children in a sibling group increases, or the distance from visits to placement increases, or when the child has many appointments due to complex needs, it becomes more of a challenge to coordinate and execute sibling visits.

Visiting with Parents

CFSR and case review data suggest that the state agency could improve its performance in the area of parent/child visitation. Regional discussion participants acknowledged that there is a

collective understanding among the agencies and amongst state agency workers around the importance of parent/child visitation in family like settings, there is an additional reluctance that visits be unsupervised; in fact, most regional participants spoke only in regards to supervised visitation. This preference for supervised visits means that the state agency has to arrange for the supervision or provide it. Additionally, while neutral, family like settings are preferred, they are not widely available, since there were only 2-3 regions that are able to access visitation centers for supervised visitations, and even then, most parents cannot afford to pay the center's fees. Often times, the best compromise is the local office—particularly in rural areas. The most challenging arrangements were noted to involve children placed several hours away from their family. Parents cannot always go to the placement county to visit, and workers are unavailable with other case work tasks to transport the child to their visitation. Workers participating in the regional sessions say they often spend several days per month transporting children to and from their visitation and that the time spent transporting children could be used to perform other case related tasks. The more complex the case, with regard to the number of participants, distance and subsequent appointments, the more difficult it is to provide consistent, quality visits. It should also be noted that the individual burden on the caseworker has only increased while caseloads have not decreased. In every year, both federal and state lawmakers add requirements, and requirements are never eliminated. Modern casework has more data entry requirements than ever; more procedural requirements, more requirements for judicial review, more forms and signature requirements, and more types of cases are falling under the scope of the child welfare agency. Caseload burden has not equalized against the increase in requirements, and it may be that performance with regard to execution of this type of casework component will continue to decline as the burden in other areas of casework (with regard to data entry and procedural requirements) increases.

Preserving Connections

CFSR data and case review data suggest that the state agency continues to improve on this item. Regional discussion participants noted that there is an awareness of the need to place the child close to home when possible so that the child may maintain friendships, religious services or familiar activities. Participants also noted an awareness of the need to preserve the child's connections, and that there are supportive efforts in the Department of Education to keep the child in the same school when possible following a placement in foster care. Regional participants noted that workers did make efforts to assess the child's primary connections and make arrangements with foster parents to preserve those relationships or activities when feasible.

With social media outlets becoming more and more popular, the children and youth often maintain connections with their friends by contacting them through Facebook, Twitter, and other apps. The children can also communicate with extended family members who may be having face to face visits.

Relative Placement

CFSR and case review data suggest that the state agency could improve performance around the utilization of relative placements. A more detailed look at case review questions indicates that the state particularly struggles in the identification of paternal relatives.

Table 11

Item 10 (Case review item breakdowns were calculated from the case review dataset for each individual question based on the total number of cases where the question was identified as applicable by case reviewers over a 6 month period ending in December 2014.)	N=171*
Please answer the following regarding relative placements; maternal relatives were identified	84.4% N=186*
Please answer the following regarding relative placements: maternal relatives were assessed for placement	84.6% N=175*
Please answer the following regarding relative placements: If maternal relatives were not assessed for placement the reasons why not are clearly documented in contacts.	73.9% N=92*
Please answer the following regarding relative placements: paternal relatives were identified	69.7% N=165*
Please answer the following regarding relative placements: paternal relatives were assessed for placement	68.0% N=147*
Please answer the following regarding relative placements: If paternal relatives were not assessed for placement, the reasons why not are clearly documented in contacts.	62.1% N=87*
Please answer the following regarding relative placements: If a relative placement was found for the child, but was not utilized, do the service recordings clearly reflect a legitimate reason for not placing the child in that home?	87.3% N=63*
Relatives were assessed at every family team meeting / case planning conference	68.6% N=140*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

Regional discussion participants noted that the preference for relative placements over foster care is widely held, and the agency employs many tools to facilitate the location of relatives. There is a relative exploration form for use during the initial case planning conference, but that can be done at any point in the life of the case. Agency personnel can and do use Facebook to locate family members of their clients when none were provided by the biological parents in the beginning of the case. However, barriers do persist. Biological mothers are sometimes reluctant to provide any information on the father and his family due to not wanting the children to be placed with the paternal side. The workers stated when this occurs they look into other avenues of information such as child support cases and old food stamp records in hopes of locating information on the father. It is a significant barrier when paternity has not been established, since that initial step must occur for the court to recognize and authorize a relative placement.

Relationship of Child in Care with Parents

CFSR data suggests that the state agency does not do well on this item, although state case review scores indicate recent improvements. Regional discussion participants noted agency efforts to include parents, like ensuring that parents are invited to special events and also to the child's doctor visits. Regional participants also noted that foster parents are sometimes willing to mentor biological parents, but there are foster parents who are uncomfortable around biological parents and prefer not to have contact. The recruitment & certification staff stated that they have changed their trainings to include discussions about how their relationship with the biological parent can impact the child. Recruitment staff train that the positive interaction is integrated into visits. Staff noted anecdotal cases where the positive relationship made it more possible for biological parents to sign voluntary termination orders, since they were comfortable with the placement.

The state finds Permanency Outcome 2 as an area in need of improvement. The state is currently doing well regarding placement with siblings and preserving connections. However, for the items related to visits with siblings in foster care, visits with parents, relative placement, and relationship of child in care with parents, the state needs to strategize around these items to plan for improvement. It is encouraging that for the item related to the relationship of child in care with parents, case review scores have indicated improvements. It is evident from case reviews that the state is better at engaging and providing services to mothers than to fathers. As part of the current CFSP, the state has listed many tasks related to the engagement of fathers, which is inclusive of visitation and other items under Permanency Outcome 2.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

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

CFSR data suggests that the state has not been successful with this outcome, although state case review data suggests there has been some improvement on some items.

Table 12

	2003 CFSR	2008 CFSR	Data in a Glance: Case Review December 2014
Well Being 1 Families have enhanced capacity to provide for their children's needs	64%	45%	78.4% N=669*
Item 17 - Needs/services of child, parents and foster parents	68%	54%	82.2% N=669*
Item 18 - Child/family involvement in case planning	72%	54%	73.5% N=588*
Item 19- Worker visits with child	78%	71%	81.4% N=621*
Item 20 - Worker visits with parents	63%	42%	66.5% N=523*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

Needs/Services of Child, Parents and Foster Parents

CFSR data indicate the state was not previously successful in this item. Regional discussion participants discussed strategies for serving the child and for serving foster parents. Regional meetings collected information around the limitations of managed care organizations—some of whom are not helpful, and most of whom are not familiar enough with local resources to provide quality service connections for the child. Regional assessments meetings included discussion about foster parents, and that DCBS foster parents are typically quick to ask for help, but believe that private agencies are not forthcoming with that information, or their foster homes are not comfortable asking for assistance. The foster parents in many of the regions stated that they felt supported by DCBS staff, but they did struggle with contacting the child’s social worker. The foster parents stated that they have had the most problems out of the newer workers who are not able to manage all the tasks associated with their position. It should be noted, however, that none of the regional discussions produced content about the assessment of parental needs or the arrangement of appropriate services for parents. The lack of regional discussion suggests a lack of attentiveness to reasonable efforts to biological parents and would align with CFSR findings in 2008 which noted that the state does a better job serving children, foster parents than biological parents, particularly fathers. State case review data further highlights the differences with regard to services to fathers. (Table 13)

Table 13

State Case Review Data (Case review item breakdowns were calculated from the case review dataset for each individual question based on the total number of cases where the question was identified as applicable by case reviewers over a 6 month period ending in December 2014.)	Percent Score
53. Has information from progress reports, assessments, etc. from collaterals been incorporated into the assessment?	86.3% N=322*
54c. Family Developmental Stages	94.1% N=204**
54f. Child/Youth Development	89.5% N=209**
57a: Were services provided to the mother based on needs identified in the assessment?	78.9% N=658*
57b: Were services provided to the father based on needs identified in the assessment?	58.2% N=658*
57c: Were services provided to the child/children based on needs identified in the assessment?	94.5% N=658*
76. If there was a change in workers, is there evidence that services were uninterrupted and did not delay the family / permanency goals?	82.9% N=299*
96. Caretaker needs have been assessed to promote safety and stability for the child/ren in their current OOHC placement.	99.5% N=209*
118. Were supportive services provided to the caretaker to offset extra stress?	98.8% N=168*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

**Only Strongly Disagree, Disagree, Agree, and Strongly Agree responses are included in the N. N/A responses have been excluded.

