

Kentucky's Foster Care System

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Program Review And Investigations Committee

Abstract

The Department for Community Based Services (DCBS) administers Kentucky's foster care system, which provides out-of-home care to children who have been removed from home because of dependency, neglect, or abuse. More than 11,000 children were in the Kentucky out-of-home care system at some time during 2016, a 15.4 percent increase since 2012. The number of children in out-of-home care who are available for adoption has increased by more than 17 percent since 2012. Over the past 5 years, only about 44 percent of the children in out-of-home care who are available for adoption have been adopted annually. Statute provides a time frame in which required court proceedings must occur in both out-of-home care and adoption cases, but neither DCBS nor the Administrative Office of the Courts collects sufficient information to determine whether cases are handled in a timely manner. Caseloads for Kentucky child welfare workers exceed national standards and are a major obstacle to providing effective services. High caseloads are worsened by turnover, which occurs because of uncompetitive salaries, a high-stress work environment, limited career opportunities, and lack of recognition. The report has nine recommendations related to out-of-home care court proceedings, the accuracy and reporting of child welfare workers' caseloads, and the hiring and retention of child welfare caseworkers.

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Summary

Kentucky's foster care system, administered by the Department for Community Based Services (DCBS), includes protective and support services designed to prevent child abuse and neglect, ensure child safety, and promote family well-being. The children considered in this report came to the foster care system after having been removed from home by a court because of dependency, neglect, or abuse, and placed in the custody of the Cabinet for Health and Family Services (CHFS). As of September 2017, there were 8,499 children in Kentucky's foster care system. This report reviews the court proceedings and DCBS's role from the time a child enters state custody to the time the child is reunified with the child's family or finds another permanent living arrangement, including adoption.

DCBS is responsible for investigating suspected dependency, neglect, or abuse if the alleged perpetrator is a parent, guardian, or someone who has supervisory responsibility for the child. If claims are substantiated, DCBS may file a petition with the courts and a judge can issue a 72-hour emergency custody order, which allows the child to be removed and usually placed in custody of the cabinet.

Once a child is in cabinet custody, a temporary removal hearing must be held within 72 hours, at which the state must prove that there are reasonable grounds to believe that the child would be dependent, neglected, or abused if returned home. If the court finds the evidence compelling, it may grant the cabinet temporary custody for 45 days. Many involved parties told Program Review staff that 45 days is too short.

Recommendation 1.1

The Department for Community Based Services and the Administrative Office of the Courts should work cooperatively to determine a reasonable period for the temporary custody order and propose legislation to the General Assembly.

Ten days prior to the expiration of the temporary custody order, an adjudication hearing is held, at which the court determines the veracity of the allegations. Shortly after that hearing, a dispositional hearing is held to determine the action to be taken by the court on behalf of the child and the parent. If the court orders custody to remain with the cabinet, the case remains open and is reviewed in 6 months. A permanency hearing is held every 12 months thereafter.

The statutory time frame for court proceedings is to ensure that dependency, neglect, and abuse cases are handled in a timely manner. It is not possible to determine whether cases are meeting statutory deadlines. Neither DCBS nor the Administrative Office of the Courts (AOC) was able to provide the needed data.

Recommendation 1.2

The Department for Community Based Services and the Administrative Office of the Courts should cooperate to ensure the collection of the date of any dependency, neglect, or abuse court action, the type of hearing, and the result. These data should be analyzed regularly to identify potential problems.

AOC staff said that they can enter the date and ruling of a particular court action into their system only if the judge used the appropriate AOC standardized form, but not all judges use these forms. Kentucky courts' inconsistent use of appropriate AOC forms can affect more than the agency's ability to evaluate the timeliness of dependency, neglect, and abuse cases. For example, the US 6th Circuit Court of Appeals questioned whether foster children in a Kentucky case had actually been discharged from DCBS custody because a lower court judge had not written the change custody order using the appropriate AOC form.

Recommendation 1.3

The Administrative Office of the Courts should encourage any court hearing dependency, neglect, or abuse cases to use all appropriate AOC forms.

During the time between court proceedings, DCBS is working to find a safe temporary placement for the child and helping to provide the family and child needed services. Under federal law, DCBS must place the child in the least restrictive and most family-like setting. If this is not possible, the department will place the child in a DCBS resource home or a private child-placing agency foster home. In general, DCBS resource homes tend to be used for placing children with lower levels of care needs, while private facilities tend to handle children with higher levels of care needs.

The caseworker must then convene a planning conference of interested parties to create a case permanency plan within 10 days after the child enters out-of-home care. The caseworker is required to conduct face-to-face visits with the child at least once every month and visit with the family frequently enough to discuss case planning tasks and objectives, and to evaluate the family's progress.

Federal law requires DCBS to recruit and retain a pool of potential foster parents to meet the diverse needs of the children in its care. The department issues a report that includes a calculation of "percent of need met," which provides an estimate of how well the pool reflects the youth in care. DCBS has the information needed to make this calculation more accurate.

Recommendation 1.4

The Department for Community Based Services should use existing data to calculate a more accurate "percent of need met" figure in its Diligent Recruitment Report.

Each day, new children enter the out-of-home care system and others leave it. Because a child stays in care for an average of 20 months or more, a small discrepancy between the number of children entering and exiting each month means the population of children remaining in out-of-home care can grow rapidly.

More than 11,000 children were in the Kentucky out-of-home care system in 2016, a 15.4 percent increase since 2012. Over the past 5 years, children 5 years and younger were slightly more than one-third of the population. The most common reason children were removed from their homes during this period was neglect (69 percent). Removals due to drug abuse by the parent (nearly 25 percent) and children with behavioral problems (more than 22 percent) were also frequent reasons.

Over the past 5 years, reunification was the primary goal in nearly 70 percent of the cases. Adoption was the permanency goal in nearly 24 percent of cases. Children spent an average of 20 months in out-of-home care during this period, with older children tending to spend more time in care than did younger children.

In September 2017, DCBS reported that on average a child in out-of-home care had been moved from one foster home to another 3.2 times. Nearly half of the moves were disruptive and caused by either the child's negative behavior or DCBS realizing that the child needed additional or specialized services. More than half the moves either were neutral, such as moving from temporary shelter to a more permanent placement, or represented the child making progress on the case permanency plan.

Recommendation 1.5

The Department for Community Based Services should indicate disruptive, neutral, and positive reasons for placement changes in its reports.

Reunification with the family is the most common reason children exited out-of-home care over the past 5 years, representing 40 percent of all cases. However, reunification declined during this period by slightly more than 6 percentage points. The second most frequent reason for exiting care was a child being placed with a relative (27 percent). Nearly 20 percent of the children were adopted during this period.

Adoption

Children in state custody can be placed for adoption by DCBS or a private child-placing agency that is licensed by DCBS to make foster-to-adoption placements. From 2012 to 2016, the number of children available for adoption increased every year except one. An adoption is completed when three court proceedings have occurred. Termination of parental rights (TPR) must be granted, a permanency goal of adoption must be established, and a court must rule on an adoption petition. TPR is voluntary or involuntary. When a child is placed in state custody, a court must conduct a permanency hearing within 12 months.

From 2012 to 2016, 2,257 children were adopted. The percentage of available children who were adopted each year ranged from 36.4 percent to 49.2 percent. DCBS is expanding its recruitment efforts for adoptive homes with the Dave Thomas Foundation for Adoption to provide additional recruitment workers.

During the adoption process, there can be lengthy court-related delays. DCBS is currently unable to generate reports of such delays, but the ability to document court-related proceedings is being added to the new i-TWIST system expected to be available by the beginning of 2018.

Any Kentucky resident of at least 12 months' duration, who is at least 21 years old, and whose source of income is sufficient to meet the applicant's household expenses following adoption may adopt, with restrictions on the number of children who can inhabit one household. A home study must be completed before adoption can take place. The 2018 General Assembly enacted

HB 1, which requires CHFS to establish administrative regulations that require and clarify that home study procedures are the same for both public and private agencies.

Before a prospective parent can be approved to adopt, the Department of Kentucky State Police (KSP) must conduct a criminal background investigation, including FBI fingerprint checks. A 2016 FBI audit concluded that DCBS must keep logs on such information, including requests for background checks sent, for whom, and whether private child placing agencies signed appropriate forms. A KSP official met with DCBS in summer 2017, and the necessary changes are in process.

Federal monetary assistance may be provided to a parent adopting a special needs child. Kentucky defines *special needs child* as one for whom adoptive placement without financial assistance is unlikely because the child has significant physical, mental, or emotional conditions. Adoption assistance means a monthly payment to meet the special needs. This includes payment of legal expenses and may include reimbursement of extraordinary medical expenses. Federal reimbursement is available for a part of the cost.

Children awaiting adoption are in at least one of two DCBS programs. If a child without prospective adoptive parents has a permanency goal of adoption, Swift adoption terms monitor the child to expedite the process. At the same time a special needs child becomes eligible for Swift adoption, the child must also be registered with the Special Needs Adoption Program (SNAP). SNAP recruits adoptive families for these children, and it coordinates with Swift adoption teams.

Child Welfare Caseworkers

Caseloads

Since 2011, the number of children living in foster care has increased nearly 8 percent nationally and more than 24 percent in Kentucky. In response, child welfare caseworkers are being assigned more cases. Unmanageable workloads can lead to negative outcomes, including jeopardizing agency funding, an increase in employee turnover, class action litigation, and negative outcomes for children and their families.

The Child Welfare League of America (CWLA) and the Council on Accreditation (COA) have developed nationally recognized standards for manageable child welfare caseloads. CWLA recommends no more than 12 cases per caseworker; COA recommends no more than 15 cases.

As of May 2017, Kentucky does not meet either of these national standards, nor does it currently meet its target standard of 18 cases. Statue requires DCBS to provide a report to the Legislative Research Commission and the Governor's Office whenever average statewide caseloads exceed 25 cases for 90 consecutive days. In January 2017, DCBS made its first such report, which indicated that the average statewide caseloads had risen to 29 cases per caseworker in December 2016. By the second report, which covered May 2017 data, the average caseload had risen to 32 cases.

Concurrent with these reports, DCBS changed how it calculates caseload averages. The new method includes past due cases and excludes noncapacity workers from calculations. Past due cases are investigations that have not been completed within an established timeframe and are still being worked on. Noncapacity workers are those who do not carry a full caseload. The result was much higher statewide caseload averages. Using the previous DCBS method, statewide caseload averages would have remained under the statutory maximum of 25 cases and would be 19 as of July 2017.

Program Review staff consider averages that include past due cases and noncapacity staff to be a more accurate representation of caseloads. DCBS needs to collect better data on the relative workloads of noncapacity staff. Program Review staff calculated a caseload average that excludes only caseworkers who are assigned fewer than 10 cases, which resulted in a caseload average of 26.

Recommendation 3.1

The Department for Community Based Services should develop a method for calculating or estimating the number of cases assigned to staff not currently carrying full caseloads and the contributions of such staff to state, regional, and county workloads. The workloads of these staff should be included in the calculations of average caseloads along with past due cases.

DCBS currently reports four caseload averages based on different methodologies to LRC and the Governor's Office. These include averages based on both the inclusion and exclusion of noncapacity caseworkers and averages based on the inclusion and exclusion of past due cases. Statewide caseload averages prior to 2017 followed one methodology, but averages after 2017 follow a different methodology. This inconsistency creates additional problems in managing and analyzing workloads.

Caseload averages vary significantly across service regions and counties. Regional caseloads ranged from 17 to 32 cases per caseworker; county caseloads ranged from 5 cases to 57 cases. A number of regions and counties met the statutory maximum of 25 cases, but many did not. A statewide caseload average may not provide the General Assembly with enough information regarding caseloads in Kentucky.

From March to May 2017, Program Review staff conducted a survey of child welfare caseworkers, supervisors, support staff, and regional management. Ninety-four percent of caseworkers and 98 percent of supervisors responded that their caseloads were currently unmanageable within a normal work week. Fifty percent of caseworkers and 65 percent of supervisors reported that their workloads were unmanageable regardless of how many hours they worked per week.

Responding caseworkers listed “documenting work,” “entering case information into TWIST” (The Workers Information System), and “conducting in-home visits” as their three most time-consuming case-related tasks. “Documenting work” appeared in the three most time-consuming tasks for 69 percent of respondents. DCBS should investigate why so much of caseworkers’ time is occupied with administrative activities.

Recommendation 3.2

The Department for Community Based Services should develop a strategy to lessen the administrative burden of caseworkers so that they can spend more time working with foster children and their families.

Without information about how much time caseworkers have to complete required tasks and how caseworkers are dividing that time among different tasks, it is impossible to know how many cases a caseworker should be responsible for managing.

DCBS would benefit from conducting a workload measurement analysis that would support the reporting of more reliable caseload averages, inform policies to address workforce concerns, align caseload standards with national standards, and provide better services to children and families.

Recommendation 3.3

The Department for Community Based Services should develop a method for determining caseloads that is based on an analysis of its workforce and workloads. This information should be used to determine the appropriate caseload standard for Kentucky child welfare caseworkers and strategies needed in order to meet this standard. The standard should align with principles established by current national standards and should focus on ensuring that as few child welfare caseworkers as possible have caseloads that exceed the standard.

Turnover

Turnover of caseworkers is one of the most significant challenges facing child welfare systems nationwide. Kentucky’s caseworker and supervisor turnover rates in 2013 were similar to those of many other states. However, caseworker turnover increased significantly and peaked in 2015 at 28.1 percent; it remains at 24.4 percent, much higher than in 2011, the first year with available data. A turnover rate of 25 percent means that a typical caseworker stays on the job 4 years. Private child welfare agencies also reported that turnover was a major concern.

Excessive caseloads and other forms of stress and job dissatisfaction have been reported as causes of turnover. At the same time, turnover increases the workloads of remaining caseworkers and reduces the overall experience level of the workforce, leading to more stress and more turnover. Literature also reports that high turnover results in lower quality of casework and poorer outcomes for children.

Commonly reported reasons for turnover include low salaries, lack of recognition by agency management, unmanageable caseloads, paperwork, and burnout. Caseworkers have stated that

they would be more likely to stay if they had more of a voice in policy decisions and solving problems, received more appreciation for the work they did, and had more opportunities for debriefing and dealing with stress.

Competition for degreed and licensed social workers is high, and DCBS and private agencies all report having difficulty finding qualified caseworkers. DCBS is not able to fill all of its open and funded positions, so any effort to expand its workforce would require more than simply increasing the number of funded positions.

Improving job satisfaction in other ways should restrain turnover, but DCBS has reduced its efforts in some areas because of budget limitations, including educational development and employee recognition programs. Other methods that DCBS has proposed are geographic salary differentials and more flexible work schedules.

Recommendation 3.4

The Department for Community Based Services should request funding and authorization to increase caseworker salaries to a competitive level; to increase the number of caseworkers; to offer geographic salary differentials and flexible scheduling; to expand employee recruitment, development, and recognition programs; and to develop further improvements in the hiring process such as applicant prescreening and hiring prior to vacancies. The agency should also promote expansion of undergraduate social work programs.