Child and Family Involvement in Case Planning

CFSR and case review data suggest that the state does not consistently obtain the meaningful involvement of parents and children during case planning. State case review data specifically notes that fathers and children are less likely to be included than mothers.

Table 10

Item 18 (Case review item breakdowns were calculated from the case review dataset for each individual question based on the total number of cases where the question was identified as applicable by case reviewers over a 6 month period ending in December 2014.)	N=588*
Question 66. Were the following individuals actively involved in the case planning and decision-making process--meaning the individuals were consulted regarding the identification of strengths and needs, the identification of services and providers, establishing goals in case plans, evaluating progress toward goals, and discussing the case plan in case conferences and in contacts:	
66a. Mother	81.2% N=528*
66b. Father	60.7% N=461*
66c. Child(ren) age 7 or older, based on their capacity and development as appropriate	68.1% N=357*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

Regional participants concluded that workers are aware of the requirement to involve families and children in case planning. With regard to the inclusion of fathers, there are case features that impact the inclusion of fathers, including the presence of multiple fathers, incarcerated fathers, and fathers who were not previously involved with the child prior to removal are harder to engage than fathers who were previously involved prior to removal. Even when fathers were present in cases, workers generally sought out mothers more often than fathers when looking for input from the biological family; and compounding that was a tendency for some fathers to defer to mothers in conversations or decision-making related to children.

Caseworker Visits with the Child

CFSR data suggests the state is not consistently able to execute visits with children with sufficient frequency and quality. Regional meeting participants concluded that the state is typically successful at appropriately frequent and meaningful visits with children, and that case review data was indicative of improvements in this area. Agency personnel attributed this to the child being more easily located than adult case participants, particularly when in a placement. Anecdotally, participants at the regional meetings were able to cite multiple examples of observing good rapport between workers and children, and workers who were very familiar with the specific features and needs of the children's emotional, educational and physical well-being. Youth who participated during regional meetings typically reported good rapport with their workers; however, some youth reported that workers did not always return phone calls in a timely manner. Youth also reported having multiple case managers through the life of the case, and sometimes being unaware of the identity of their latest caseworker.

Caseworker Visits with Parents

CFSR data indicates that the state does not execute visits with parents that are sufficiently frequent or of sufficient quality. Case review data, when further examined, indicates that the agency is more likely to visits mothers with sufficient frequency and quality than fathers. (Table 14)

Table 14

Item 20 (Case review item breakdowns were calculated from the case review dataset for each individual question based on the total number of cases where the question was identified as applicable by case reviewers over a 6 month period ending in December 2014.)	N=523*
75a. Has the SW made home visits to the mother per SOP 7E3.3?	68.3% N=508*
75b. Does the documentation reflect that face to face contact with the mother was of sufficient quality to address key issues with the mother pertaining to the mother's needs, services, and case goals.	76.4% N=518*
75c. Has the SW made home visits to the father parent per SOP 7E3.3?	52.1% N=430*
75d. Does the documentation reflect that face to face contact with the father was of sufficient quality to address key issues with the father pertaining to the father's needs, services, and case goals.	59.3% N=437*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

Regional discussion participants agreed that the requirements for worker visits with parents are widely known and understood. Agency personnel indicate they struggle with all clients, since clients do not keep the same cell numbers, and are not always at the same place of employment. Clients are often transient, even homeless. Additionally, meeting with the adult members of the case often becomes convoluted when there are several different parties involved in the case. When there are multiple placements, and fathers and paramours, there is a potential to be obligated to speak with six to ten adults in a case, depending on the family dynamic, some of whom may also have a work schedule. Agency personnel state the requirement is not realistic, and agency personnel will sometimes prioritize a single adult in the case to make the monthly contact, and try to visit with the remaining adults at a later date.

The state recognizes Well Being 1 as an area in need of improvement. This is especially true in the area of providing services to parents, more specifically fathers. As part of the current CFSP, the state has listed many tasks related to the engagement of fathers, which is inclusive of providing services and caseworker visits with fathers. The state will need to continue to work toward improvement on the items under this outcome.

Well-Being Outcomes 2: Children receive appropriate services to meet their educational needs.

Table 15

	2003 CFSR	2008 CFSR	Data in a Glance: Case Review December 2014
Well-Being 2 Children receive services to meet their educational needs	95%	87%	81.7% N=621*
Item 21 - Educational needs of child (Case Review)	95%	87%	81.7% N=621*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

CFSR data and case review data suggest that the state is able to meet the educational needs of children. Regional discussion participants confirmed that school systems routinely transfer educational records timely for children entering placement, and agree local schools and child welfare personnel interact often with regard to case specific issues. Some regional groups noted that special education classes were less available in small, rural areas—particularly in Eastern Kentucky. Regional participants found that children in the custody of the state were much more likely to receive appropriate educational services than children served in in-home child welfare cases due to the lack of community resources. Foster parents in some groups indicated their belief that it was foster parent efforts, and not child welfare worker efforts that ensured the children’s educational needs were met. Foster parents noted that their working directly with the children on their assignment, and advocating directly with the school were the driving force behind any state success in this area.

School staff in some meetings stated that child welfare workers should be more responsive in facilitating the receipt of educational records from prior schools. The schools stated that they do not have a universal system in which they can see information about each child statewide, and the only thing that they can see are attendance and behavioral records from the previous schools.

Well-being 2 is currently a strength for the state, based on the available data and discussions during the regional meetings. It is evident that the state ensures that the children’s educational needs are met, whether this is attributable to the efforts of the workers or the foster parents.

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

Table 16

	2003 CFSR	2008 CFSR	Case Review Data in a Glance, December 2014
Well Being 3 Children's physical & mental health needs are served	76%	84%	78.0% N=621*
Item 22 - Physical health of child (Case Review)	88%	87%	76.6% N=621*
Item 23 - Mental health of child (Case Review)	81%	90%	81.7% N=621*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

CFSR data suggests that the state is generally successful with this item. Regional discussion participants indicated a belief that state case review data lagged the CFSR scores because of case review question that specifically referenced pieces of documentation in the case record. With regard to both physical health and mental health, discussion participants indicated that agency personnel did do good assessment and service matching for children, even though the case record documentation may be missing the appropriate forms or records to verify case specific activities. Participants once again asserted that children in foster care, who are automatically enrolled in Medicaid, are more likely to receive appropriate services when compared to children in their own homes who may not have insurance. Regional discussion participants did note a stronger complement of services to support physical health compared to mental health, particularly in rural areas. During regional discussions, there were comments that children served in private agencies were receiving sub-par mental health services, and that therapists associated with private agencies were not appropriately credentialed or trained to provide trauma informed interventions, and sometimes applied treatments that were not appropriate for the child.

The state finds Well-Being Outcome 3 as a strength. Case review scores shows that the state is doing well meeting the physical and mental health needs of children. However, as noted above, during the regional discussions, participants generally believed that the scores would be higher, if they were not based on compliance items, such as forms being present in the hard case file.