Chapter 1

Foster Care System Overview

The Program Review and Investigations Committee voted to initiate a study of Kentucky's foster care system in May 2016. The committee directed staff to review relevant statutes and regulations, evaluate agency procedures and practices, and make recommendations for improvement.

Federal law defines *foster care* as the 24-hour care of children who are placed away from their parents or guardians and for whom a state agency has been given placement and care responsibility (45 CFR sec. 1355.20). This report covers only those children for whom a court ordered removal because of dependency, neglect, or abuse and who were remanded to the custody of the Kentucky Cabinet for Health and Family Services (CHFS). As of September 2017, there were 8,499 such children.¹

Kentucky's foster care system is administered by the Department for Community Based Services (DCBS). Once a child enters state care, the system is designed for the courts and DCBS to work collaboratively to ensure that dependency, neglect, and abuse cases are handled in a timely manner. Statute provides courts a time frame in which the required hearings must occur. DCBS is responsible for providing services to the family and child with hopes of solving whatever problems caused the child to be removed. This report reviews the court proceedings and DCBS's role in such cases from the time children enter state custody to the time they are reunified with their family or find another permanent living arrangement, including adoption. Detailed analyses focus on social service workers' caseloads and turnover rates.

Major Conclusions

This report has eight major conclusions.

- More than 11,000 Kentucky children were in out-of-home care at some time in 2016, a 15.4 percent increase from 2012. This growth follows the national trend.
- The number of children in out-of-home care who are available for adoption has increased by more than 17 percent since 2012. Over the past 5 years, only about 44 percent of the children in out-of-home care who were available for adoption were adopted annually.

- There can be lengthy delays in out-of-home care and adoption court cases. However, neither DCBS nor the Administrative Office of the Courts records enough information to accurately judge whether such cases are being handled in a timely manner.
- Growth in the number of DCBS caseworkers has not kept pace with the increasing number of children entering out-of-home care in Kentucky. This has resulted in average caseloads that exceed national standards, DCBS targets, and standards established by Kentucky statute.
- DCBS currently uses multiple methods for calculating caseload averages, which attempt to capture different aspects of the workforce and their workloads. These different methods report significantly different caseload averages, which make it difficult to compare Kentucky caseload averages to national standards and to compare trends over time.
- Bringing Kentucky's caseload averages in line with national standards, DCBS's own target goals, or Kentucky statute will require hiring additional staff.
- Turnover among DCBS caseworkers occurs because of uncompetitive salaries, high stress and workloads, limited career opportunities, and lack of recognition. High caseworker turnover creates increased workloads and stress, a less experienced workforce, and poorer outcomes for children and families. DCBS has implemented some programs to improve retention, but they have been limited by lack of funding.
- Hiring and recruitment are difficult because of competition for a limited number of qualified applicants and the stressful nature of the work.

How Children Enter The Foster Care System

The Department for Community Based Services (DCBS) is responsible for investigating allegations of dependency, neglect, and abuse when the accused perpetrator is a parent, guardian, or someone who has supervisory responsibility for a child. KRS Chapter 600 defines child dependency, neglect, and abuse.

Anyone who knows or has reasonable suspicion that a child has become dependent or is being neglected or abused is required by law to report the incident to authorities. DCBS is responsible for investigating such allegations when the accused perpetrator is a parent, guardian, or someone who has supervisory responsibility for the child. Otherwise, the case is referred to law enforcement.

KRS 600.020(20) defines *dependent child* as any child who is under improper care that is not due to an intentional act of the parent, guardian, or person exercising custodial control. An example may be a young child whose single parent must be hospitalized for a prolonged period when there is no one else to care for the child.

KRS 600.020(1) defines *abused or neglected child* as one whose health or welfare is harmed, or threatened with harm, when the parent or person exercising custodial care of the child

- inflicts, allows to be inflicted, or creates the risk of physical or emotional injury other than accidentally;
- engages in a pattern of conduct that renders them incapable of caring for the child's immediate and ongoing needs;
- repeatedly fails to provide essential parental care and protection of the child;
- commits, or allows to be committed, or creates the risk of acts of sexual abuse;
- abandons or exploits the child;
- does not provide the child with adequate care, supervision, food, clothing, shelter, education, or medical care necessary for the child's well-being; or
- fails to make sufficient progress toward identified goals as set forth in the case permanency plan, resulting in the child remaining in out-of-home care for 15 cumulative months out of 48 months.

DCBS investigators are obligated under federal law to make reasonable efforts to keep a family together. However, in cases where the child would be in imminent danger by remaining in the home, the investigator can file a petition with the courts for the child's removal.

From the moment a DCBS investigator first makes contact with a family, the investigator is obligated under federal law to make a reasonable effort to keep the family together (42 USC sec. 671(a)(15)(B)).^a For example, an investigator who finds that the child is not in imminent danger, but that the parents are failing to provide for the child's basic needs, may arrange for services to help the family. However, if the investigator substantiates the allegations and believes that the child would be in imminent danger of death, serious physical injury, or sexual abuse by remaining in the home, the investigator will file an ex parte petition with the courts for the child's removal (KRS 620.060(1)).

If a court finds the petition's evidence convincing, it may issue a 72-hour emergency custody order (ECO) that allows the child to be removed and assigns temporary custody to a relative, the cabinet, or another appropriate person.

If the court finds the evidence convincing and believes that removal is in the best interest of the child, it will issue a 72-hour emergency custody order (ECO). This order allows a sheriff to serve the parents and to remove the child, and it assigns temporary custody of the child to a relative, an agency (usually CHFS), or another appropriate person.

^a Only a court can determine whether a "reasonable effort" has been made.

Children In Cabinet Custody

Once a child is in cabinet custody, many agencies take a complex set of actions, including a formal cost process, to ensure the child's safety.

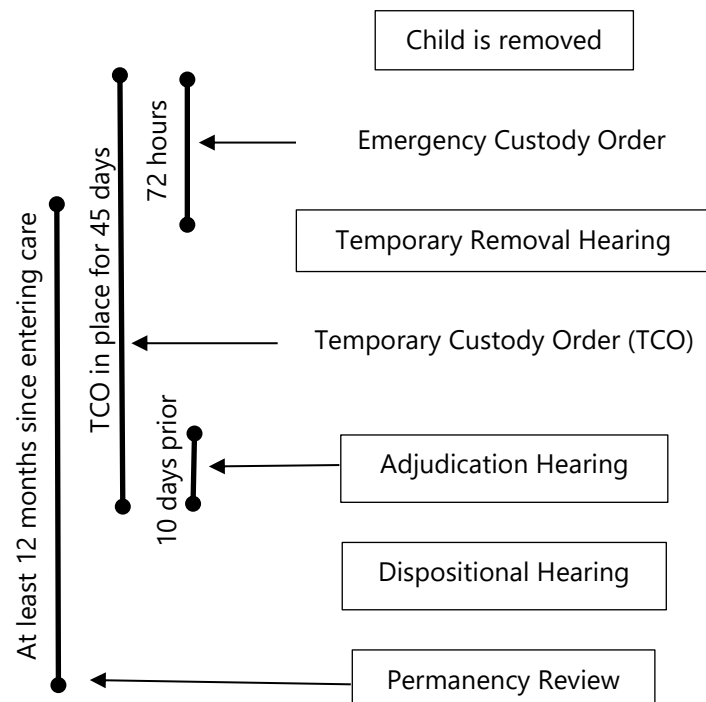
Once a child has been removed and placed in cabinet custody, a complex set of actions is taken by the cabinet, other state and private agencies, service providers, family members, and the courts to ensure the child's safety. At the center of this activity is the formal court process and DCBS's attempt either to reunite the family or to find the child another permanent placement.

Court Process For Dependency, Neglect, And Abuse Cases

A temporary removal hearing must be held within 72 hours after the ECO's issuance. The state bears the burden of proving the child would be in danger if returned home.

As Figure 1.A shows, a temporary removal hearing must be held within 72 hours after the ECO's issuance, excluding weekend and holidays. At this hearing, the state bears the burden of proving that there are reasonable grounds to believe that the child would be dependent, neglected, or abused if returned home, even though it need not be proved conclusively at this time who was responsible for the dependency, neglect, or abuse (KRS 620.080).

Figure 1.A
Court Process For Dependency, Neglect, And Abuse Cases



Source: KRS Chapter 620.

If the state proves its case, the court may issue a temporary custody order (TCO) that gives custody of the child to the cabinet or another appropriate person or agency. If the cabinet is granted custody, the TCO is effective for a maximum of 45 days.

If the state proves its case, the court may issue a temporary custody order (TCO) that gives temporary custody of the child to the cabinet or another appropriate person or agency. Under both federal and state law, the court must give preference to qualified relatives of the child (42 USC sec. 671(a)(19); KRS 620.090(1)). If the court finds no reasonable grounds to believe that the child would be dependent, neglected, or abused if returned home, the ECO is dissolved.

In cases where the court grants custody to the cabinet, the TCO is effective for a maximum of 45 days from the time the child was removed from home. Courts are allowed to extend the order if it is determined to be in the child's best interest (KRS 620.090(5)).

Both the department and the Administrative Office of the Courts (AOC) stated that the 45-day limit of the TCO is too short to fix some of the problems that often result in the child's being removed.

Program Review staff heard from department officials, the Administrative Office of the Courts (AOC), and several other involved parties that the 45-day limit of the TCO is too short to fix some of the problems that often result in the child's being removed, especially in cases where the parent or child must complete a drug or alcohol treatment program.² However, neither the department nor AOC could provide staff with reliable data on how often the courts have to extend the 45-day limit.

Recommendation 1.1

Recommendation 1.1

The Department for Community Based Services and the Administrative Office of the Courts should work cooperatively to determine a reasonable period for the temporary custody order and propose legislation to the General Assembly.

No later than 10 calendar days prior to the expiration of the TCO, an adjudication hearing must be held, at which time the court determines the veracity of the allegations. The court then holds a dispositional hearing.

No later than 10 calendar days prior to the expiration of the TCO, the cabinet schedules with the court an adjudication hearing, at which time the court determines the veracity of the allegations (KRS 620.100(3)).³ Following this hearing, the department must submit an investigation report to the court at least 3 days before the next hearing. This report must contain relevant information on the child and the family to assist the court in determining a dispositional finding for the child (KRS 610.100(1)).

The dispositional hearing determines the action to be taken by the court on behalf of the child and the parent or other person exercising custodial control or supervision (KRS 620.100(4)). The court must ascertain whether the cabinet has made "reasonable efforts" to avoid the need for extended placement outside of the home, and whether reunification would be detrimental to the well-being of the child before determining the disposition of the case.⁴

When a court places custody with the cabinet, the case remains open and is reviewed after the first 6 months and every 12 months thereafter.

When a court places custody of the child with the cabinet, the case remains open and is reviewed after the first 6 months. The court conducts a permanency review hearing every 12 months thereafter if a child remains in the custody of the cabinet (KRS 610.125). The goal of the hearing is to establish a plan for obtaining a permanent placement for a child in out-of-home care. KRS 610.125 states that, at the conclusion of the permanency hearing, the court provides a written order that formally establishes the case permanency plan for a child. The court can reassess and change the goals of the plan because of new information during a 6-month permanency progress review or during subsequent annual permanency hearings.

The statutory timeline is to ensure that dependency, neglect, and abuse cases are handled in a timely manner. Therefore, it is important that both the cabinet and AOC collect the necessary data to identify when and why delays occur. However, neither agency collects data in a reliable enough manner for such analyses to be done.

Meeting Statutory Deadlines. The statutory time frame for court proceedings is to ensure that dependency, neglect, and abuse cases are handled in a timely manner. Any delay increases unnecessary time children remain separated from their families. The cabinet and AOC should collect the necessary data to identify when and why delays occur.

In September 2016, Program Review staff requested data from the department to analyze whether cases were meeting statutory deadlines, but DCBS said that AOC retained those data.⁵ Later, the department clarified that its automated child welfare information database has a screen where the dates and findings of various court actions can be entered, but it noted that only a few of the data fields are mandatory.⁶

AOC staff explained that they were not confident in the data they compiled regarding the dates particular court actions occurred in dependency, neglect, and abuse cases. AOC staff explained that court clerks enter the date and rulings of various court actions only if judges use the appropriate AOC standardized forms. However, not all judges use these forms for the temporary removal, adjudication, dispositional, or permanency hearings. As such, AOC cannot reliably query its database to determine when any other court action occurred.⁷

Recommendation 1.2

Recommendation 1.2

The Department for Community Based Services and the Administrative Office of the Courts should cooperate to ensure the collection of the date of any dependency, neglect, or abuse court action, the type of hearing, and the result. These data should be analyzed regularly to identify potential problems.

Inconsistent use of appropriate AOC forms can affect more than the agency's ability to evaluate the timeliness of cases. A federal court recently questioned whether children had actually been discharged from DCBS custody because a lower court judge did not use the appropriate AOC form.

Kentucky courts' inconsistent use of appropriate AOC forms can affect more than the agency's ability to evaluate the timeliness of dependency, neglect, and abuse cases. For example, there is a Kentucky case in which the US 6th Circuit Court of Appeals questioned whether the foster children had actually been discharged from DCBS custody because a lower court judge had written the custody order on the docket sheet rather than using the appropriate AOC form.⁸ The cabinet appealed the case to the U.S. Supreme Court, which denied the petition on October 10, 2017. This action leaves in place the ruling of the Circuit Court.

In 2014, the Kentucky Supreme Court changed its family court rules so that judges are no longer required to use the AOC form as long as all the information on the form is included in the order. This change could worsen the problem of courts not using official AOC forms, which is the primary reason AOC was unable to provide Program Review staff reliable data on the timeliness of dependency, neglect, and abuse cases.

The rule at issue was Family Court Rules of Procedure and Practice. At the time the lower court issued its custody order, the rule read, "Any order of permanent custody entered pursuant to KRS 620.027 shall be on [form] AOC-DNA-9, Order-Permanent Custody."⁹ In November 2014, the Kentucky Supreme Court amended the rule to read, "Any order of permanent custody entered pursuant to KRS 620.027 shall contain the contents of the official AOC form, AOC-DNA-9, Order-Permanent Custody, which is available for use in compliance with this rule."¹⁰ Previously, judges were required to use the appropriate AOC form. Under the new rule, judges are not required to use the physical AOC form but must include all the information found on the form in their order.

The rule change may or may not have resolved the certainty of custody issues. However, the change to the rule could worsen the problem of courts not using official AOC forms, which, according to AOC officials, is the primary reason AOC was unable to provide Program Review staff reliable data on the timeliness of dependency, neglect, and abuse cases.

Recommendation 1.3

Recommendation 1.3

The Administrative Office of the Courts should encourage any court hearing dependency, neglect, or abuse cases to use all appropriate AOC forms.

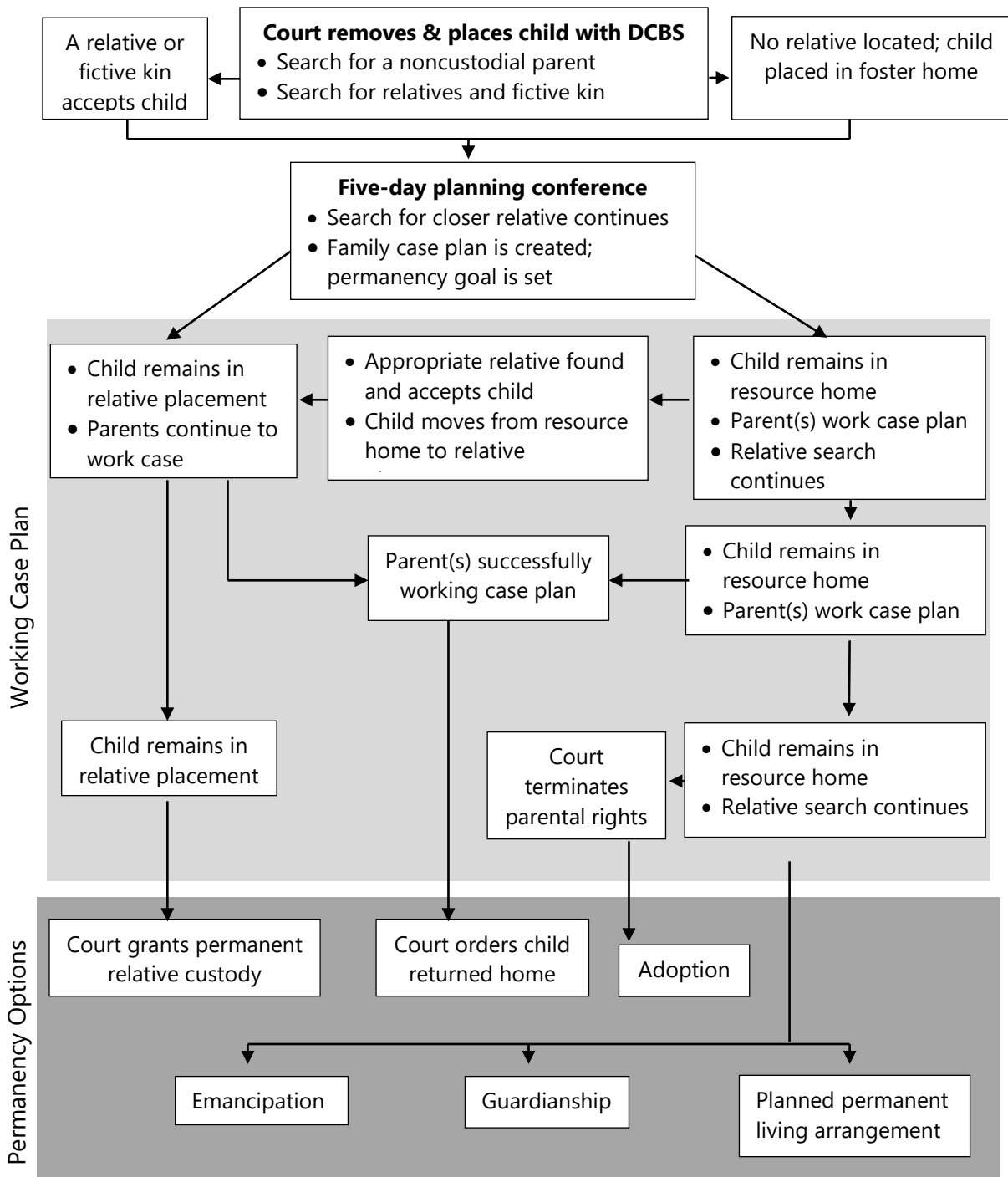
Department's Role In Out-Of-Home Care

Once a child enters DCBS custody, a caseworker searches for someone willing to care for the child, beginning with the noncustodial parents, relatives, and fictive kin.

DCBS provides out-of-home care to families whose children have been removed. It consists of care in an approved placement for a planned period. Once a child enters DCBS custody, a caseworker plans for and prepares the child for initial placement by first evaluating whether a noncustodial parent is able and willing to care for the child. If so, the child is placed with the noncustodial parent because this is considered the least disruptive placement for the

child. However, as Figure 1.B shows, if a noncustodial parent cannot be located, the caseworker initiates an absent parent search.¹¹

Figure 1.B
Out-Of-Home Care Process From Entry To Permanency



Source: Elizabeth Caywood. Email to Chris Hall. Sept. 1, 2016.

If placing the child with a noncustodial parent is not an option, the caseworker begins searching for relatives, including fictive kin. Fictive kin are individuals who are not related to the child by birth but who have developed an emotionally significant relationship with the child, such as schoolteachers, coaches, or neighbors (KRS 600.020(28)). If an appropriate relative or fictive kin agrees to take the child, the child is placed with this person.¹²

If no appropriate relative or fictive kin can be found, the caseworker searches for other placement options and selects the one most appropriate, least restrictive, and most family-like. Such placements often consist of a DCBS resource home or a private foster home.

If the child cannot be placed with a relative or fictive kin, the caseworker and a supervisor evaluate other placement options to determine the most appropriate and least restrictive placement or most family-like setting (42 USC sec. 675(5)(A)). Case specifics and availability of a placement largely dictate where the child is placed. Case specifics include the child's needs, such as culture, medical care, and behavioral health care; proximity to the child's home of origin, school, faith organization, friends, and community; and whether the child is part of a sibling group. The child may be placed in a DCBS resource home or a private child-placing foster home. When a child is placed with a private agency, the agency has an agreement with the cabinet and is responsible for the daily care of the child. The cabinet's social services worker provides case supervision and services to the family.¹³

Types Of Resource And Foster Homes

Various types of DCBS resource homes and private child-placing foster homes are available for out-of-home care children. These homes vary in the level of care they can provide to meet the child's needs.

Various types of DCBS resource homes and private child-placing agency foster homes are available for placing foster children. DCBS resource homes vary in the level of care they can provide to meet the child's needs. Most DCBS-certified resource homes are classified as "regular basic"; they accept foster children who have the lowest level of need. A child with a slightly higher level of need may be placed in a "regular advanced" resource home, where the caregiver has received additional training and certification. As defined in 922 KAR 1:350 sec. 1, "care plus" resource homes are for children who have been diagnosed with emotional or behavioral problems and who are at risk of needing to be placed in a more restrictive setting or institution. "Medically complex resource homes," as defined in 922 KAR 1:350 sec. 4(1), are able to care for children who have a severe disability or who have been diagnosed with a serious illness or condition that requires specialized medical care.

Private foster homes also differ in the level of care they are able to provide to meet the child's needs. The department contracts with the Children's Review Program to assign levels of care to any child placed in a private foster home based on the levels of support

the child needs. The scale ranges from level 1 to level 5, with level 1 being a child who needs a routine home environment and level 5 being a child who has a severe impairment or disability, or who is at severe risk of causing harm to self or others. There are also private therapeutic foster care homes for children who need therapeutic intervention for behavioral or emotional issues.

Finally, emergency shelter can be a group home, private residence, foster home, or similar homelike facility that serves the temporary or emergency care needs of foster children (KRS 600.020(25)).

DCBS resource homes tend to be used for placing children needing lower levels of care, while private agencies tend to handle children needing higher levels of care.

As Table 1.1 shows, DCBS resource homes tend to be used for placing children needing lower levels of care, while private facilities tend to handle children needing higher levels of care. For example, of the children placed in a DCBS resource home, 92 percent are in a regular foster home. Most of the children placed through private agencies are in therapeutic foster care homes.

Table 1.1
Children In Resource And Foster Homes
July 16, 2017

DCBS Resource Homes	Level	Children
DCBS regular foster	Basic–birth to age 11	1,634
DCBS regular foster	Basic–age 2 & over	486
DCBS regular foster	Advanced–birth to age 11	168
DCBS regular foster	Advanced–age 12 & over	146
Emergency shelter		0
Care plus	Basic	49
Care plus	Advanced	88
Medically complex	Basic	34
Medically complex	Advanced	15
Medically complex	Degree	21
Specialized medically complex	Advanced	1
Specialized medically complex	Degree	1
Subtotal		2,643
Private Foster Homes		Children
Private residential	Level 1	0
Private residential	Level 2	0
Private residential	Level 3	71
Private residential	Level 4	385
Private residential	Level 5	473
Private residential	Level 5–supervised	12
Private foster care	Basic	855
Private therapeutic foster care	Level 1	15
Private therapeutic foster care	Level 2	178
Private therapeutic foster care	Level 3	1,706
Private therapeutic foster care	Level 4	673
Private therapeutic foster care	Level 5	220
Private emergency shelter	Without treatment	9
Private emergency shelter	With treatment	20
Subtotal		4,617
Total		7,260

Note: The table does not include children absent without leave or those in acute hospitals, alternative living units, detention facilities, group homes, independent living, psychiatric hospitals, rehabilitation centers, skilled care, or trial home visit with the parent. DCBS=Department for Community Based Services.

Source: Elizabeth Caywood. Email to Chris Hall. July 19, 2017.

10-Day Planning Conference

The DCBS caseworker must convene a planning conference within 10 days of the child entering out-of-home care. The purpose of this meeting is to bring together all interested parties to discuss issues that affect the safety and well-being of the child and family. A case permanency plan is created during this meeting, which provides details about the case and sets objectives and specific tasks parents and child must complete.

Regardless of where a child is initially placed, the caseworker must convene a planning conference within 10 days of the child entering out-of-home care. Participants typically include the caseworker, birth parent(s), relatives, community partners, therapists, physicians, other service providers, and attorneys.¹⁴

The purpose of this meeting is to bring together all interested parties in a guided discussion about issues that affect the safety and well-being of the child and family. It is here that parents can get responses to their concerns and find help.

Attendees also work to create a case permanency plan, which must include

- a full account of the reasons the child was removed from the home, what has happened since removal, and proposed actions that may be taken or are contemplated with regard to the child during out-of-home care;
- a list of objectives and specific tasks, together with specific time frames for each task, for which the parents have agreed to assume responsibility, including a schedule of regular visits with the child; and
- a list of factors that may indicate when the child can be returned to the home, and efforts the cabinet or others are making to return the child to the home (KRS 620.230(2)).

The case permanency plan is a pivotal part of the out-of-home care process because it spells out the steps that must be taken before the cabinet will reunify the family.

This plan is a pivotal part of the out-of-home care process because it spells out the steps that the parent(s), child, or both need to take to rectify the issues that caused the child to be removed. It is essentially a road map of what must happen before the cabinet will recommend reunification.

The plan also states the official permanency goal of the case, which is usually “return to parent.” However, even if the goal is reunification, concurrent planning may be considered at this point. Concurrent planning is a simultaneous plan for both reunification and permanent removal of the child, if the prognosis for reunification is poor.

DCBS must submit a copy of the plan to the court and the Citizen Foster Care Review Board. The plan is reviewed at least every 3 months and revised as needed.

DCBS must submit a case permanency plan to the court and the Citizen Foster Care Review Board no later than 30 calendar days after the effective date of the TCO. Thereafter, the plan is reviewed at least every 3 months and revised as needed. Under KRS 600.020, a parent’s failure to make sufficient progress toward the identified goals as set forth in the plan is considered child neglect.

Each out-of-home care case must have a set permanency goal. DCBS recognizes five goals: return to parent, permanent relative placement, adoption, planned permanent living arrangement, and legal guardianship. The department previously recognized emancipation as a goal.

Setting Permanency Goals

The five possible permanency goals in out-of-home care cases, in order of least to most restrictive, are as follows.

Return To Parent. The cabinet recommends that a child should be returned to the parent when it is determined that the family has made sufficient progress toward completing the case permanency plan, and if returning the child home is in the child's best interest.

Permanent Relative Placement. This goal is selected when returning the child home is not in the child's best interest and when the cabinet determines that a relative, who does not want to pursue adoption or legal guardianship, is able to provide a permanent home for the child. This is not synonymous with placement of the child with a relative, in which the cabinet retains custody.

Adoption. The goal of adoption is chosen if the parent pursues voluntary termination of parental rights, the cabinet pursues involuntary termination of parental rights, or the child has been in foster care for 15 of the most recent 22 months, pursuant to federal law (42 USC sec. 675(5)(E)).

Planned Permanent Living Arrangement. This permanency goal is available for children 16 years of age and older for whom the cabinet has unsuccessfully tried to find an adoptive family or suitable relative and for whom all other permanency goals have been exhausted. If the child has formed a psychological bond with the caregiver, DCBS may enter into a court-sanctioned written agreement regarding the cabinet's intention for the child to remain with the caregiver to provide a permanent living arrangement.

Legal Guardianship. This permanency goal shall be sought if the cabinet determines that returning the child home is not in the child's best interest and there is an identified adult willing to seek legal guardianship of the child.

Emancipation

Prior to DCBS filing an emergency regulation that became effective June 29, 2017, the department recognized emancipation as an acceptable permanency goal. Emancipation was pursued for a child 16 years of age or older when family reunification, adoption, legal guardianship, or other permanency goals were determined not to be in the best interest of the child.¹⁵ Previous regulations required emancipation as a permanency option for children 16 or

older when relative placement or adoption has been unsuccessful and the child has been placed on a national adoption register, and other permanency options are not appropriate because of the child's specific circumstances (922 KAR 1:140 sec. 10). If emancipation was sought for a child's permanency goal, the cabinet had to refer the child to an independent living program (922 KAR 1:140 sec. 10(2)).

Ongoing Casework

Caseworkers are required to conduct face-to-face visits with the child at least once every month and visit with the family to discuss case planning tasks and objectives and to evaluate the family's progress. Caseworkers and their supervisors review the case plan periodically to assess whether there has been a reduction in high-risk behaviors and an increase in protective capacities of the parent.

Once DCBS has found a placement for the child and has created a case permanency plan, the caseworker is required to conduct face-to-face visits with the child at least once every month and visit with the family frequently enough to discuss case planning tasks and objectives and to evaluate the family's progress.¹⁶ As circumstances change, the case permanency plan can be modified to ensure that everyone involved understands what is expected of them and that all actions are taken in the best interest of the child.

Caseworkers and their supervisors review the case plan periodically to assess whether there has been a reduction in high-risk behaviors and an increase in protective capacities of the parent. The caseworker also speaks with treatment and service providers to assess progress of the family, child, or both.¹⁷

Recruitment Of Foster Parents

DCBS produces a monthly Diligent Recruitment Report that is used to assess the extent to which its pool of potential foster parents is similar to that of the youth in care.

Federal law requires that DCBS recruit and retain an adequate pool of potential foster parents to meet the diverse needs of children in out-of-home care (42 USC 622(b)(7)). To this end, in 2009 the department created the Diligent Recruitment Report, which uses demographic information about the children in out-of-home care to assess the extent to which the racial, cultural, and ethnic backgrounds of foster parents are reflective of the youth in care. This report is produced monthly for each county, for each DCBS service region, and statewide, and it is distributed to DCBS child welfare staff in all counties.¹⁸

A part of this report is the calculation of “percent of need met,” which allows DCBS staff to see where there are shortfalls in meeting the needs of their out-of-home care population. In making this calculation, the department assumes that every foster home is caring for a sibling group of two children—an assumption that may result in an inaccurate and inflated number.