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

The Worker Information System (TWIST) is Kentucky's state automated child welfare information system (SACWIS.) Strengths include it's capacity to capture and report: referrals of maltreatment (including victim/s and perpetrator/s, issues of safety and determination on the referral), a child's demographic characteristics (including but not limited to: gender, age, race, etc.) a child's entry into and exit from out-of-home care, location, case plan goals, plans for services and permanency, court activities, Title IV-E determinations, contacts and ongoing case management activities including adoption activities (placement and finalized adoptions.) Evidence to demonstrate the system's capacity to capture these elements can be found through NCANDS and AFCARS submissions. No other data are available regarding the state's ability to capture this information or timeliness of data entry. In regards to case level data, the case review process does not have a procedure for examining data quality for each individual case. Central Office staff works with the TWIST team to resolve any issues that arise while preparing for data submissions such as NCANDS and AFCARS. Any issues identified are addressed in order to improve data quality.

Kentucky's ultimate goal continues to be a full replacement of TWIST with a modernized, web-based, Microsoft.NET platform. In 2014, the department updated and migrated to .NET the TWIST screens where workers enter information related to investigations, individual information, contacts, staff safety issues, and administrative activities.

Also, while the state continues to move to a web-based platform, agency personnel must utilize both the old platform for some case features and the new, web-based platform for others. Referrals of maltreatment, demographic information, plans for services and permanency, and contacts have been migrated to the .NET platform. The remaining elements continued to be located in the old platform. Agency personnel participating in the regional discussions voiced frustration with the two platforms, since the navigation is very different, and a user cannot switch easily between different case functions, even when in a single case.

Overall, the state assesses Item 10 as a continued strength. As evidenced by required NCANDS and AFCARS submissions, the state has the ability to collect and readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. It is also a strength that the state is moving to the .Net platform, as this will enhance the users experience and ability to complete data entry.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Section IV: Assessment of Systemic Factors

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Family case plans are required to include information around case demographics; case planning conference date and participants; objectives and tasks for parents, children, and caregivers, to include services provided/offered; visitation agreements (if applicable); information regarding absent parents; and information about the rights and responsibilities of the case parties.

Child/Youth case plans are required to include information around placement, permanency/attachment, physical/mental health, education, independent living, and other court orders. CFSR and case review data suggest that the state does not consistently obtain the meaningful involvement of parents during case planning. State case review data specifically notes that fathers are less likely to be included than mothers.

Table 17

Item 18 (Case review item breakdowns were calculated from the case review dataset for each individual question based on the total number of cases where the question was identified as applicable by case reviewers over a 6 month period ending in December 2014.)	N=588*
Question 66. Were the following individuals actively involved in the case planning and decision-making process--meaning the individuals were consulted regarding the identification of strengths and needs, the identification of services and providers, establishing goals in case plans, evaluating progress toward goals, and discussing the case plan in case conferences and in contacts:	
66a. Mother	81.2% N=528*
66b. Father	60.7% N=461*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

Regional participants concluded that workers are aware of the requirement to involve families and children in case planning. With regard to the inclusion of fathers, there are case features that impact the inclusion of fathers, including the presence of multiple fathers, incarcerated fathers, and fathers who were not previously involved with the child prior to removal are harder to engage than fathers who were previously involved prior to removal. Even when fathers were present in cases, workers generally sought out mothers more often than fathers when looking for input from the biological family; and compounding that was a tendency for some fathers to defer to mothers in conversations or decision-making related to children.

Overall, the state identifies Item 20 is an area in need of improvement. The state is aware that engagement and inclusion of mothers occurs more than with fathers. As part of the current CFSP, the state has listed many tasks related to the engagement of fathers, which is inclusive of case plan development.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

The periodic review occurs in conjunction with the development of the case plan, as referenced in Table 18 below, and is subject to the practices and barriers described under Item 20. State law and agency procedures require that a periodic review of the case plan occur every six months following the child's entry into out of home care, and a written case plan is developed every six months to coincide with the periodic review. For this item, a periodic review refers to the case planning conference, in which an objective third party is invited. Case planning conferences should include the worker/supervisor, case participants/family, and an objective third party. Case plans are a written component of the family's case based on the periodic review, and are entered and printed from the state SACWIS system. Therefore, a case plan would not be completed unless a periodic review has occurred. Printed copies of the case plan are placed in the hard copy case file, as well as provided to the family. The state does not have data regarding the dissemination of written or printed case plans to case participants. Data on the entry of periodic reviews and case plans (Table 18) is entered into the SACWIS and is required every six months from the time the child enters into out of home care. Written case plans printed from the SACWIS system are aligned with federal requirements.

Table 18

Statewide Timely Completion of Case Plans from TWS-M004S

	01/05/2014	06/05/2014	01/05/2015	6/6/2015
# of Cases (N)*	10,815	9,916	10,419	9,988
% of Cases With Case Plan Completed Timely	83.32%	83.90%	77.89%	83.82%
# of Cases With Case Plan Completed Timely	9011	8320	8115	8372

*# of Cases (N) criteria includes cases that are in the ongoing function (in home and out of home) and have been opened 75 days or longer. These data are only captured on the case level, not on the child level.

Based on the data presented in Table 18, Item 21 is assessed to be a strength. According to data from June 2015, the state was completing case plans timely almost 84% of the time. This

includes the completion of periodic reviews, as described above. This has been consistent, within 10%, over the previous months assessed.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

In prior CFSR reviews, the timeliness of permanency reviews was rated as a strength. However, based on the data presented in Table 19, it appears that annual permanency reviews are only being completed timely less than half of the time. The methodology currently used to calculate the timeliness of APRs is based the difference between the run date of the report and the most recent APR date. The department is concerned with the current calculation and staff's understanding of this calculation. Upon initial investigation it appears that all youth are being included in the calculation with no consideration for how long they have been in care. While including all youth regardless of how long they have been in care provides an accurate depiction of the percentage of youth in care that have had a timely APR, it is subject to misinterpretation since approximately 56 percent of youth in care at any given point-of-time have been in care less than a year and thereby would not require an APR. The department is currently working to revisit the calculation and determine whether to exclude youth that have been in care for less than a year and/or other potential modifications.

State law and child welfare agency protocol require annual permanency reviews. Hard copies of judicial orders reflecting the dates of the review are filed in the hard copy case record. There is a typical workflow between child welfare case managers who are expected to contact the court clerk to docket the case for court review in the anniversary month of the child's entrance into out of home care, unless the judge has previously scheduled the review. The court personnel (employed at the county or city level) manage the docket. The judge can modify their docket and issue a continuance or reschedule at their discretion. Continuances may vary, based on each individual court system. Following a completed judicial review, the case manager transmits the court review information to a children's benefits worker who enters the annual permanency review information in SACWIS. Court orders can be delayed in getting to the case manager which results in a delay in data entry. During the most recent IV-E PIP, the state child welfare agency and AOC developed judicial trainings on the timeliness of judicial reviews and judicial determinations. The state will continue to refine this process and work with the Administrative Office of the Court (AOC) to identify ways to improve this process, which is an objective to its CFSP for this item.

Table 19 Statewide Timely Completion of Annual Permanency Reviews (APRs) from TWS-W058

	06/08/2014	01/12/2015	06/07/2015
# of Children (N)*	7994	7896	8145
% Timely**	44.74%	45.29%	43.72%
# Timely**	3370	3313	3351

*# of Children (N) criteria includes the total number of children in out of home care at the time of the report.