Table 1.2 presents the data found in the July 2017 Diligent Recruitment Report for the state. This report breaks down the out-of-home care population by age, ethnicity, and whether the children are part of a sibling group. It also provides data on the number of DCBS resource homes and private foster homes that accept children of a particular age, accept sibling groups, and have parents of a particular ethnicity. The far right column is the “percent of need met,” which DCBS said was developed “as a relatively simple estimate that could be used to help staff and partners assess to what extent the racial, cultural, and ethnic background of Kentucky’s foster parents was [reflective] of youth in care.”¹⁹

The measure identifies areas where there are shortfalls in meeting the needs of the out-of-home care population and where foster parent recruitment efforts need to be focused. When calculating the percent of need met, the department assumes that each foster home is caring for a sibling group consisting of two children. So, percent of need met equals

$$\left[\frac{(\# \text{ of DCBS homes} + \# \text{ of private homes}) \times 2}{\# \text{ of children}} \right] \times 100$$

For example, to calculate the percent of need that is being met for children age 0 to 5 years, add the number of DCBS homes (1,617) and the number of private homes (771) that accept children age 0 to 5, multiply by two children per home (4,776), divide the resulting number by the number of children in out-of-home care who are age 0 to 5 (2,793), and multiply by 100 to get a percentage. The result is 171 percent, which is interpreted to mean that the state has 171 percent of the number of foster homes necessary to meet the placement needs for children age 0 to 5 years.

Assuming that each foster home is caring for a sibling group that consists of two children may result in an inaccurate and inflated percent of need met figure. For example, if each home used in the calculations above were caring for only one child, the resulting percent of need met would be 85.5 percent.

Table 1.2
Statewide Diligent Recruitment Report
July 2017

Characteristic	Children	Homes Accepting Children With This Characteristic		Percent Of Need Met
		DCBS	Private	
Children in out-of-home-care	8,530	1,982	2,548	106%
Children age 0-5	2,793	1,617	771	171
Children age 6-11	2,182	720	1,086	166
Children age 12-21	3,555	238	1,412	93
Children 19+ (aged out)	231	13	35	42
Children in sibling group	4,349	1,422	922	42
Siblings placed together	2,531	436	406	*
African American	1,597	155	426	73
Asian	14	7	10	243
Caucasian	7,176	1,830	2,071	109
Native American	24	1	11	100
Hispanic	445	24	43	11
Native Hawaiian/Pacific Island	17	1	5	71
Medically complex	179	35	48	39

Note: Original Percent of Need Met figures were rounded to the nearest whole number.

*Percent of Need Met was not calculated for siblings placed together in the original report.

Source: Kentucky Cabinet for Health and Family Services. Dept. for Community Based Services. "Diligent Recruitment Report – Statewide." Frankfort: DCBS, July 2, 2017.

DCBS has data to make a more accurate calculation of percent of need met.

A department data analyst confirmed that DCBS collects enough information to make a more accurate calculation. However, DCBS officials stated, "If a more intensive examination of a geographic area's needs is necessary, specialists exist in each Service Region and Central Office to assist with data extraction and analysis."²⁰ Since this report is used by DCBS service region and county staff to plan foster parent recruitment efforts, the monthly Diligent Recruitment Report data should be as accurate as possible.

Recommendation 1.4

Recommendation 1.4

The Department for Community Based Services should use existing data to calculate a more accurate "percent of need met" figure in its Diligent Recruitment Report.

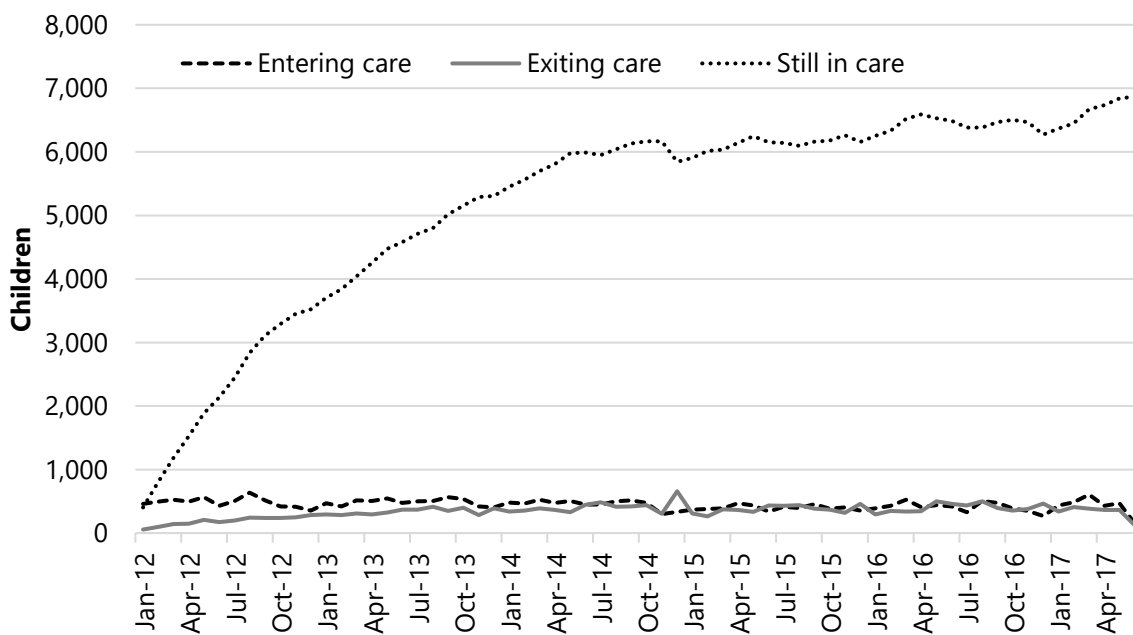
Growth Of Kentucky’s Out-Of-Home Care Population

While the number of children in out-of-home care changes daily, it does not take much of a discrepancy between the numbers of children entering and exiting each month for the population of those remaining to grow rapidly.

The number of children in out-of-home care changes daily, with new children entering the system and others leaving it. However, because the average child stays in care for 20 months or more, it does not take much of a discrepancy between the numbers of children entering and exiting each month for the population of those remaining in out-of-home care to grow rapidly.

Figure 1.C shows the number of children who entered and exited care on January 1, 2012, or after. In January 2012, 459 children entered the system. Of those, 56 returned home or found another permanent placement within the month, leaving 403 children still in care by January 31, 2012. Because more children entered than exited each month, by the end of 2012, the number of children remaining in care rose to 3,702. By just 2 years later, January 2015, the number had increased to 5,904.

Figure 1.C
Children Who Entered Out-Of-Home Care January 2012 Or After
January 2012 To May 2017



Note: The variable “still in care” does not represent the actual number of children in Kentucky’s out-of-home-care system at any given date; it represents the net gain in the number of children who remain in care after entering the system on or after January 1, 2012.

Source: Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. “TWS-A348A LRC Dataset DCBS Placement Info File1_20170620.xlsx.” June 20, 2017.

Kentucky's Out-Of-Home Care Population

As of September 2017, there were 8,499 Kentucky children in out-of-home care. More than 11,000 children were in the Kentucky out-of-home care system in FY 2016, a 15.4 percent increase since FY 2012.

As of September 2017, there were 8,499 Kentucky children in out-of-home care.²¹ However, this number changes daily as new children enter the system while others are either reunited with their families or placed elsewhere permanently. As Table 1.3 shows, more than 11,000 children were in the Kentucky out-of-home care system at some time in 2016, a 15.4 percent increase since 2012. The largest increase was the number of 6- to 10-year-olds, which grew more than 32 percent during this period.²²

Table 1.3
Children In Out-Of-Home Care By Age Group
FY 2012 To FY 2016

Age Group	2012	2013	2014	2015	2016
0-5	3,392	3,591	3,617	3,671	3,719
6-10	1,983	2,167	2,436	2,444	2,620
11-15	2,050	2,089	2,260	2,319	2,291
16-20	2,334	2,513	2,583	2,576	2,665
21 & over	108	131	112	86	92
Total	9,867	10,491	11,008	11,096	11,387

Source: Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. *2012 Annual Report*. P. 4; *2013 Annual Report*. P. 4; *2014 Annual Report*. P. 4; *2015 Annual Report*. P. 4; *2016 Annual Report*. P. 4. Web. Sept. 15, 2017.

Over the past 5 years, children 5 years and younger represented the largest proportion of the out-of-home care population. Children 16 to 20 years consistently accounted for approximately one-quarter of the children.

Over the past 5 years, children 5 years and younger represented the largest proportion of children in out-of-home care, accounting for slightly more than one-third of the population. Children aged 16 to 20 years consistently accounted for approximately one-quarter of the children.

Over this period, boys were approximately 52 percent of the children in out-of-home care; girls were approximately 48 percent. Nearly 75 percent of the children were Caucasian, 15 percent were African American, and approximately 10 percent were classified as “other” or “unable to determine.”

Why Children Were Initially Removed

Nearly 69 percent of the children in out-of-home care were removed from their home because of neglect. Drug abuse by the parent (24.5 percent) and behavioral problems (22.7 percent) were the second and third most frequent reasons.

DCBS collects data on the reasons children were removed from their homes and is required to submit these data annually to the federal government's Adoption and Foster Care Analysis and Reporting System (45 CFR sec. 1355.40). As Table 1.4 shows, the most common reason for removal from the home was neglect,

which occurred in nearly 69 percent of the cases. Drug abuse by the parent (nearly 24.5 percent) and behavioral problems (more than 22.7 percent) were the second and third most frequent reasons for removal.

Table 1.4
Reasons Children Were Removed From Their Home
FY 2010 To FY 2015

Reason For Removal	Percent
Neglect	68.6%
Drug abuse - parent	24.5
Child behavior problem	22.7
Caretaker inability to cope	19.2
Physical abuse	10.9
Inadequate housing	10.2
Parent incarceration	9.5
Alcohol abuse - parent	5.2
Sexual abuse	3.6
Abandonment	3.1
Relinquishment	3.1
Drug abuse - child	3.0
Child disability	1.2
Alcohol abuse - child	1.1
Parent death	0.7

Note: Percentages add up to more than 100 because children can be removed for more than one reason.
 Source: Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. "Merged AFCARS submissions for LRC_2010A-2015A.elsx." Sept. 20, 2016.

Over the past 5 years, reunification was the most common permanency goal (70 percent) but has been decreasing during this period. Adoption was the goal in nearly 24 percent of cases.

If a child is removed from the home, DCBS is obligated under federal law to “make reasonable efforts to reunify children with their families” (42 USC sec. 671(a)(15)(B)).²³ As Table 1.5 shows, on average, the Citizen Foster Care Review Board found reunification as the primary goal in nearly 70 percent of out-of-home-care cases over the past 5 years. However, reunification as the primary permanency goal had decreased over this period to just under 67 percent in FY 2016 from a peak of just over 72 percent in FY 2013. Adoption was the permanency goal in nearly 24 percent of cases over this period, but it increased to more than 28 percent in 2016. Other permanency goal options, accounting for just over 6 percent of all cases from 2012 to 2016, included emancipation, planned permanent living arrangement, permanent relative placement, legal guardianship, and independent living.

Table 1.5
Percentage Of Out-Of-Home Care Population By Permanency Goal
FY 2012 To FY 2016

Permanency Goal	2012	2013	2014	2015	2016
Return to parent	72.5%	73.1%	70.6%	66.9%	66.5%
Adoption	22.7	21.5	23.5	27.2	28.2
Emancipation	2.6	3.0	3.4	3.6	3.3
Planned permanent living	1.6	1.6	1.6	1.5	1.3
Permanent relative placement	0.5	0.7	0.6	0.6	0.5
Legal guardianship	0.1	0.1	0.2	0.1	0.1

Note: Not included here are three children in 2014 and five in 2015 classified as “relative placement” and one child in 2016 classified as “permanent substitute care.”
Source: Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. *2012 Annual Report*. P. 8; *2013 Annual Report*. P. 8; *2014 Annual Report*. P. 8; *2015 Annual Report*. P. 8; *2016 Annual Report*. P. 8. Web. Sept. 15, 2017.

Time Spent In Out-Of-Home Care

Over the past 5 years, the average child spent 19 months in out-of-home care. Older children tended to spend more time in care than did younger children.

Table 1.6 shows the average number of months children of various ages spent in out-of-home care from FY 2012 to FY 2016. Over this period, the average child spent nearly 19 months in out-of-home care. In all years, older children tended to spend more time in out-of-home care than did younger children.²⁴

Table 1.6
Average Months Children Spent In
Out-Of-Home Care
FY 2012 To FY 2016

Age Group	2012	2013	2014	2015	2016
0-5 years	13.4	13.4	14.1	14.6	15.0
6-10 years	16.3	16.1	16.3	17.4	18.5
11-15 years	18.0	18.9	18.1	18.3	18.3
More than 15 years	28.6	27.1	25.9	25.5	24.3
Overall	18.9	18.7	18.4	18.7	18.9

Source: Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. *2012 Annual Report*. P. 5; *2013 Annual Report*. P. 5; *2014 Annual Report*. P. 5; *2015 Annual Report*. P. 5; *2016 Annual Report*. P. 5. Web. Sept. 15, 2017.

Reasons For Multiple Placements

In September 2017, DCBS reported that on average a child in out-of-home care had been moved from one foster home to another 3.2 times during the child's current stay in state custody.

In September 2017, the department reported that on average a child in out-of-home care had been moved from one foster home to another 3.2 times during the child's current stay in state custody. Interested parties often interpret such figures as strictly negative, but that is not necessarily the case.²⁵

Many circumstances occur during a child's stay in out-of-home care that may require DCBS to move the child from the current placement to another. Program Review staff used data from all children who entered out-of-home care on or after January 1, 2012, and analyzed placement changes by classifying the reasons for each move as being either a disruption, neutral, or progress toward reaching either reunification or another permanency option.²⁶

An analysis of the reasons children were moved shows that more than half of the moves were classified as either neutral or progress toward reunification or another permanency option.

As Table 1.7 shows, of the 36,539 moves that could be classified, more than half were seen as either neutral (16.2 percent) or progress (39.0 percent). Neutral moves occurred most often when the child was moved from a temporary emergency shelter to a more permanent placement or when a court ordered the move. The progress moves represent children making progress on the case permanency plan and moving closer to reunification or another type of permanency.

**Table 1.7
 Number And Classification Of Moves By Children Who Entered Out-Of-Home Care On Or After January 1, 2012**

Effect Of Move	Number	Percent Of Disruptions	Percent Of Total
Disruption	16,386		44.9%
Caused by agency	5,857	35.7%	
Caused by caretaker	3,538	21.6	
Caused by child	6,991	42.7	
Neutral	5,911		16.2
Progress	14,242		39.0

Note: Appendix B provides a full account of the reasons for each move; percentages may not add to 100 because of rounding.

Source: Kentucky. Dept. for Community Based Services. "TWS-A348A LRC Dataset DCBS Placement Info File1_20170620.xlsx." June 20, 2017.

Nearly 45 percent of moves were disruptive, mostly due to the child's negative behavior.

Nearly 45 percent were disruptive moves; of those, more than 40 percent resulted from the child's negative behavior such as running away or being aggressive to caregivers. Disruptive moves caused by the agency (35.7 percent) were mostly from either DCBS or private foster homes realizing that the child needed

additional or specialized services. The remainder of the disruptive moves (21.6 percent) resulted from actions taken by the caregiver, such as being noncompliant with requirements or becoming physically incapacitated.