**These data include all APR hearings.

The state finds Item 22 as an area in need of improvement. The state will need to partner with the courts, as well as with field staff to develop an approach to ensure that the APRs are being completed as required by state law and agency protocol. The state will also need to ensure that these data are being entered timely into the SACWIS.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

The state agency has clear procedural expectations for the timely filing of termination of parental rights; and once specific items were added to the CQI case review process, scores related to timely TPR and ASFA exceptions did rise; however, state scores have not continued to rise. Table 20 provides 2015 data around case review scores related to timely termination of parental rights. As stated in the CFSP, it is a concern that, the case review scores for Item 5 (which includes case review questions relevant to an analysis of Item 23, have plateaued. A review of the scores per case review question suggests that the scores on individual questions have plateaued far below a desirable threshold for those questions most relevant for Item 23. With the new .Net TWIST platform, elements for data collection have been added to collect data around timeliness and whether compelling reasons have been documented for an ASFA exemption. As this was only implemented in late 2015, there are no data available at this time. During regional discussions, participants pointed out several barriers to timely proceedings, some of which are related to court process and some are related to agency personnel. For example, if a second child is born to a parent with a child in out of home care, courts typically combine those cases, and timely TPR for the first child is delayed while the state continues to make reasonable efforts regarding the new baby. Regional participants also stated that, in cases where an ASFA exception should be documented, workers are not recognizing the criteria for an ASFA exception and are not documenting that in the case record. The state has lined out in [SOP 11.36 Involuntary Termination of Parental Rights \(TPR\)](#), the criteria for timely filing a termination of parental rights and criteria for an ASFA exemption is outlined, which includes:

G. Documentation of the reasons permitted under federal law for not initiating TPR when the child has been care for fifteen (15) of the last twenty-two (22) months, one of which must be met for an ASFA exemption:

- i. The child is being cared for by a relative; or
- ii. A compelling reason why filing for termination would not be in the best interest of the child; or
- iii. Failure to provide, consistent with the time period in the case plan, services deemed necessary for the safe return of the child to the home, when reasonable efforts are required (45 CFR 1356.21 (i)(2));

Table 20

Case Review Questions Related to Timely Termination of Parental Rights

Case review item breakdowns were calculated from the case review dataset for each individual question based on the total number of cases where the question was identified as applicable by case reviewers over a 6 month period ending in December 2014.	
111a. For those children who have been in OOHC 15 of the most recent 22 months: the termination petition was completed and filed timely per SOP.	53.9% N=89*
111b. If a termination petition was not filed, compelling reasons not to file were documented.	58.3% N=48*
111e. If appropriate, an ASFA exemption has been submitted.	65.1% N=43*

*Only Yes and No responses are included in the N. N/A responses have been excluded.

The state finds Item 23 as an area in need of improvement. It is anticipated that with the addition of data elements in the SACWIS to collect data regarding timeliness and whether compelling reasons have been documented for an ASFA exemption that these case review scores will rise. The state will need to work with the regions to ensure that staff are aware of state policies regarding ASFA exemptions in order to ensure that this are being completed timely.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

During regional discussions, agency personnel indicate they send letters, as instructed in the departments Standards of Practice, to all parties involved in the family court case to notify them

of any hearings, and once substitute caregivers are part of the hearings, the court provides the notifications. The state does not have data to determine how consistently this is occurring. Agency personnel also remind caregivers during visits about the court hearings, and for TPR hearings, the Cabinet Attorneys often send notice to all parties. The courts do not make foster parents official parties to a case; however, foster parents are invited by agency personnel to attend court hearings. Agency personnel did identify variability in some jurisdictions about whether or not caregivers are allowed to remain in the court room or offer information during the hearing. Agency personnel indicated that some judges disallow anyone but the biological parents into the courtroom.

During regional discussions foster parents consistently stated they were not invited to participate in periodic reviews/case planning sessions. Some foster parents acknowledged being invited, but only to the child's portion of the case. Agency personnel responded directly during these discussions to state that case plans are often completed during monthly visits with the family; and due to the lack of time and high turnover rate, they are forced to complete the plans in this fashion—particularly when clients are hard to locate.

Item 24 is an area in need of improvement. Although the state does not have data to support this assessment, based on the regional meetings it is concerning that not all caregivers are permitted in court hearings. It is also a concern that caregivers are not consistently invited to case planning conferences and that caregivers are not aware of their rights regarding hearings and case planning conferences.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

This item was previously evaluated as a strength during the state's last CFSR, and the factors contributing to that CFSR assessment are still in place. The state continues to use case reviews and SACWIS data to analyze agency activities. The state has the capacity to prepare a variety of reports on various features of caseworker efforts and case outcomes. Based on guidance provided in ACF IM 12-07, there are five features of a functional quality assurance system.

Section IV: Assessment of Systemic Factors

- **Foundational Structure:** Kentucky's CQI process is applied in all state jurisdictions consistently, and there is a single central authority over the process. There are consistent CQI standards and requirements for personnel. There are written standards describing assignment and review schedules. There are written scoring guides for each instrument describing the threshold for a positive review. Those scoring guides were written utilizing both state manual and CFSR reviewer guidance to establish a threshold for reviewer ratings. No part of the state's CQI process is contracted out.
- **Quality Data Collection:** The state collects both quantitative and qualitative data from a variety of sources. Case level data demonstrates that reviews are consistent with review instructions and consistent across reviewers. The state includes its own data, AFCARS assessment reviews, and its data profiles in reporting. Based on ACF feedback, the state acknowledges concerns about the data collection, specifically the lack of an audit mechanism and the lack of stakeholder interviews. Both features require intensive staff time and effort, which would be an entirely new investment on the state's part, during a time of increasingly limited state resources.
- **Case Record Review Data and Process:** The state's sampling and review schedule are designed to capture data that is sufficient to make statistical inferences about the populations served by the state. Kentucky has an established CQI process and a case review tool that is aligned with the CFSR tool. The CQI process is a two pronged approach, involving on-line case reviews and subsequent meetings to discuss case review data at the local, regional and central office levels. More importantly for targeted assessment, scores from the case reviews can be queried by CFSR item or specific area of case work. This provides for analysis at multiple levels, from the front-line team level, to the broader county level and to the broadest patterns of practice at the region and state level. The CQI – Case Automated Review Evaluation System (CQI-CARES) is used for entering case reviews. Each month, 4 cases per supervisor are randomly pulled from TWIST and assigned for supervisory review. At the supervisor level, case reviews are intended to be used in coaching and mentoring. Of these cases, 18 are reviewed at the regional level. The data from these reviews are used to assess regional trends to inform needed changes. The state is working toward implementing a 3rd level case review process to be completed by central office staff utilizing the CFSR tool and stakeholder interviews.
- **Analysis and Dissemination of Data:** The state does have the capacity to gather, organize and track information and results over time at the team, regional and state level. The state does have the ability to translate results for a broad range of stakeholders in reader friendly reports. There are reports available for internal and external distribution. Management reports were developed to be used internally to provide management with a tool to evaluate workers through completion of case related tasks. Regional CQI specialists compile, distribute and assist in interpreting management reports, lead and participate in CQI

quarterly meetings, facilitate in-depth analysis of progress and problem solving, identify barriers and solutions to achieving outcomes, develop action plans, and evaluate the effectiveness of programs and actions. Within each region, the department employs at least one continuous quality improvement (CQI) specialist to assist regional leadership in the receipt and management of statewide and region-specific data. The Information and Quality Improvement Section produce multiple targeted internal data publications to department personnel and providers.

- Fact Sheets - Fact sheets capture specific aspects of program service delivery including adult protective services, foster care, investigations, etc. Fact sheets are disseminated monthly, and are available to personnel. The fact sheets can also meet data requests from the public and legislators. System modifications to the SACWIS impacted data collection and the data that feeds the fact sheets. IQI, along with quality assurance staff and the SACWIS reports team, continues to redesign the CPS calls Factsheet and IQI continues to provide ongoing testing and data validation against comparable administrative data to reconcile and improve accuracy.
 - Data in a Glance (DIG) - Data are published quarterly based on information from SACWIS and the department's case review system. DIGs allow supervisors and leadership to use the data for coaching and the development of program improvements. DIGs allow for comparison of performance between regions and statewide in comparison to federal outcomes. DIGs are currently discontinued and are being modified due to changes in the case review process and the new CFSR measures/indicators.
- Feedback to Decision-Makers and Adjustment of Programs and Process: The state uses data as a component to drive change within the organization. Some partners have competing motivations that influence negotiations. It is an ongoing effort to ensure that leadership has the data and empirical evidence from its quality assurance mechanism to address external challenges and questions, and external priority setting. Some examples of how the data have been used to inform change include:
 - Nearly 60% of children with substantiated abuse and neglect had substance abuse as a risk factor with 80% of children in OOHC having risks due to parental substance abuse. Nearly 90% of children under age 3 years in OOHC originated from a case where substance abuse was an identified risk factor. These findings spurred the establishment of the Sobriety Treatment and Recovery Teams Program (START). The program targets families with co-occurring substance abuse and child maltreatment and is seeking to change the culture of service delivery for these families in target regions.
 - Children with multiple placement changes are correlated to more severe behavioral problems. Ongoing work to improve child stability and meet these behavioral challenges has led to the service delivery model for children in OOHC, and in the state's placement process.

The state finds Item 25 as a strength. As noted above, this item was previously evaluated as a strength during the state's last CFSR, and the factors contributing to that CFSR assessment are still in place. The state continues to utilize the CQI process to makes changes as necessary and continuously assesses effectiveness.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

The state has a formal established curriculum for pre-service training, and ongoing training requirements for all staff. Case management services are only provided by state employees. The state contracts with the Eastern Kentucky University to provide the required courses and to track training records in its training database, Training Records Information System (TRIS). Through TRIS, it can be determined what trainings staff has completed, and what elements of training are missing.

Specific information about personnel training rates is included below. The agency's core curriculum (courses 1 and 2) were implemented in 2001. Of the workforce hired in 2001 or later, the majority of both workers and supervisors have completed both courses 1 and 2 of the core curriculum. The department's "Course Catalog," staff development plans, and training worksheets are available at the following link: [Kentucky APSR Training Information CY 2014](#).

Table 21

Advanced P&P Supervisory Series Completion Rates for Supervisors, Calendar Year

2013	2014	2015
82	37	26

Table 22**Academy Completion Rates for Case Workers, Calendar Year**

Course Name	2013	2014	2015
Course 1*			
Course 2*	27		
Course 3*	41		
PP Academy (ESP)	300	276	373
PP Academy (Intro to KY Child Welfare Sys)	284	347	396
PP Academy (CSA)	263	162	330
PP Academy (Partnership)	259	358	380
# of Participants Who Completed at Least One Academy Training	362	467	567
# of Participants Who Completed the first training in the Academy	257	335	321

*Denotes courses that no longer exist and were replaced by the other courses listed in the table. These courses were no longer trained after 2013. The new format of training began in 2012.

Data from tables 21 and 22 reflects the number of staff (separated by supervisor and worker) who have completed the academy training for the last three calendar years. There has been an increase in new hires within the academy courses in the last several years. A new academy is offered each month, which is considered a new cohort of allotted thirty new hires per session. Some academy cohorts have been expanded each month to accommodate more than the thirty; and in some months the state has offered multiple academies to accommodate the increase of new hires. It should also be noted that the individuals represented here may not be currently employed with the state. Due to high turnover, many individuals complete training; however, do not remain employed in the years following.

In the regional discussions, participants noted that initial training was missing the “nuts and bolts” of casework. Most regions have developed their own trainings that take place in the field for new staff in addition to academy courses. Workers who participated in regional discussions compared the state’s initial training to college courses, and noted that they were too theory based to understand what is really expected of them. Those staff stated that the real way to learn what is required in their position is to shadow a worker who is doing the work. The staff stated that a new worker does not know how to engage a client in a way that addresses their concerns, they do not know how to file petitions with the courts, they cannot appropriately assess the family, nor can they grasp the workflow of how an investigation or ongoing case progresses.

Regional managers who participated in the regional discussions stated that they allow the workers to have a few cases while they are in training so that they are able to work with the family and have an understanding of what is occurring in the case when they have to complete their homework for the academy. These workers are not carrying a full caseload. Regional

management stated that the brand new workers are in training for such a long period of their probationary period that it is hard to determine if they should be permitted off probation. The regional staff stated that once the training is completed they typically have about a month of time to assess the abilities of the new worker through observation, followed by coaching and mentoring when needed. There were suggestions made that the state needed to extend the probationary period of time to be nine to twelve months to ensure that regional managers have adequate time to assess the suitability of a new hire.

Item 26 is assessed as a strength for the state. The state has a very intricate training program that is continuously evolving to ensure that staff are receiving the appropriate training to meet the needs of the populations served throughout the state.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

There are a variety of trainings available to existing personnel with specialized areas of interest. The department's "Course Catalog," staff development plan, and training worksheets are available via a link to [Kentucky APSR Training Information CY 2014](#). The state contracts with the Eastern Kentucky University to provide the required courses and to track training records in its training database, Training Records Information System (TRIS). Through TRIS, it can be determined what trainings staff has completed, and what elements of training are missing. Caseworkers, with their supervisor's consent, may register to take ongoing training based on office or individual caseworker need. There is not a standardized ongoing curriculum except that which is associated with specialties within the agency. For example, supervisors are

required to participate in an advanced course focusing on supervisory skills once promoted into that position. However, County and Regional leadership evaluate staff individually and direct staff to attend trainings as needed. When practice evolves and necessitates larger training initiatives, for example, the recently revised investigative assessment, the state arranges for large scale training of the staff impacted by the change. During retraining around the revised investigative assessment template, investigators and their management were required to register and participated through regionally based training sites. Depending on the need, central office leadership works with regional leadership to develop a plan for how a training initiative will be executed.

Item 27 is a strength for the state. The state has an established training curriculum, as well as a monitoring system to ensure that staff is being trained consistently.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

The state has established and implemented clear standards for both initial and ongoing foster parent training. The state has specific licensing standards that apply to all child care institutions, child placing agencies and approved foster homes. The department also appropriately utilizes cross-jurisdictional resources, and has dedicated procedures and personnel to oversee those activities. In 2015, the state also aligned training requirements for private and public foster homes under a single regulation with uniform curriculum. [922 KAR 1:495](#) outlines the initial and annual training requirements for each type of foster home. Attachment 1, Kentucky's Foster Home Training Requirements, also provides training requirements regarding each type of foster home. Public foster home training is monitored through the Training Resource Information System (TRIS). In addition, initial and ongoing training is monitored during the approval and yearly re-approval process. Training for private agency foster homes is monitored by the Office of the Inspector General (OIG) on an initial and

yearly ongoing basis. As the alignment of these training requirements just occurred within the last year, no data are available.

Regional discussions generally held that state resource homes receive appropriate initial and ongoing training. Some regional groups indicated a belief that private resource homes did not receive the same training, and were less prepared to interact with the state agency, and less prepared to assist the caseworker in meeting the child's needs. Though foster parents participating in the discussions did not self-identify gaps in their training, discussions around other CFSR items indicated a lack of clarity on the part of individual foster parents related to court process, or why they were restricted to attending a child's case conference as opposed to the parents'.

The state finds Item 28 as a strength. Overall, participants believe the initial and ongoing training needs for foster parents are being met. However, it does appear that more training around the court process and case planning could be implemented. The alignment of the training requirements for all foster homes is a strength.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

The state has a comprehensive assessment and referral system in place, however, recognizes that there are still gaps in services in the areas that affect our state the most: substance abuse, family violence, and mental health. There are many services that are available throughout the state that offer services related to prevention and permanency for children. A comprehensive listing of these services that includes funding sources and availability has been provided as Attachment 2, labeled Kentucky's Service Array Index 2016.