Recommendation 1.5

Recommendation 1.5

The Department for Community Based Services should indicate disruptive, neutral, and positive reasons for placement changes in its reports.

Reasons For Exiting Out-Of-Home Care

The most common reason children leave out-of-home care is to be reunified with their family (40 percent).

Over the past 5 years, on average, nearly 4,300 children exited out-of-home care annually. This number has been trending upward, from 4,054 in 2012 to 4,600 in 2016. As shown in Table 1.8, reunification with the family was the most common reason, averaging approximately 40 percent of the cases. However, reunification declined during this period by slightly more than 6 percentage points. The second most frequent reason for exiting care was children being placed with a relative, which occurred, on average, approximately 27 percent of the time. Children leaving out-of-home care because they were adopted increased during this period by slightly more than 5 percentage points.²⁷

**Table 1.8
Percentage Of Children Who Exited
Out-Of-Home Care By Permanency Type
FY 2012 To FY 2016**

Reason For Exit	2012	2013	2014	2015	2016
Reunification	41.2%	39.9%	40.4%	39.4%	35.0%
Placed with relative	27.2	28.2	25.6	26.7	28.3
Adoption	18.2	16.9	19.4	20.4	23.6
Aged out	12.2	12.9	12.9	11.8	12.2
Other permanency	1.3	2.2	1.7	1.7	1.0

Note: "Other permanency" includes other guardian, transfer to another agency, death, and delinquent; the 2016 report had 14 children as "not released," who were not included in the total.

Source: Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. *2012 Annual Report*. P. 6; *2013 Annual Report*. P. 6; *2015 Annual Report*. P. 6; *2016 Annual Report*. P. 6. Web. Sept. 15, 2017; Kelly Stephens. Email to Chris Riley. Nov. 9, 2016.

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- ¹ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. “Statewide Foster Care FACTS.” Sept. 3, 2017.
 - ² Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. Elizabeth Caywood et. al. Interview. Aug. 30, 2016; Kentucky. Administrative Office of the Courts. Laurie Dudgeon et. al. Interview. Sept. 7, 2016.
 - ³ Elizabeth Caywood. Email to Chris Hall. Aug. 15, 2016.
 - ⁴ Ibid.
 - ⁵ Elizabeth Caywood. Email to Chris Hall. Sept. 20, 2016.
 - ⁶ Elizabeth Caywood. Email to Chris Hall. July 12, 2017.
 - ⁷ Kelly Stephens. Email to Chris Hall. Jan. 23, 2017.
 - ⁸ *D.O. v. Glisson*, 847 F.3d 374 (2017) P. 381
 - ⁹ Kentucky Family Court Rules of Procedure and Practice, Rule 22(4), 2014.
 - ¹⁰ Kentucky Family Court Rules of Procedure and Practice, Rule 22(4), 2017.
 - ¹¹ Elizabeth Caywood. Email to Chris Hall. Aug. 15, 2016.
 - ¹² Ibid.
 - ¹³ Elizabeth Caywood. Email to Chris Hall. July 12, 2017.
 - ¹⁴ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. Elizabeth Caywood et al. Interview. Aug. 30, 2016.
 - ¹⁵ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. “Permanency Goals In OOHC Cases Tip Sheet.” Web. July 10, 2017.
 - ¹⁶ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. Standards of Practice Online Manual, 4.24. Web. Aug 29, 2016.
 - ¹⁷ Elizabeth Caywood. Email to Chris Hall. July 12, 2017.
 - ¹⁸ Elizabeth Caywood. Email to Chris Hall. Aug. 22, 2017.
 - ¹⁹ Ibid.
 - ²⁰ Ibid.
 - ²¹ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. “Statewide Foster Care FACTS.” Sept. 3, 2017.
 - ²² Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. *Annual Reports*, FY 2012 to FY 2016.
 - ²³ Elizabeth Caywood. Email to Chris Hall. Aug. 15, 2016
 - ²⁴ Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. *Annual Reports*, FY 2012 to FY 2016.
 - ²⁵ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. “Statewide Foster Care FACTS.” Sept. 3, 2017.
 - ²⁶ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. “Move Reasons For DCBS: Public And Private Placements.” Web. Sept. 9, 2017.
 - ²⁷ Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. *Annual Reports*, FY 2012 to FY 2016.

Chapter 2

Adoption

Children in state care can be placed for adoption by either the Department for Community Based Services or a DCBS-licensed child placement agency if the agency's license specifically authorizes it to make foster-to-adoption placements. Such agency licenses are issued for 1 year. For the license to be renewed, Cabinet for Health and Family Services staff must visit and inspect the agency each year (KRS 199.640 and 199.660).

Court proceedings consist of three broad steps. Termination of parental rights (TPR) must be granted, a permanency goal of adoption must be established, and a court must rule on a petition for adoption.

Termination Of Parental Rights

In most circumstances, federal law requires that termination of parental rights be pursued when a child has been in foster care for 15 of the past 22 months.

Under 18 RS HB 1 Sec. 22(2)(c)(3 & 4), by January 1, 2019 the procedure for adoption must include a petition to the court for termination of parental rights and authority to place a child for adoption must be initiated no later than when a child has been in foster care for 15 cumulative months out of 48 months. An action must be immediately pursued if the child is an abandoned infant. Termination of parental rights must also be pursued when the parent has committed, aided, or attempted the murder or voluntary manslaughter of the child's sibling; or when the parent has committed a felony assault resulting in serious bodily injury to the child or the child's sibling (42 USC sec. 675(5)(E)).¹

The requirement for pursuing termination of parental rights may be suspended if the child is being cared for by a relative; if the case permanency plan documents a compelling reason that termination of parental rights is not in the child's best interest; or if the state has not provided services, within the required case plan time frame, deemed necessary for the child's safe return home (42 USC sec. 675(5)(E)(i-iii)).

Voluntary Termination Of Parental Rights

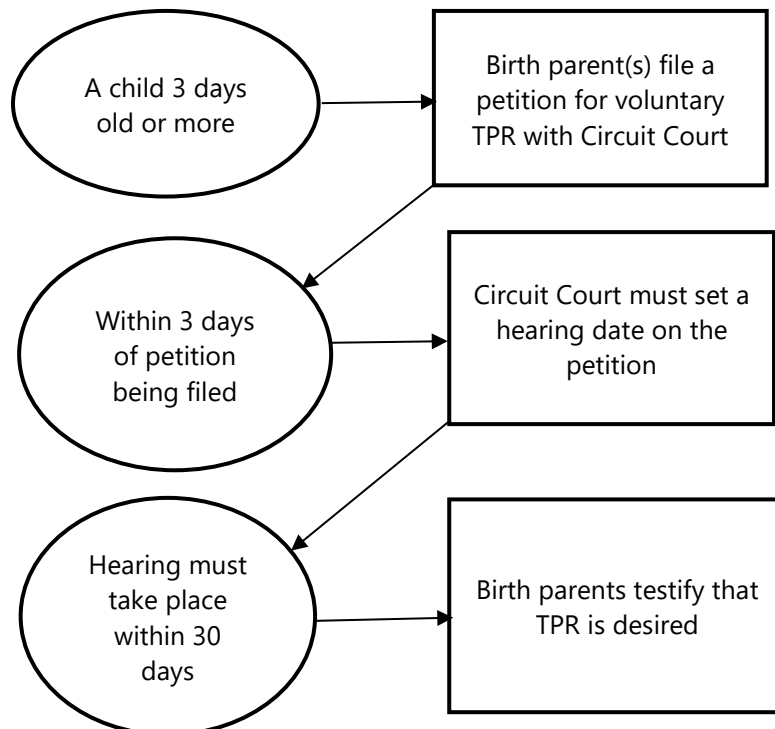
Birth parents may file a petition for the voluntary termination of parental rights in Circuit Court.

As Figure 2.A shows, a birth parent or parents may file a petition for the voluntary termination of parental rights in the Circuit Court

in the judicial circuit where the petitioner or child resides. A petition may not be filed prior to 3 days after the child is born (KRS 625.040). A petition for the voluntary termination of parental rights shall be fully adjudicated and a final judgment shall be entered by the court within 6 months of the filing of the petition (18 RS HB 1, sec. 38(4)).

By January 1, 2019, the procedure for adoption must include a plan to ensure that no longer than 30 working days after a court terminates parental rights, the CHFS must submit to the court all necessary paperwork to facilitate the child's permanency plan (18 RS HB 1, sec.22(2)(c)(3 and 4). Within 3 days after a petition is filed, the Circuit Court must set a hearing date, which cannot be more than 30 calendar days after the petition is filed (KRS 625.042). The court must appoint a guardian ad litem to represent the best interest of the child (KRS 625.041(1)). The birth parent or parents represent to the court that termination is desired, that they understand the effect of the termination, and that the termination will serve the child's best interest.

Figure 2.A
Voluntary Termination Of Parental Rights Process



Source: KRS 625.040, 625.042, and 625.041(1).

If a court finds that the statutory requirements have been met and that termination of parental rights is in the child's best interest, the court enters an order terminating parental rights. Upon CHFS's consent, the child may be declared a ward of the state and custody vested in CHFS or in a CHFS-licensed child placement agency (KRS 625.043). Any order for the voluntary termination of parental rights is conclusive and binding on all parties (KRS 625.046).

Involuntary Termination Of Parental Rights

A petition for involuntary termination of parental rights is filed with the Circuit Court by the Cabinet for Health and Family Services (CHFS), a licensed child placement agency, a county or commonwealth's attorney, or a parent.

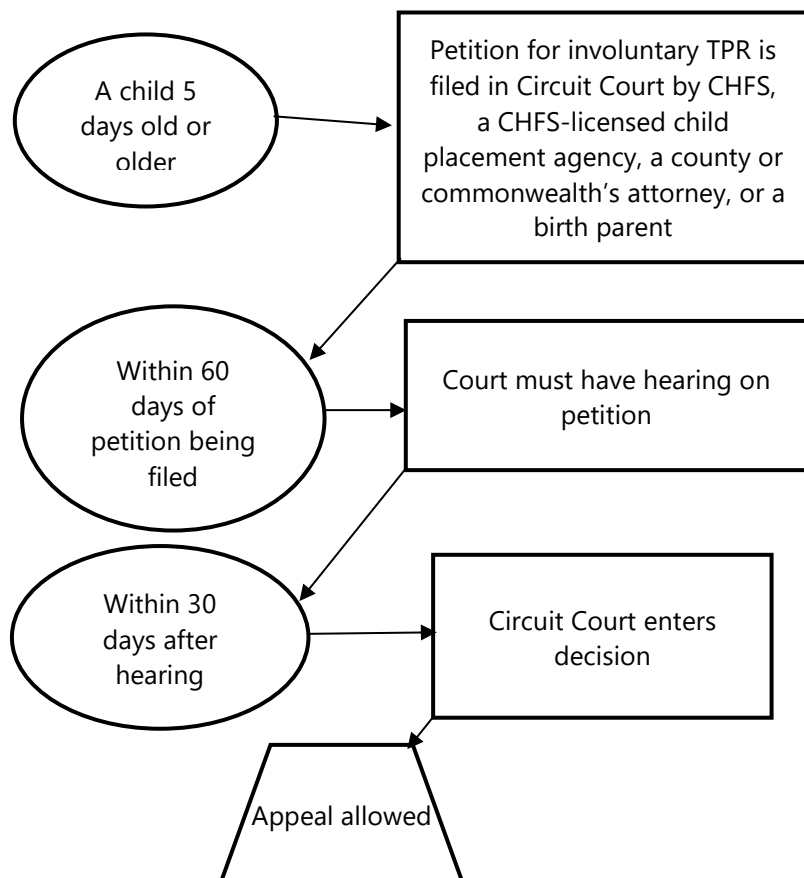
As Figure 2.B shows, a petition for the involuntary termination of parental rights is filed in the Circuit Court for the county in which either birth parent lives or may be found, or in the county in which the child involved lives or is present. Proceedings for involuntary termination of parental rights are initiated by petition by CHFS, a CHFS-licensed child placing agency, a county or commonwealth's attorney, or a parent. No petition may be filed prior to 5 days after the birth of the child or solely because of a mother's use of a non-prescribed controlled substance during pregnancy if she enrolls in and maintains substantial compliance with both a substance abuse treatment or recovery program and a regimen of prenatal care throughout the remaining term of her pregnancy (KRS 625.050).

A hearing on the petition must be held within 60 days of the motion. By January 1, 2019, the procedure for adoption must include a plan to ensure that no longer than 30 working days after a court terminates parental rights, the CHFS must submit to the court all necessary paperwork to facilitate the child's permanency plan (18 RS HB 1, sec. 22(2)(c)(3 and 4). An adoption may be granted without the consent of the biological living parents of a child if it is proved that one of the following conditions exists:

- The parent has abandoned the child for 90 days or more.
- The parent intentionally inflicted or allowed others to inflict serious physical injury on the child.
- The parent intentionally continuously or repeatedly inflicted or let others inflict physical injury or emotional harm.
- The parent has been convicted of a felony that involved the infliction of serious physical injury on the child.
- The parent, for 6 or more months, has continuously or repeatedly failed, refused, or has been incapable of providing the child with essential care and protection, and there is no reasonable expectation of improvement.
- The parent caused or allowed the child to be sexually abused or exploited.

- The parent, for reasons other than poverty alone, continuously or repeatedly failed to provide or is incapable of providing essential food, clothing, shelter, medical care, or education reasonably necessary and available for the child's well-being, and there is no reasonable expectation of significant improvement in the parent's conduct in the immediately foreseeable future.
- The parent's parental rights to another child have been involuntarily terminated.
- The child was born during or after an interlude in the termination of parental rights, and the factor which led to the termination has not been corrected.
- The parent has been convicted in a criminal proceeding of having caused or contributed to the death of another child as a result of physical or sexual abuse or neglect (KRS 625.090(2) and 199.502).

Figure 2.B
Involuntary Termination Of Parental Rights Process



Source: KRS 625.050 and 625.090.

The child is always made a party to the action, and the court must appoint a guardian ad litem to represent that child's best interest. The guardian ad litem is paid up to \$500 by the Finance and Administration Cabinet when CHFS is the proposed custodian (KRS 625.080(2)).

A putative father is the alleged biological father of a child born out of wedlock.² The putative father must be made a party to the petition for involuntary termination of parental rights if any of the following conditions exist:

- The birth mother identified him by affidavit.
- He legally asserted paternity within 60 days after the child was born.
- His name is affixed to the child's birth certificate.
- He has begun a judicial proceeding claiming parental rights.
- He has contributed financially to the child's support, either by paying the medical bills for the child's birth or by financially contributing to the child's support.
- He has married the biological mother or has lived openly with the child or the child's biological mother (KRS 625.065).

The parents have the right to legal representation in involuntary termination actions. If the court finds the parent indigent, it may appoint an attorney to represent the parent, to be provided or paid for by the Finance and Administration Cabinet. The fee is set by the court, not to exceed \$500 (KRS 625.080(3)).

According to KRS 625.090(5),

If the parent proves by a preponderance of the evidence that the child will not continue to be an abused or neglected child as defined in KRS 600.020(1) if returned to the parent the court in its discretion may determine not to terminate parental rights.