Medicaid Expansion

The federal Affordable Care Act expanded covered services under Medicaid, particularly for substance abuse, so families with eligible under Medicaid had the capacity to seek treatment under those rules. Following the Affordable Care Act, the agency received a Systems of Care Expansion grant through SAMSHA, which included Medicaid expansion as an element of the grant—which made more individuals eligible for covered services. However, a recent administration change may change how Medicaid is administered, and will likely roll back the state’s previous participation in expanded Medicaid.

It is a certainty that the state has families who are too poor to pay for services out of pocket, but who do not fall under Medicaid guidelines, for whom treatment services will be out of reach. It is also likely a certainty that some regions’ lack of treatment providers or transportation issues will remain a barrier for families regardless of their ability to pay for services.

Item 29 is assessed a strength. Although the state is aware of the current gaps, efforts are being made to address these gaps through the addition and expansion of services. The state will continue to work toward building the service array in order to address the current gaps.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

As noted above under item 29, the state has a comprehensive assessment and referral system in place, however, recognizes that there are still gaps in services in the areas that affect our state the most: substance abuse, family violence, and mental health. The state does not have data regarding individualizing services.

During regional discussions, participants generally noted that urban areas are more capable of providing culturally or developmentally appropriate services. In rural areas, there is a lack of appropriate interpreters who can be involved in the ongoing case activities. While the state contracts with translators who can translate a case plan, or even appear in court, the state does not have translators available to supervise visits or translate between a client and a county’s only mental health professional during ongoing sessions. These gaps can be seen statewide, however, the state does not have data regarding the different cultures, languages, etc. where

these gaps are seen the most. Regional participants also noted that some subgroups of children are less likely to receive appropriate support, autistic children were specifically cited, in rural areas due to the lack of providers available to participate in service delivery.

Contracted service providers are contracted for particular services. Most target the individual's needs, however, some provide services for the family, or both the individual and the family. Contract language indicates that the contracted services meet the specified needs (e.g., substance abuse, mental health, family violence or any combination of issues) for the targeted population. Those services may be tailored to the needs of the family/individual (certain therapies, models, community services that address the issue(s) and that are age appropriate).

The state finds Item 30 as a strength. The state contracts with providers who, when appropriate, tailor services to meet the needs of the diverse populations that the state serves. Another strength is that the state is aware of the areas in which gaps exist, which allows the state the opportunity to work toward improvements.

F. Agency Responsiveness to the Community

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

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Following the 2008 CFSR the state's responsiveness to the community was considered a strength. The state continues to utilize the practices that were identified as features of the state's efforts in 2008: surveys, special studies and a variety of collaborative activities with internal and external stakeholders. The state does use those same processes to inform the state's annual report, and the state ensures coordination of CFSP services with other federal programs. The state's child support and financial assistance programs are operated out of the same state cabinet. The Administrative Office of the Courts shares information regarding the state court improvement plan. Discussion specifically around engagement of stakeholders for the CFSP/APSR was not discussed during the regional meetings.

Despite its ongoing collaborative efforts, communication between the agencies is sometimes difficult to capture outside specific projects or issues, as previously discussed. Also, the federal requirement to share data in ongoing way, while not burdensome to the state, is burdensome to the stakeholder. The amount and complexity of data can be confusing and off-putting for stakeholders, and it requires an ongoing investment from stakeholders with regard to their time. Success, realistically, would have to include an ongoing effort to engage stakeholders meaningfully over time so that stakeholders are permitted time to “ramp up,” i.e. to establish the common language for the data, develop an understanding of the measures, and the practice that underpins success in the items. State agency leadership, in response to the need for a better way to convey its activities in regard to service array assessment and resolution of gaps, created a less formal stakeholder group to provide assistance in the development of the CFSP and to establish an ongoing place to capture that dialog. The CFSP Stakeholder CQI Group and its efforts to maintain an ongoing dialog has been added as a CFSP objective. This group consists of many agencies, including but not limited to: the Administrative Office of the Courts (AOC), Prevent Child Abuse Kentucky (PCAK), the Department of Juvenile Justice (DJJ), the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), the Children’s Alliance, Kentucky School Board Association, Kentucky Coalition Against Domestic Violence (KCADV), Head Start, and the Department for Public Health (DPH). This group is slated to meet at least twice a year, including during joint planning for the CFSP/APS. Due to turnover, these meetings have not been occurring as planned. A new staff member has been hired and has begun the reengagement process with this group.

Overall, the state finds Item 31 as a strength. Although improvements can always be made regarding communication, the state continues to work toward improved collaboration. The state will need to continue to work toward establishing the stakeholder CQI group in order to have a more efficient way of disseminating data to stakeholders, as well as collaboratively plan for the CFSP/APS.

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state’s services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state’s services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

The state’s child welfare agency is a department within the larger Cabinet for Health and Family Services. The Cabinet is the largest state agency in Kentucky and serves as the oversight agency for the majority of public human services programs. Other programs serving the child welfare population, including public financial assistance, child support, community based mental health, early childhood public health interventions, Medicaid, and child care assistance, are all managed from the Cabinet. Cabinet leadership conducts regular leadership meetings to ensure interface and coordination between the program areas. Through these leadership meetings,

each agency has the opportunity for planning and discussion around the coordination of services, as they are aware that the alignment of services is more efficient, as well as saves money. Program reporting for major and minor child welfare funding (Title IV-E, Title IV-B, CAPTA, CHAFEE, SSBG, and the CJA grant) are all reported from the Quality Assurance and Policy Development Branch within the department, and financial reporting from all programs is executed by the department's Division of Administrative and Fiscal Management.

Department leadership also communicates directly with leadership in the Department of Education, the Department for Juvenile Justice and the Administrative Office of the Courts to ensure coordination between those child welfare entities. The department and the Administrative Office of the Courts have coordinated their efforts as part of the ongoing court improvement project, during CFSR reviews and IV-E reviews.

Item 32 is assessed as a strength. As stated above, many of these services are housed within one Cabinet, which provides leadership with opportunities for planning and discussion regarding coordination. Furthermore, the state has the opportunity to directly communicate with other agencies to ensure coordination of services.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

The state has a single regulation governing background checks for foster parent applicants, regardless of whether or not the application originates with the state agency or a private, child-placing agency at [922 KAR 1:490-Background checks for foster and adoptive parents, caretaker relatives, kinship caregivers, and reporting requirements](#).

The state has a single training regulation, adopted on November 18, 2015, governing foster parent applicants regardless of whether or not the application originates with the state agency or a private, child-placing agency at [922 KAR 1:495-Training requirements for foster parents, adoptive parents, and respite care providers for children in the custody of the cabinet](#). Since foster parent applicants affiliated with private agencies are approved as therapeutic foster homes for children with higher levels of need, there are additional training requirements for those homes at [922 KAR 1:310-Standards for child-placing agencies](#).

Initial and ongoing evaluation of a public foster parent applicant is at [922 KAR 1:350](#). Initial and ongoing evaluation of a private foster parent applicant is at [922 KAR 1:310](#). Though seated in two separate regulations, the content is aligned with regard to the physical environment of an approved home and specific interviews and inquiries to take place during the initial evaluation and reevaluation.

In regards to state operated foster homes, the Recruitment and Certification (R&C) worker visits each foster home on at least a quarterly basis to assess certification requirements and provide support for the families. All foster/adoptive homes are required to complete an annual reevaluation prior to or during the anniversary month of original approval. A specific amount of training is required annually depending on the approval level of the home (Basic, Care Plus and Medically Complex). In addition, annual background checks must be completed on all adult household members and CAN checks on all children age 12 and older. Home environment checks are completed as well. There are no reports to track compliance. Compliance is monitored through the initial and yearly approval process by the Service Region Administrator or designee.

Similarly, for private foster homes and child caring agencies, the Office of the Inspector General staff completes an annual evaluation process to ensure that the home/agency remains in compliance. If the licensed facility/agency is cited for deficiencies they are required to submit an appropriate plan of correction to address the issue. A license is not reissued until the plan of correction is approved. The plan of correction identifies a response for citations that identifies 1) What occurred? 2) What did the home/agency do to correct the issue? 3) What action will they take to ensure it doesn't happen again in the future? Any errors to background checks are required to be corrected before the license can be issued; otherwise the agency can estimate a date of completion for the correction. If merited, a follow-up investigation may be completed to verify the citation has been fixed.

Item 33 is assessed as a strength. Regulation and statute are clear regarding the application of standards for all foster homes and child caring facilities. Both the state and OIG work diligently to ensure that foster home and facilities are monitored according to regulation and to address any issues that may arise.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

Both public and private foster homes are subject to initial and annual background checks. Background checks can take up to one month to be completed, however, are usually completed within three weeks. The state does not have data related to background checks. Kentucky's policy for foster parent and relative caregiver background checks is provided in regulation at 922 KAR 1:490. Requirements cited in the regulation were specifically written to align with the requirements of the Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248.

Regional discussions concluded without the identification of concerns related to the background check process. Agency personnel indicate that foster parent applicants either have an appropriate background or they do not; and if not, they are not approved. In situations where an adult member in a state foster home does not have an annual background check completed timely, the foster home is placed on a hold and closed to any new intakes (no additional children can be placed in the home) until all requirements are fulfilled. A corrective action plan is developed with the family outlining the steps to bring the home into compliance and the timeframe. Once the deficiencies have been addressed, a letter is sent to the family informing that the home is no longer on hold. The home is then opened to intake and additional placements may be made. For private agency foster homes, if the licensed facility/agency is cited for deficiencies they are required to submit an appropriate plan of correction to address the issue. A license is not reissued until the plan of correction is approved. The plan of correction identifies a response for citations that identifies 1) What occurred? 2) What did the PCC do to correct the issue? 3) What action will they take to ensure it doesn't happen again in the future? Any errors to background checks are required to be corrected before the license can be issued; otherwise the private agency can estimate a date of completion for the correction. If merited, a follow-up investigation may be completed to verify the citation has been fixed. At no point in the process is their license revoked, otherwise the state would be required to move all children out of placement.

Agency personnel stated that they prospective foster parents aware at initial application that a background is a required part of the approval process, and individual applicants typically understand that the component is required. Most applicants do not continue in the training after they have been made aware that their background check will prevent them from becoming approved. Agency personnel acknowledge that they do annual background checks, and do follow regulation and procedures to address or close homes if necessary. Once completed, hardcopies are placed in the foster home's case file. This is reviewed during determination of IV-E eligibility, as well as IV-E audits.

In addition to the above, case workers are required to assess for the ongoing safety of children placed in foster and adoptive homes. Each child has an assigned case worker, who is required to visit the child in the home monthly. Likewise, each foster home has an assigned Recruitment and Certification (R&C) worker who is required to make face to face contact in the home at least quarterly, but more frequently if needed. Moreover, during each periodic review and case plan, workers are required to formally evaluate the safety and appropriateness of the current placement.

Item 34 is assessed as a strength. The state has a well-developed process for ensuring the completion of the required criminal background checks for all foster parents. All of which is governed by state regulations, as well as state policy.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

The department engages in ongoing diligent recruitment activities at state and local levels, for both foster/adoptive parents, and also child-specific recruitment activities. At the state level, the department can produce a diligent recruitment report to assist regions in the identification of areas of need. The report reflects the number of children in care, their age, and race, whether they are part of a sibling group and if there are compatible foster placements available to meet their needs. The report is dispersed monthly to field staff and used to assess available resources in the community to meet the needs of children being placed in out of home care. The county level staff then uses the data to plan for local and regional recruitment events and to target specific populations to meet the needs of children in care. Table 23 illustrates the OOHC and Foster Home population and characteristics for the beginning of 2014, while Table 24 illustrates the OOHC and Foster Home population and characteristics for the end of 2014. Accomplishments are reflected in the percentage of need being met for homes accepting one sibling group and 2 children (114.27%). The recruitment challenges and areas of need continue to be in the categories of homes for Hispanic children (16.86%), homes with African American parents (88.55%; down from 97.95% in December 2013) and more homes accepting larger sibling groups (48.96%). Placing children in close proximity to their homes also remains a challenge throughout the state, as some areas do not have a large enough population with the same characteristics/demographics to match the needs of the children entering care. As illustrated in Tables 23 and Table 24, in 2014 the number of foster homes, both private and public, increased statewide by 182 (4.3%).

Section IV: Assessment of Systemic Factors

Table 23

Diligent Recruitment Report: Statewide-01/05/2014

Child Characteristics	# of children	Foster Home Characteristics	# of DCBS homes	# of PCC homes	% of Need Met**
Number of Children in OOHC	7340	Number of foster homes	2065	2156	115.013624
Children 0 to 5	2451	Foster homes accepting children ages 0-5	1677	564*	182.864137
Children 6 to 11	1684	Foster homes accepting children ages 6-11	989	730*	204.15677
Children 12 to 21	3205	Foster homes accepting children ages 12-21	352	1,231*	98.7831513
Children 19 +	211	Foster homes accepting children ages 19+	15	52*	63.507109
Children in a sibling group	3759	Foster homes accepting siblings	1556	691*	49.8004789
Siblings placed together	2333	Foster homes with sibling groups	483	316	
African American children	1258	Foster homes with African American parent(s)	227	396	99.0461049
Asian children	16	Foster homes with Asian parent(s)	17	4	262.5
Caucasian children	5935	Foster homes with Caucasian parents	1837	1729	120.168492
Native American children	14	Foster homes with Native American parent(s)	10	12	314.285714
Hispanic children	387	Foster homes with Hispanic parent(s)	35		18.0878553
Native Hawaiian/ Pacific Island children	7	Foster homes with Native Hawaiian/ Pacific Islander parent(s)	1	3	114.285714
Number of medically fragile children	118	Number of medically fragile homes	71***	0	120.338983
Number of children in agency cases	1141				

There are 84 active DCBS homes that have never had a placement and have been approved 90 days or longer.
There are 151 active DCBS homes that have not had a placement in in 1 yr.

Table 24

Diligent Recruitment Report: Statewide-12/07/2014

Child Characteristics	# of children	Foster Home Characteristics	# of DCBS homes	# of PCC homes	% of Need Met**
Number of Children in OOHC	7689	Number of foster homes	2061	2332	114.267135
Children 0 to 5	2602	Foster homes accepting children ages 0-5	1694	654*	180.476556
Children 6 to 11	1821	Foster homes accepting children ages 6-11	907	863*	194.398682
Children 12 to 21	3266	Foster homes accepting children ages 12-21	321	1,353*	102.510716
Children 19 +	203	Foster homes accepting children ages 19+	16	44*	59.1133005
Children in a sibling group	3930	Foster homes accepting siblings	1530	776*	48.956743
Siblings placed together	2479	Foster homes with sibling groups	469	394	
African American children	1450	Foster homes with African American parent(s)	223	419	88.5517241
Asian children	12	Foster homes with Asian parent(s)	18	6	400
Caucasian children	6408	Foster homes with Caucasian parents	1848	1879	116.323346
Native American children	17	Foster homes with Native American parent(s)	10	15	294.117647
Hispanic children	427	Foster homes with Hispanic parent(s)	36		16.8618267
Native Hawaiian/ Pacific Island children	13	Foster homes with Native Hawaiian/ Pacific Islander parent(s)	3	3	92.3076923
Number of medically fragile children	170	Number of medically fragile homes	82***	0	96.4705882
Number of children in agency cases	1239				

There are 72 active DCBS homes that have never had a placement and have been approved 90 days or longer.
There are 123 active DCBS homes that have not had a placement in in 1 yr.