In determining the best interest of the child, the court must consider

- the parent's emotional or mental illness or mental deficiency that renders the parent consistently unable to care for the physical or psychological needs of the child for extended periods;
- acts of abuse or neglect toward any child in the family;
- if the child is in state custody, whether DCBS provided all reasonable services to the parent that reasonably might bring about a reunion of the family;

- the efforts and adjustments the parent or parents have made in their circumstances, conduct, or conditions to make it in the child's best interest to return him to the home within a reasonable period of time, considering the age of the child;
- the child's physical, emotional, and mental health and the prospects for improvement of the child's welfare upon termination of parental rights; and
- the parent's payment or failure to pay a reasonable portion of substitute physical care and maintenance if financially able to do so (KRS 625.090(3)). This condition refers to financial support for the child by the biological parent while the child is awaiting involuntary TPR.³

The court either terminates parental rights or dismisses the petition and states whether the child must be returned to the parent or remain in state custody.

The Circuit Court enters a separate decision for each parent contesting TPR within 30 days, either terminating the parent's right or dismissing the petition and stating whether the child must be returned to the parent or must remain in state custody (KRS 625.090(6)). The final order entered by the court following a hearing on a termination petition may be appealed in accordance with the Kentucky Rules of Civil Procedure (KRS 625.110).

When an involuntary termination of parental rights is appealed, long court-related delays may occur. Currently, the DCBS system does not track such delays, but the department plans to do so.

When an involuntary termination of parental rights is appealed, there can be long court-related delays. Program Review staff attempted to determine the length of such delays, but as noted in Chapter 1, AOC cannot provide reliable information on these delays. Also, the DCBS system does not document for a management report that a termination of parental rights is under appeal or any other court-related delays. The ability to document termination of parental rights under appeal is expected to be added to i-TWIST, the new version of the TWIST system, when the adoptions system migrates to it at the end of 2017. The Workers Information SysTem (TWIST) is a Department for Community Based Services computer system that stores information about adult and child protection cases. The i-TWIST adoption screens are to track court-related dates to make it easier to identify barriers such as court delays and delays in filing court paperwork.⁴

When a child's permanency goal is changed to adoption, the child may be placed with a certified adoptive parent while waiting for termination of parental rights.

Certified Adoptive Homes Waiting For Adoption Judgment.

When a court rules to change a child's permanency goal to adoption, the child may be placed with a certified adoptive parent prior to the termination of parental rights. Until an adoption judgment has been granted, DCBS conducts an annual permanency review (922 KAR 1:100, sec. 2(6) and 8(3)).

Establishment Of Adoption As Permanency Goal

Once a child comes into state custody, a District Court must conduct a permanency hearing within 12 months, and every 12 months thereafter. Petitions for TPR and placement for adoption must be filed no later than 15 cumulative months out of 48 months.

If a child is placed in state custody, a District Court judge must conduct a permanency hearing within 12 months. If state custody continues, a permanency hearing must be conducted every 12 months (KRS 610.125(1)). If CHFS determines that reunification is not in the child's best interest, it must file a case permanency plan with the court to change the child's permanency goal. The plan must document the reasons for not making further reasonable efforts toward reunification (KRS 610.125(2)). One reason may be that the biological parent or parents have not worked on an assigned case plan, such as a substance abuse treatment plan. DCBS workers review the entire life of the case, making sure all points have been addressed. CHFS determines whether to petition the court for a permanency goal of adoption. If it decides to do so, the caseworker files the petition with the court.⁵ Beginning January 1, 2019, a TPR petition and a petition for placement for adoption must be filed no later than 15 cumulative months out of 48 months after the child has been committed to CHFS. An adoption procedure must include a plan to ensure that CHFS submits to the court all necessary paperwork to facilitate the child's permanency plan within 30 working days after a court terminates parental rights (18 RS HB 1, sec. 22(2)(c)(3 and 4) .

When DCBS petitions the court for adoption as a permanency goal, a pretrial hearing is set. There may be delays if the biological parents and extended family are difficult to find.

The clerk of the court then sets a pretrial hearing on a permanency goal. At that point, the biological parents and extended family members are served notice to attend the pretrial hearing (KRS 610.125(3)). It may be difficult to find the biological parents or other family members. If so, the court may set another pretrial hearing to allow time to find all adult family members. If the relevant family members still cannot be found, the court appoints a warning order attorney to undertake a comprehensive search that can last up to 50 days. At that point, the court can proceed to rule on a permanency goal.⁶

Adoption Proceedings

When termination of parental rights has occurred and the court has ruled for a placement goal of adoption, an adoption should be finalized within 24 months.

Priority consideration for an adoption must be given to a relative or the current foster family. If neither of those options is available, then consideration for adoption turns to interested adoptive parents (922 KAR 1:100, sec. 5(2)), 3(1), and 3(2).⁷

If an adoption petition is filed, the court must hold a hearing within 30 days. Notice must be given to all parties, including the biological mother and a putative father if there is one.

If an adoption petition is filed, the court must hold a hearing within 30 days. Notice of the hearing must be given to all necessary parties at least 10 days in advance. At least one of the adopting

parents and the guardian ad litem, if any, for the child must be present at the hearing (KRS 199.515). Parties in an action for permission to place a child for adoption must include the child to be adopted and the child's guardian, if there is one. If custody of the child has been transferred to CHFS, it is a defending party (KRS 199.480(1)). Other parties must include the child's biological living parents if the child was born in wedlock. If the child was born out of wedlock, the biological mother is a party, along with a putative father, if there is one.

After hearing the case, the court may grant adoption, at which time the child becomes the child of the adoptive parent. The clerk of the court notifies CHFS of a judgment granting an adoption, the amendment of an adoption, or the denial or dismissal of a petition for adoption (KRS 199.520).

When an appeal is made from the circuit court's decision to involuntarily terminate parental rights, only an appeal made within 30 days may be considered by the court. The court must make its final ruling within 90 days after the appeal case is submitted to the appellate bench (18 RS HB 1, sec. 27).

Who May Adopt

To adopt, a person must be at least 21 years old, be a Kentucky resident, and have sufficient income.

A Kentucky resident of at least 12 months who is at least 21 years old may file a petition to adopt a child in the Circuit Court of the county in which the petitioner lives (KRS 199.470(1); 922 KAR 1:350, sec. 2(1)(a)). An adoptive parent applicant must have a source of income sufficient to meet the applicant's household expenses separate from any adoption assistance provided (922 KAR 1:350, sec. 2(10)).

No more than five children, including the adoptive parent's own children, shall live in the adoptive parent's home, with certain exceptions. This standard is under review.

Unless an exception has been approved, no more than five children, including the adoptive parent's own children, shall live in the adoptive parent's home; and no more than two children under age 2, including the adoptive parent's own children, shall live in the adoptive parent's home (922 KAR 1:100, sec. 3(4)). CHFS officials noted that the five-child limit was created "based upon experience regarding typical capacities of a home and study of other states." They also noted that this standard is under review and may be revised in a future regulatory amendment.⁸

Petitions for adoption of children for whom parental rights have been involuntarily terminated shall not be denied based on the

religious, ethnic, racial, or interfaith background of the adoptive applicant (KRS 199.471).

An applicant to adopt must provide three personal references, two credit references, at least two family consultations, and two visitations between the child and the adoptive parent.

An adoptive applicant shall provide to CHFS the names of three personal references who can either be interviewed by DCBS staff or provide letters of reference. Two credit references are also required (922 KAR 1:350, sec. 2(13)). At least two family consultations are conducted by DCBS staff in an applicant's home (922 KAR 1:350, sec. 6(6)). Planned visitation between a child older than 1 month and a prospective adoptive parent must occur at least two times prior to placement (922 KAR 1:100, sec. 5(1)).

Prior to approval as an adoptive parent, an applicant must complete a number of training requirements.

Prior to approval as an adoptive parent, an applicant must complete a number of training requirements (922 KAR 1:350, sec. 6(2)). CHFS must either provide or approve the training curricula (922 KAR 1:495, sec. 2(2)). An adoptive parent must complete a minimum of 15 hours in areas such as expectations of an adoptive parent; a number of ways trauma, grief, loss, and attachment affect children; cultural competency, and behavior management (922 KAR 1:495, sec. 2(2)(a)).

Unless justification is documented, adoptive parent training is completed in a group setting by each adult member of the household who may provide routine care to the child (922 KAR 1:495, sec. 2(2)(c)). In addition to these initial training requirements, an applicant must complete electronic courses provided by CHFS on pediatric abusive head trauma; first aid and universal precautions; medication administration; and medical passports (922 KAR 1:495, sec. 2(3)).

Home Studies

The purpose of a required home study is to review the applicant's background and determine the applicant's suitability.

A home study must be completed before adoption can take place. The purpose is to review the applicant's background and determine the applicant's suitability to receive a child. The portion of the home study pertaining to the home and family background is valid for 1 year. Based on the home study report and the recommendation of the adoption worker who conducted the study, the CHFS secretary must grant or refuse permission for the applicant to adopt a child within 60 days after receipt of the application (KRS 199.473(2), 199.473(3)(e), and 199.473(5)).

Under HB 1, CHFS must establish administrative regulations such that home study requirements are the same for both public and private agencies.

Under HB 1, CHFS must establish administrative regulations that spell out requirements and clarification so that home study procedures and requirements are the same for both public and private agencies.

Criminal Background Checks

Statute requires a criminal background check, a State Police and Federal Bureau of Investigation fingerprint check, and a check of the Sex Offender Registry before a prospective adoptive parent can be approved.

Before a prospective parent can be approved to adopt, KRS 199.462 requires a criminal background investigation of the adoptive parent and each adult household member. This includes a fingerprint check by the Department of Kentucky State Police (KSP) and the Federal Bureau of Investigation (FBI). The investigation also includes a criminal records check conducted by the Justice and Public Safety Cabinet and an address check of the Sex Offender Registry (922 KAR 1:490).

All requests for background checks come to the State Police without its knowledge of whether they are submitted by DCBS. A 2016 Federal Bureau of Investigation audit concluded that DCBS should keep extensive logs on process information.

All requests for adoption background checks are submitted to KSP, whether from DCBS, private agencies, or someone else. Thus, KSP does not know which requests were submitted by whom. FBI rules require KSP to return these background checks to a state agency, so KSP has been sending them to DCBS. DCBS then releases those requested by licensed child placement agencies to those agencies. A 2016 FBI audit concluded that proper records of which background checks were received, and to whom they were forwarded, were not being kept. Another level of scrutiny is required, such as DCBS keeping extensive logs on this information, including requests sent, for whom, and whether appropriate forms were signed by the private child placement agencies pledging not to divulge their information to anyone. A KSP official met with DCBS in the summer of 2017, and the necessary changes are in process.⁹

Adoption Assistance

When a child has costly special needs, DCBS may offer adoption assistance. A special needs child is one for whom adoptive placement without financial assistance is unlikely.

In some instances, DCBS may determine that a child has needs beyond what a reasonable adoptive parent might be expected to provide. In such cases, CHFS may offer additional assistance (KRS 199.555(1)(b)). Kentucky defines a “special needs” child as one for whom adoptive placement without financial assistance is unlikely because the child

- has a physical or mental disability;
- has an emotional or behavioral disorder;
- has a recognized risk of physical, mental, or emotional disorder;
- is a member of a sibling group in which the siblings are placed together;
- has had previous adoption disruption or multiple placements;
- is a member of a racial or ethnic minority and 2 years old or older; or
- is age 7 or older and has a significant emotional attachment or psychological tie to the foster family, and DCBS has

determined it would be in the child's best interest to remain with the family (922 KAR 1:050, sec. 2).

An adoption assistance agreement specifies the nature and amount of payments, services, and assistance to be provided.

Under Title IV-E of the Social Security Act, states with an approved Title IV-E plan must enter into an adoption assistance agreement with the adoptive parents of any child who is found to have special needs. An adoption assistance agreement specifies the nature and amount of any payments, services, and assistance to be provided (922 KAR 1:060, sec. 7).

Federal adoption assistance means a monthly payment to meet the special needs of a child placed for adoption. It includes payment of nonrecurring adoption expenses (usually legal) and may include reimbursement of extraordinary medical expenses (KRS 199.557).

If DCBS finds that a monthly assistance payment to adoptive parents will increase the likelihood of adoption, adoption assistance may be paid to the adoptive parents if all three of these conditions exist:

- The child was considered a special-needs child prior to the adoption.
- CHFS has authority to consent to the child's adoption.
- The adoptive parents can give suitable care to the child if a monthly adoption assistance is paid (KRS 199.555(5)).

Federal reimbursement may be available for part of the cost of providing monthly subsidies on behalf of a special needs child.

If the cabinet determines that reasonable but unsuccessful efforts have been made to place a special needs child for adoption without assistance and that it is unlikely the child would be adopted without such assistance, federal reimbursement is available for a part of the cost of providing monthly subsidies on behalf of the child. Title IV-E adoption assistance funding is authorized on a permanent, no-year-limit basis (KRS 199.555).

Recruitment Of Adoptive Homes

From 2012 to 2016, the number of children available for adoption increased each year except 2013.

From 2012 to 2016, the number of children available for adoption increased each year except 2013. Over this period, 2,257 children were adopted. On average, approximately 44 percent of children who were available for adoption were adopted each year. A total of 552 adoptable children were discharged from DCBS care for a reason other than adoption. A number of the adoptable children may be with foster parents who wish to adopt them, while awaiting termination of parental rights or other legal proceedings. Tables 2.1 and 2.2 include children in the Swift program and the Special Needs Adoption Program (SNAP), and all children needing adoption are included in at least one of these two programs.

**Table 2.1
Children Available For Adoption And Percentage Adopted
2012 To 2016**

Year	Adoptable As Of Jan. 1	Adopted	Percent Adopted	Discharged For Other Reason	Percent Discharged
2012	981	376	38.3%	104	11.0%
2013	918	334	36.4	121	13.2
2014	1,016	445	43.8	136	13.4
2015	1,101	535	48.6	95	8.6
2016	1,153	567	49.2	96	8.3
Total		2,257		552	

Source: Elizabeth Caywood. Email to Chris Hall. July 12, 2017.

The percentage of adoptables carried over from the previous year has ranged from 55 percent in 2013 to 39.5 percent in 2015.

Table 2.2 shows how many adoptable children each year had been available for adoption in the previous year, and how many were newly available for adoption. The percentage of adoptables carried over from the previous year has ranged from 55 percent in 2013 to 39.5 percent in 2015.

**Table 2.2
Children Available For Adoption
2013 To 2016**

Year	Adoptables Remaining From Previous Year	New Adoptables	Total Adoptables	% Of Adoptables Remaining From Previous Year
2013	501	417	918	55.0%
2014	463	553	1,016	45.6
2015	435	666	1,101	39.5
2016	471	682	1,153	40.9

Source: Elizabeth Caywood. Email to Chris Hall. July 12, 2017.

Children available for adoption are posted on the AdoptUsKids website. AdoptUsKids is a project of the US Children's Bureau and maintains a national photo listing of children awaiting adoption.¹⁰

DCBS is expanding its adoption recruitment efforts with the Dave Thomas Foundation for Adoption.