In Table 25, the last column represents the actual utilization of matching resource homes. Though the percentages initially indicate less than ideal numbers for successful matching based

on race/ethnicity, further consideration should be given for other child characteristics that also drive placement—such as their individual needs and proximity to parents/community. Additionally, it should be noted the state has a larger percentage of individuals being identified by “two or more races” that were previously identified only by a “primary race.”

Table 25

Race/ Ethnicity	# of children	# of resource homes with one or more FP	# of children in foster home with one of more FP of same race/ ethnicity	% of children in foster home with one or more FP of same race/ ethnicity
American Indian or Alaskan Native	0	0	0	0
Asian	2	2	2	100
Black or African American	585	383	471	80.51
Hispanic	339	199	236	69.62
Native Hawaiian or Other Pacific Islander	8	3	8	100
Two or More Races	535	2010	534	99.81
White or Caucasian	4122	2181	2167	52.57

Item 35 is assessed as a strength. Although improvements can always be made, the state has a well-established plan for diligent recruitment. Furthermore, staff at all levels are aware of the recruitment challenges and recognize where to focus time and resources.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

The state uses many resources to assist with timely adoptive or permanent placements statewide, as well as cross-jurisdictionally.

The state has implemented the Children's Adoptive Needs and Comprehensive Evaluation System (CHANCES) to ensure that systemic barriers are addressed for every child with the goal of adoption to increase opportunities for permanency. Every child with the goal of adoption will be assessed through the use of a comprehensive tracking system which measures progress toward their finalized adoption.

Through the implementation of this system, many barriers were identified, including that children were not being referred to the Special Needs Adoption Program (SNAP) for child specific recruitment. Per [SOP 13.14](#), children are referred to SNAP if they have a goal of adoption, termination of parental rights as been granted, and they do not have an identified adoptive family or families being considered. The child's worker completes a SNAP packet and provides that to Central Office.

SNAP is designed to specifically recruit for Kentucky children who are legally free for adoption but have no identified permanent home. Children registered with SNAP are generally older and have more emotional, developmental, mental and/or physical disabilities. These children typically have more placements, including residential and psychiatric treatment programs than the general foster care population. SNAP provides a level of targeted recruitment with increasing success by focusing its efforts on making communities aware of the need for resource families, expediting adoptive placement and obtaining permanency for waiting children. SNAP staff works with national and international case managers for families wanting to adopt children from Kentucky.

SNAP is funded through Title IV-E, Title IV-B subpart 2, and state general funds. In addition, SNAP is the recipient of (5) grants from the Dave Thomas Foundation for Adoption (DTFA_.

Wendy's Wonderful Kids (WWK) provides funding for a recruiter position based in Louisville, Two Rivers Service Region, Northern Bluegrass Service Region, as well as two recruiters in Lexington, Kentucky. Additional funding is received from various boards such as Wednesday's Child and Thursday's Child through fundraising such as "Night with the Stars" and For Jamie's Sake. Each service region also conducts general recruitment activities according to an individualized regional plan designed to increase the overall number of available resource homes for both foster and adoptive placements.

In addition to sponsoring five WWK recruiters, DTFA also provided the opportunity to designate other staff not supported by a grant to participate in child-specific recruitment by facilitating a meeting for staff statewide and allowing staff to add data to their ongoing research project which tracks the success of the model. DTFA enlists Child Trends to create the database which collects and analyzes child specific data including placement or disruption history, recruitment efforts and barriers to adoption. Child specific recruitment is a relatively new idea and one that DTFA has spearheaded. Because of Kentucky's long standing relationship with DTFA, Kentucky has been exposed to and involved in an up and coming new wave of recruitment methods which will inevitably assist children in the foster care system as well as educate case workers whose focus is on adoption placements.

Table 26 highlights data collected in the FAP-TRIS SNAP system regarding SNAP. This information is all inclusive, and not related to only cross-jurisdictional efforts.

Table 26

	2013	2014	2015
Inquiries Received	5779	1900	Unable to produce at this time
Informational Packets Mailed	2591	589	532
Children Added to the Program	50	73	87
Total Children In the Program	247	160	168
Adoptions Finalized	25	15	Unable to produce at this time

Table 27 and 28 illustrates data since the implementation of the CHANCES initiative. While it is too soon to fully evaluate the impact of this initiative, the data suggests that improvements have been made since implementation.

Table 27

Timeframe	Adoptions Finalized	Percentage
01/01/2014-12/31/2014	897	
01/01/2015-12/31/2015	991	10% increase (94 additional children found permanency)

Table 28

Timeframe	Children Referred to SNAP	Percentage
01/01/2014-12/31/2014	70	
01/01/2015-12/31/2015	98	40% increase (28 additional children receiving child specific recruitment)

Table 29

Data for ICPC studies received from out of state and completed by Kentucky	FFY 2014	FFY2015
Total Number of Studies Completed	384	399
Studies Completed within 30 days	282* (73%)	99* (25%)
Studies Completed within 60 days	170* (44%)	200* (50%)
Total number completed within 75 days	201* (52%)	232* (58%)
Total number completed after 75 days	91* (24%)	89* (22%)
Studies Still Outstanding	67 Outstanding	54 Cases Remain

*The numbers above are duplicative-i.e. a study may have been within 60 days, but also within 30 days.

In addition to the above, Table 29 provides data regarding ICPC requests. The data collected from 2014 and 2015 indicates that over half of Kentucky home studies are completed within the 60 day timeframe. The extended period of time allowed for the resolution of additional cases; however, this only impacted a small portion of the total number of cases completed during 2014 and 2015. The majority of “late” cases were still overdue after the 75 day extension had expired. Kentucky does not track specific reasons for extension requests; however, anecdotal reporting indicates that staffing shortages and inability to make contact with the home study subject are prominent reasons for home study delays. When cases are overdue, the Kentucky’s ICPC administrator maintains contact with the local field personnel, requests status updates, and monitors the assignment until completed by field personnel. In 2013, Kentucky was the 13th state to pass the new Interstate Compact Placement of Children legislation.

For 2014, 135 ICPC cases were closed as a result of a finalized adoption, custody returned to parent, or custody granted to the ICPC placement sources. For 2015, 165 ICPC cases were closed as a result of a finalized adoption, custody returned to parent, or custody granted to the

ICPC placement sources. The state is unable to provide data that will differentiate between the three closure reasons.

Likewise, Kentucky is a participant of the Interstate Compact on Adoption and Medical Assistance. The program's geographical and operational service area is statewide. All ICAMA activities are coordinated by a designated central office ICAMA administrator. Essentially, ICAMA provides medical cards for adoptive placements to ensure the medical needs of children are met, regardless of which state they are placed in. In 2014, a total of 290 children were provided medical benefits and services under ICAMA. Kentucky received requests on behalf of 183 children in other states and 107 of Kentucky's children were served through outgoing ICAMA requests in other states. In 2015, a total of 238 children were provided medical benefits and services under ICAMA. Kentucky received requests on behalf of 138 children in other states and 100 of Kentucky's children were served through outgoing ICAMA requests in other states. The department expects that the number of ICAMA cases will continue to increase each year as more children find permanent homes through adoption across the nation, as well as the federal emphasis on making interstate adoptions. This number should also increase as each year more children qualify as IV-E eligible Adoption Assistance due to the 2008 Fostering Connections Act, with a projected date in 2018 that all children will be IV-E applicable.