DCBS is expanding its recruitment efforts with the Dave Thomas Foundation for Adoption and Wendy's Wonderful Kids program. The foundation is working with DCBS to provide recruitment workers to Kentucky's adoption system. Smaller caseloads free these workers to work closely with the child, caseworkers, foster family, school personnel, therapists, and others involved with the child. The foundation has created a national model for providing child-specific information to interested adoptive parents. According to CHFS officials, past adoptive families may be more willing to adopt another child if they talk one-on-one with foundation staff.¹¹

Swift Adoption

If an adoptive parent has not been found after a child's permanency goal has become adoption, DCBS begins Swift adoption procedures, which expedite the process. Swift adoption teams work with recruitment participants from across the state.

If an adoptive parent has not been found after a child's permanency goal has become adoption, DCBS immediately begins Swift adoption procedures to recruit an adoptive parent or parents (KRS 199.565(1); 922 KAR 1:100, sec. 2 (7)).¹²

As required by KRS 199.565(1), DCBS has developed a written protocol for statewide Swift adoption procedures. DCBS has developed Swift adoption teams to expedite the process. These teams include department personnel representing the state, district, and local levels. Case referrals to Swift adoption teams are accepted from social services offices across the state (KRS 199.565(2)).

DCBS timely issues a quarterly report on all Swift teams.

DCBS is required to issue a quarterly report that provides the status of the teams' goals and objectives and identifies all adoption proceedings in which the teams have participated. Submission of the reports has been timely done. The reports include

- the number and location of all committed children placed for adoption,
- all options made available to those populations,
- the experience and activity for each case,
- the successful adoptions and locations, and
- the status of all cases in which the teams have participated (KRS 199.565(3)).

The Swift adoption team monitors the progress of the child's case through termination of parental rights through adoption finalization. The team identifies barriers that will delay or impede the timely adoption of the child, including biological family issues, absent parent search, court issues, sibling issues, unresolved separation and loss issues, adoptive family issues, the appeals process, and internal system issues.¹³

Special Needs Adoption Program

The Special Needs Adoption Program (SNAP) finds adoption placements for special needs children. The Swift team coordinates recruitment with SNAP staff.

At the same time a special needs child becomes eligible for Swift adoption, the child must also be registered with the Special Needs Adoption Program (922 KAR 1:100, sec. 2(7)). SNAP was established to find adoptive placements for special needs children. Children are referred to the program when their permanency goal is adoption, termination of parental rights has been granted, and they do not have any identified adoptive families being considered within 30 days following the termination of parental rights. SNAP recruits adoptive families for these children (922 KAR 1:100).¹⁴

SNAP staff use in-state media to inform the public of the child's availability for adoption. These media include internet recruitment resources, adoption activities, and a website. SNAP staff also use national resources for recruitment.¹⁵ The Swift team coordinates with SNAP staff when a child has no identified adoptive family.

Placing Kentucky Children In Other States

Statute authorizes CHFS to enter into interstate agreements when someone in another state wants to adopt a Kentucky child.

KRS 615.030 authorizes CHFS to enter into interstate agreements with agencies of other states. When a person wishing to adopt a Kentucky child lives in another state, the provisions of the Interstate Compact on the Placement of Children must be met (KRS 199.473(12)). In these cases, Kentucky's CHFS continues to pay for a child's adoption assistance, including medical payments (KRS 199.595 and 615.030).

¹ William G. Jones. *Working With The Courts In Child Protection*. Child Abuse and Neglect User Manual Series. Office on Child Abuse and Neglect, 2006. Web. July 5, 2017. P. 35.

² *Black's Law Dictionary*. 2d Pocket Edition. St. Paul: West Group, 2001. P. 275.

³ *R.A.M. v. Cabinet for Health and Family Servs.*, 2013 WL 2120254. (Ky. Ct. App. 2013).

⁴ Elizabeth Caywood. Email to Chris Hall. July 12, 2017.

⁵ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. Elizabeth Caywood et al. Interview. April 20, 2017.

⁶ *Ibid.*

⁷ Kentucky. Cabinet for Health and Family Services. Kentucky Child and Family Services Plan 2015-2019. P. 7.

⁸ Elizabeth Caywood. Email to Chris Hall. June 28, 2017.

⁹ Ariaiah Faulkner. Kentucky State Police. Program coordinator, Criminal Records Dissemination Section. Interview. Aug. 31, 2017.

¹⁰ United States. Children's Bureau. AdoptUsKids. Web. Aug. 31, 2017.

¹⁶ Vickie Yates Brown Glisson and Adria Johnson. Cabinet for Health and Family Services. "Foster Care and Adoptions." Presentation to House Working Group on Adoption. June 19, 2017.

¹² Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. Standards of Practice Online Manual 13.3.

¹³ Ibid. 13.3(4)(A & B).

¹⁴ Ibid. 13.14.

¹⁵ Ibid.

Chapter 3

Caseloads And Retention

The number of children in the foster care system has increased annually since 2011. Kentucky's increase has been more pronounced than the national trend. However, the number of caseworkers assigned to provide services to these children has not kept pace with the number of children entering the system.

The number of children in the national foster care system has increased annually since 2011. As Table 3.1 shows, Kentucky's increase has been more pronounced than the national trend.¹ As of July 2017, there were more than 8,500 children in Kentucky's foster care system, a nearly 25 percent increase since 2011.² Over this period the number of child protective service caseworkers increased by only 7 percent.³ DCBS reports that substance abuse is a major contributing factor to the increasing number of children in foster care.⁴

Further, most child protective service caseworkers in Kentucky are assigned a mix of cases ranging from investigations to ongoing in-home and out-of-home care, all of which contribute to workloads. DCBS reports that the number of intake calls received by caseworkers doubled from 2011 to 2017 and the number of children in substantiated reports of abuse or neglect increased by 42 percent.⁵

**Table 3.1
 Number Of Children In Foster Care In Kentucky And The US
 And Number Of Child Protective Services Caseworkers
 2011 To 2017**

Year	Children (US)	Change	Children (KY)	Change	Caseworkers (KY)	Change
2011	397,605		6,865		1,212	
2012	397,301	-0.1%	6,939	1.1%	1,223	0.9%
2013	401,213	1.0	7,242	4.4	1,235	1.0
2014	414,429	3.3	7,619	5.2	1,269	2.8
2015	427,910	3.3	7,856	3.1	1,262	-0.6
% Change (2011 to 2015)		7.6%		14.5%		4.1%
2016	-	-	8,056	2.6	1,284	1.7
2017	-	-	8,546	6.1	1,302	1.4
% Change (2011 to 2017)				24.5%		7.4%

Source: United States. Administration for Children and Families. AFCARS Report 2011-2016; Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. TWS-W230S Reports, 2011-217 and Statewide Foster Care FACTS Reports, 2011-2017.

Child Welfare Caseloads

The increasing number of children in foster care has created challenges for state child welfare systems. In many states, the number of child welfare caseworkers has not kept pace with the number of children in foster care. This has resulted in the number of cases assigned to individual caseworkers rising to unmanageable levels.

In 2006, the United States Government Accountability Office (GAO) conducted a survey of state child welfare offices in which child welfare caseworkers reported that the most significant challenge they faced was the management of excessive caseloads. These caseworkers also reported that excessive caseloads were the most significant obstacle to providing services to children and families.⁶

Impact Of High Caseloads

Excessive caseloads can lead to negative outcomes such as jeopardized agency funding, poor outcomes for children and families, employee turnover, and class action litigation.

Failure to set and maintain reasonable caseloads can result in many negative outcomes. First, failure to meet federal standards can jeopardize funding.⁷ In 2016, Kentucky DCBS was penalized 1 percent of its federal funding because caseworkers did not complete the required number of monthly visits to children in foster care.^a This penalty resulted in an additional \$57,926 in estimated costs being covered by state funds.⁸

Second, excessive caseloads can lead to workers making mistakes that harm children and their families.⁹ A 2013 audit of the West Virginia Bureau for Children and Families found that excessive caseloads had led to the state being unable to investigate child abuse allegations effectively.¹⁰ A 2017 audit of Idaho's child protective services found that lower workloads were significantly related to better results for children and families and that there was sufficient evidence to support the premise that lowering caseloads leads directly to better outcomes.¹¹

Third, unmanageable workloads reduce caseworker morale, which reduces productivity and increases turnover. A 2006 GAO report found that excessive caseloads were significant indicators of turnover and listed unmanageable workloads as a main contributor to turnover. Moreover, caseworker turnover can exacerbate caseload problems, leading to a cycle of poor outcomes. A 2003

^a DCBS failed 2 years in a row to meet the 95 percent threshold for caseworker in-home visits. In 2016, 94.5 percent of cases met this standard. DCBS has passed all other program improvement plans.

audit of Arizona's child welfare system revealed that, despite caseload averages below national standards, caseworkers were still unable to manage cases effectively due to high turnover.¹²

Fourth, high caseloads that result in negative outcomes for children and their families can lead to class-action litigation. For example, in 2015 a US federal judge cited excessive workloads in finding that the Texas Department of Family and Protective Services had violated the 14th Amendment rights of children to be free from harm while in state custody by ignoring unmanageable caseloads for 20 years. The litigation resulted in more than \$7 million in legal fees and the appointment of an independent special master.¹³ Several other states have been found liable for poor child protective services outcomes due to untenable caseworker workloads in recent years. Class action lawsuits are pending in nearly 30 states, and 20 states are working to implement consent decrees or other court orders to reform their child welfare systems.¹⁴

Caseload Standards

The Child Welfare League of America and the Council on Accreditation have established caseload standards of 12 and 15 cases per caseworker, respectively.

The Child Welfare League of America (CWLA) and the Council on Accreditation (COA) have established maximum caseload standards that are manageable, do not compromise the quality of services provided to children and families, and avoid the negative outcomes discussed above. Current CWLA standards recommend a caseload average of no more than 12 cases per caseworker, while current COA standards recommend no more than 15.¹⁵

A 2009 study of caseworkers in Pittsburgh and a 2016 report by the Texas independent special master each recommended a caseload standard of 17 cases per caseworker.

A 2009 study of child welfare caseloads for caseworkers in Pittsburgh included focus group sessions involving 60 child welfare caseworkers, job shadowing of child welfare workers for more than 5,600 hours, and an analysis of more than 16,000 child welfare cases. The study concluded that the maximum caseload should be no more than 17 cases.¹⁶

In 2016, the Texas independent special master report set a caseload maximum of 17 cases based on a yearlong workload time activity study. In 2015, the Indiana Department of Child Services, in collaboration with Deloitte Consulting, also recommended a caseload standard of 17.¹⁷ Kentucky DCBS reports that its current caseload target is 18. This target is based on 2001 COA standards, which were lowered from 18 cases to 15 cases in 2017.¹⁸ Table 3.2 lists the caseload standards reviewed by this report, as well as Kentucky caseload averages as of May 2017.

Table 3.2
National Caseload Standards And
Current Kentucky Caseload Estimates

Source	Maximum Caseload
Child Welfare League of America (2017)	12
Council on Accreditation (2017)	15
Pittsburgh Study (2009)	17
Indiana Child Services & Deloitte Consulting (2015)	17
Texas Independent Special Master Report (2016)	17
Kentucky DCBS Caseload Target (2017)	18
Kentucky Statutory Maximum (2017)	25
Program Review Kentucky Caseload Average (July 2017)	26
DCBS Current Kentucky Caseload Average (May 2017)	32

Sources: Child Welfare League of America. *Direct Service Workers' Recommendations For Child Welfare Financing And System Reform*. Washington: CWLA, 2012; Council on Accreditation. *Standards For Public Agencies: Foster Care And Kinship Care*. Washington: COA, 2017; Hide Yamatani, Rafael Engel, and Solveig Spjeldnes. "Child Welfare Worker Caseload: What's Just Right?" *Social Work*. 54.4 (2009): 361-368. Pp. 361-362; Indiana. Dept. of Child Services. *Indiana Department Of Child Services (DCS) Caseload And Workload Analysis: Final Recommendations*. 2015. Web. Jan. 9, 2017; *Stukenberg v. Abbott*, 2017 WL 74371 (D. Tex. Jan. 9, 2017); KRS 199.461(4); Program Review analysis of Dept. for Community Based Services TWS-230S Reports, 2011-2017; Kentucky. Dept. for Community Based Services. "Social Worker Caseload Averages Reporting Pursuant To KRS 199.461(4)." July 10, 2017.

As of May 2017, DCBS reports that the average statewide caseload for Kentucky child welfare workers is 32.

Most states have struggled to meet any of these standards. Based on a new method of calculating caseloads, DCBS reports that the average statewide caseload for Kentucky child welfare caseworkers is 32 (as of May 2017).¹⁹ Using a different method, Program Review staff calculated an average statewide caseload of 26, which aligns closely with another, more conservative, DCBS method of calculating caseloads. These different methods for calculating caseload averages are discussed later in this chapter.

Caseloads In Other States

Several states have reviewed their child welfare systems in recent years and found that high caseworker caseloads are resulting in poor quality of service for children and families.

In recent years, many states have conducted reviews of their child welfare systems in response to increasing caseloads. Common findings are that caseloads are unmanageable and becoming less manageable over time, high caseloads are resulting in poor service quality for children and families, and unmanageable caseloads are a driving force behind caseworker burnout and turnover. The most

common recommendations for addressing unmanageable caseloads include

- improving methods for collecting and tracking caseworker information;
- creating formal methodologies for calculating caseloads from workload information;
- establishing job-specific and activity-based maximum caseload standards based on caseload and workload calculations;
- hiring additional staff to realize maximum caseload standards;
- reducing paperwork, administrative responsibilities, and other support tasks of frontline caseworkers;
- improving efficiencies related to documenting cases and entering case information into computer systems; and
- increasing caseworker salaries to reduce turnover.

The following section reviews selected audits conducted in other states.

The Legislative Audit Council of South Carolina conducted a review of the South Carolina Department of Social Services in 2014. The audit found that child welfare caseloads were excessive and unmanageable and that the failure to establish maximum caseload standards or a formal method of calculating caseloads was a major concern. Caseloads were found to be excessive by either CWLA or COA standards, with 40 percent of caseworkers assigned more than 20 cases and 20 percent of caseworkers assigned more than 50 cases. The report recommended that the department develop a methodology for calculating appropriate caseload for caseworkers and enforce a caseload maximum based on that methodology.²⁰

West Virginia conducted an audit of its child welfare services in 2013. The primary focus of the review was to determine why the state's child welfare system was unable to investigate child abuse allegations in the amount of time stipulated by statute. The auditor's office determined that poor workforce retention and high caseloads were primarily to blame. The report recommended that the Bureau for Children and Families should develop a long-term workforce retention plan with a strategy to reduce turnover and caseloads.²¹

A 2014 performance review conducted by Tennessee's Division of State Audits found that the Department of Children's Services needed to reduce its caseworkers' average caseloads. The audit identified reliable caseload and workload measurement as fundamental underlying problems. At the time of the audit, the

department did not calculate the average number of cases assigned to caseworkers or set an official standard, only an unwritten protocol of assigning no more than 11 new cases per month. In response, the audit recommended that the department lower caseload averages to no more than eight new cases per month and develop a better method for caseload management. To meet this new standard, the audit concluded that additional staff would be required.²²

Arizona conducted an audit of its foster care caseloads in 2003. The audit investigated the impact of 2001 funding increases designed to increase the number of child welfare caseworkers and bring caseload averages in line with CWLA standards. The audit found that caseload averages in 2003 had decreased to CWLA standards but that caseworkers were still unable to effectively perform their duties. High caseworker turnover resulted in the workforce being divided between senior caseworkers assigned high caseloads and new trainees carrying few cases. Excessive administrative duties that could be better handled by support staff were occupying a disproportionate amount of caseworker time. The audit recommended that the Division of Children, Youth, and Families develop a strategy to improve caseworker retention and hire additional support staff.²³

In 2015, Indiana's Department of Child Services enlisted Deloitte Consulting to conduct a workload analysis of its child welfare workforce. The analysis concluded that in order to meet a 17-case caseload standard, the department would need to improve its methods of tracking and calculating caseloads. In addition, Deloitte recommended developing a recruitment and retention strategy to address increasing trends in turnover, caseload averages, and a slow hiring and training process.²⁴

The Colorado Department of Human Services conducted a workload audit of the state child welfare system in 2014. The audit consisted of a 4-week time series analysis of 54 counties and 1,300 child welfare caseworkers. The study concluded that the estimated amount of time required to complete mandated child welfare activities exceeded the amount of time available from the current number of caseworkers. The study determined that the Department of Human Services would need to hire more than 500 additional caseworkers to adequately manage current caseloads.²⁵

In 2015, a federal judge appointed an independent special master to conduct an audit of the Texas Department of Family and Protective Services in response to unmanageable caseloads leading

to poor outcomes for children and families. The court found Texas's child protective services to have violated the constitutional rights of children to be free from harm while in state custody. The resulting report made 31 recommendations, including the requirement that the department conduct a workload study to determine the time required for caseworkers to perform tasks and the implementation of a caseload maximum based on the workload study. The caseload maximum was set at 17 cases per caseworker. The report also found that caseworkers were required to spend too much of their time with administrative duties, paperwork, and the state's electronic case management system. The report mandated that caseworkers be required to spend at least 26 percent of their time interacting directly with foster children and families.²⁶

The 2017 Idaho Office of Performance Evaluations' review of the Department of Health and Welfare found that the most daunting problem facing child protective services was excessive workloads. In addition to finding that nearly 90 percent of caseworkers viewed their workloads as unreasonable, the audit reported a direct correlation between lower workloads and better outcomes for children.²⁷

Caseloads In Kentucky

KRS 199.461 establishes that statewide caseload averages for child welfare caseworkers should not exceed 25 cases. DCBS calculated the May 2017 statewide caseload average to be 32 cases per caseworker.

KRS 199.461 mandates that statewide caseload averages for child welfare workers should not exceed 25 cases. If the statewide average exceeds 25 cases for 90 consecutive days, DCBS is required to deliver a report to the governor and the Legislative Research Commission (LRC) describing the reasons for the caseload overage and making recommendations on how to improve the situation.

In January 2017, DCBS reported that statewide caseloads had exceeded statutory maximums and that the December 2016 caseload average was 29 cases per caseworker. This report coincided with the development of a new methodology for calculating caseloads.²⁸ The department has since delivered one additional statewide caseload overage report in July 2017, which reported that the statewide caseload average for child welfare caseworkers had risen to 32 in May 2017.²⁹ These averages represent snapshots of what the average caseload is for the state's child welfare workforce, as a whole, at a specific point in time. The averages are higher than all the caseload standards reviewed by Program Review staff and the current DCBS target caseload average of 18.

In 2017 DCBS changed how it calculates caseloads in two important ways. First, the agency now includes past due cases (cases that have not been completed within an established time frame) in its calculation of caseload averages. Second, staff who are not assigned full caseloads are excluded from calculations of caseload averages. These changes result in higher caseload averages.

Calculating Caseload Averages. How caseloads are calculated can have a significant impact on reported averages. The new DCBS caseload methodology makes two important changes to how caseloads are calculated. First, the new methodology includes in its calculations both current and past due cases. Previously, DCBS had not included past due cases in caseload calculations, which resulted in lower reported statewide caseload averages. Past due cases are cases that have not been completed within an established time frame, though work on the case continues. DCBS officials reported that past due cases continue to contribute significantly to caseworker workloads. Program Review staff and DCBS officials could determine no reason why past due cases should be omitted from caseload calculations.³⁰

Second, caseworkers who are not at full capacity are no longer included in caseload calculations. Noncapacity staff include those who are not able to carry a full caseload or who need assistance with carrying a caseload for any number of reasons, such as the staff being newly hired, requiring medical leave, or having desk duty. The exclusion of noncapacity staff results in higher statewide caseload averages. Combined with the inclusion of past due cases, the new caseload reporting methodology reports significantly higher caseloads than the previous reporting methodology.

Regardless of the method used to calculate caseload averages, Kentucky's child welfare caseworkers have caseloads much higher than national standards.

The two statewide caseload reports submitted to LRC in January and July 2017 indicate that statewide caseload averages would not have exceeded 20 cases under the previous methodology and would have remained under the statutory maximum. Using the new methodology, statewide caseload averages have exceeded the 25-case maximum established by statute for 10 consecutive months. The caseload averages under either methodology exceed COA and CWLA national standards, as well as DCBS's target average.

Table 3.3 displays how widely the average statewide caseloads vary depending on how they are calculated. The effect of including past due cases and excluding noncapacity staff is much higher average caseloads (32) than found in previous DCBS accounting (19). DCBS reports that these numbers more accurately reflect real workloads, but it acknowledges that this methodology is possibly an overestimation.³¹ Given that past due cases are still being actively worked by caseworkers and should not contribute to an overestimation of caseload averages, these cases should be included in caseloads calculations. Including these cases results in an average caseload of 25 cases per caseworker.

Table 3.3
Four Methods For Calculating Caseload Averages
June 2017

Method	Average Caseload
DCBS average caseload (previous)	19
DCBS average caseload with past dues included	25
Program Review average caseload	26
DCBS average caseload with past dues included and noncapacity excluded (new method)	32

Source: Kentucky. Cabinet for Health and Family Services Dept. for Community Based Services. "Social Service Worker Caseload Averages Reporting Pursuant To KRS 199.461(4)." Frankfort: DCBS, July 10, 2017; Program Review staff analysis of Dept. for Community Based Services TWS-230S Reports, 2011-2017.

The exclusion of noncapacity workers from caseload calculations almost certainly leads to an overestimation of caseload averages, however. As of June 2017, 18 percent of Kentucky’s caseworkers were listed as noncapacity. Most are likely assigned some cases or are contributing to workloads in some fashion. Program Review staff’s analysis of individual caseworker caseloads indicates that some portion of caseworkers in Kentucky are working caseloads but would not qualify as full capacity. In addition, responses to Program Review staff’s 2017 child welfare caseworker survey indicated that 33 percent of caseworkers were assigned 2 to 14 cases. These caseworkers would likely be excluded from DCBS calculations as noncapacity.

Statewide, excluding noncapacity caseworkers from caseload calculations overestimates caseload averages. For regions and counties, such exclusion can make it difficult to calculate caseload averages at all.

Statewide, excluding noncapacity caseworkers overestimates caseload averages by ignoring the workloads of many caseworkers. For regions and counties, such exclusion can make it difficult to come to any meaningful conclusions. The difference between previous and current DCBS methods of calculating caseloads is particularly pronounced in the Jefferson Service Region. A review of caseloads in the region reveals that the disparity is due to both a high number of past due cases and a high percentage of caseworkers unable to carry full caseloads. As of December 2016, there were 2,648 active cases in the region, of which 34 percent (889) were past due, so one-third of child welfare cases in the region were not being included in previous calculations. Including these cases changes the caseload average for the region from 20 to 32.

Meanwhile, 32 percent of Jefferson Service Region staff are classified by DCBS as noncapacity staff in its new caseload calculations. Excluding a third of the caseworkers from caseload calculations increases the caseload average for the region from

32 to 43 cases. In practice, many in this group of caseworkers are assisting with workloads in some form.

The effect of excluding noncapacity staff is even more pronounced at the county level. When calculations are made based on the exclusion of noncapacity caseworkers, the highest average caseload is in Spencer County, with a caseload average of 91 cases per caseworker. The county employs only two child welfare caseworkers, one of whom is classified by DCBS as noncapacity. This classification alone has the effect of doubling the county's average caseload from 46 to 91. Lewis County employs only three caseworkers, so when two of them are classified as noncapacity, the county's average caseload increases from 20 cases to 65 cases. Some smaller counties reported all of their caseworkers as being noncapacity staff, meaning that caseload calculations based on the exclusion of these workers are impossible.

Because of these considerations, this report considers averages including past due cases but not excluding noncapacity staff to be a more accurate representation of real caseloads. For the exclusion of noncapacity staff to improve on caseload calculations, DCBS would need to collect better data on the workloads of these individuals. As a result, Program Review staff consider the DCBS reported statewide caseload average of 25 cases, which includes past due cases, to be the best currently reported approximation of Kentucky caseworker workloads.

Recommendation 3.1

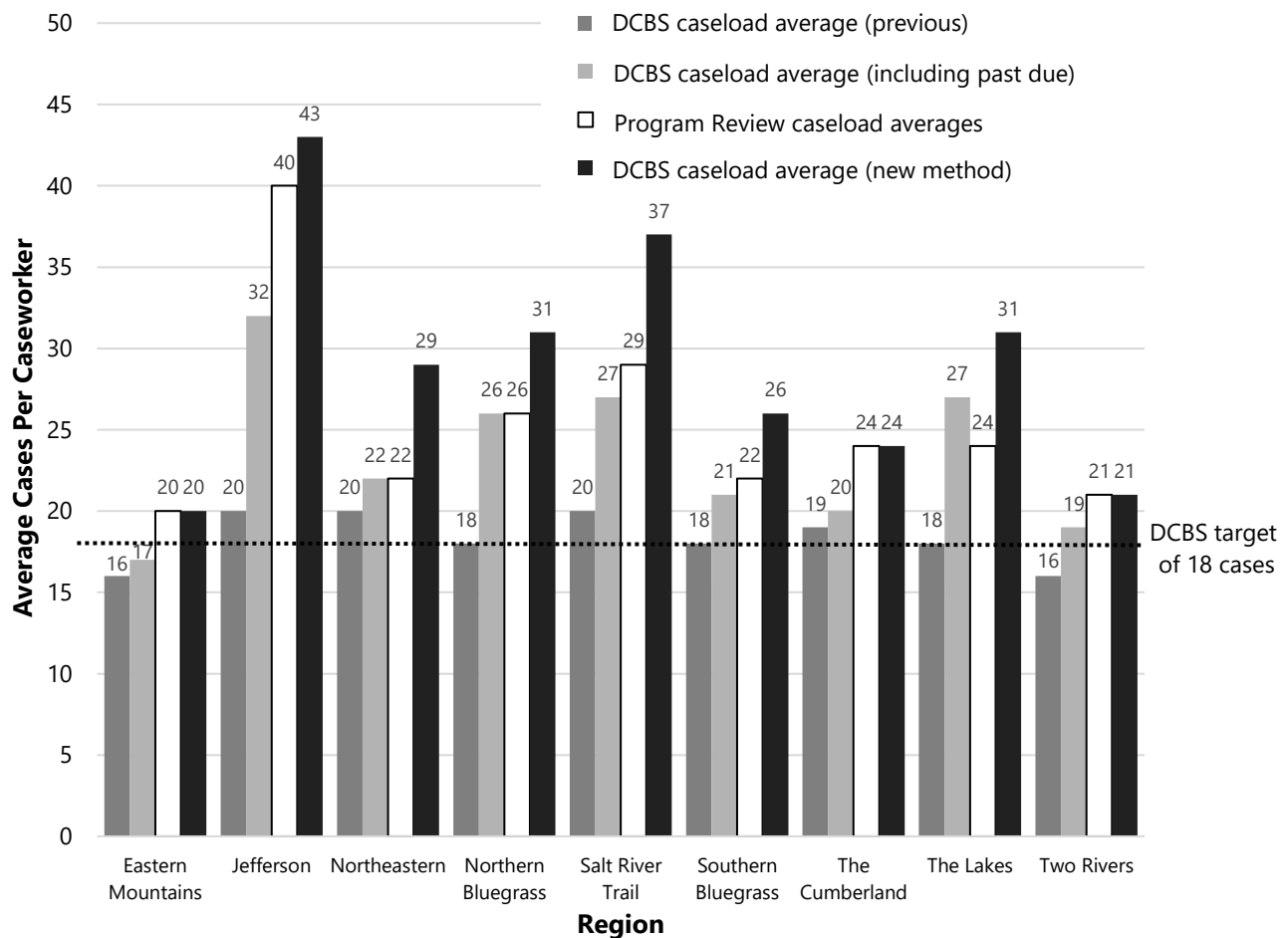
Recommendation 3.1

The Department for Community Based Services should develop a method for calculating or estimating the number of cases assigned to staff not currently carrying full caseloads and the contributions of such staff to state, regional, and county workloads. The workloads of these staff should be included in the calculations of average caseloads along with past due cases.

Regional Caseloads. Figure 3.A reports regional variation in caseload averages and displays the significant variation that exists across Kentucky's nine child welfare service regions. The Eastern Mountains Service Region has the lowest average caseload at 17 cases per caseworker, and the Jefferson Service Region has the highest at 32 cases per caseworker. All service regions reported caseload averages exceeding the standards developed by CWLA and COA. All regions but one (Eastern Mountains) exceeded the DCBS target caseload average of 18, and four of the nine regions (Jefferson, Northern Bluegrass, Salt River Trail, and The Lakes)

reported caseload averages above the statutory maximum of 25. As shown in the figure, the manner in which caseload averages are calculated has a significant impact on the average caseloads reported at the regional level.

Figure 3.A
Four Methods For Calculating Regional Caseload Averages
2017



Source: Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. TWS-W230S Report. Frankfort: DCBS, Feb. 2017.

Caseload averages vary significantly across regions and counties.

County Caseloads. As with regional caseload averages, caseload averages at the county level vary significantly. Carlisle County reports the lowest caseload average in Kentucky with an average of five cases per caseworker. Hickman County reports the highest caseload average, 57 cases per caseworker. Twenty counties report average caseloads of more than 30 cases per caseworker. Only two counties report caseload averages that meet the CWLA standard of 12 cases per caseworker, and 14 counties meet the standard of 15 cases recommended by COA. Twenty-four counties meet the

current DCBS target average of 18 cases per caseworker. Only 37 counties have caseloads below the statutorily mandated limit of 25.

Given the significant variation in caseload averages across counties and regions, the current method of providing a single statewide caseload average may not provide the General Assembly with sufficient information. A report that includes regional and county caseload averages that exceed statutory maximums would provide more information on where caseload averages are particularly problematic and where they are at acceptable levels.

HB 1 of the 2018 Regular Session addressed these concerns by requiring additional reporting of statewide, regional, and county caseload averages for state social service workers to the Legislative Research Commission and to the Governor's Office.

DCBS should implement specific measures to address variation in caseload averages across regions and counties. Some counties and regions have caseload averages that are significantly higher than others and may need special attention.

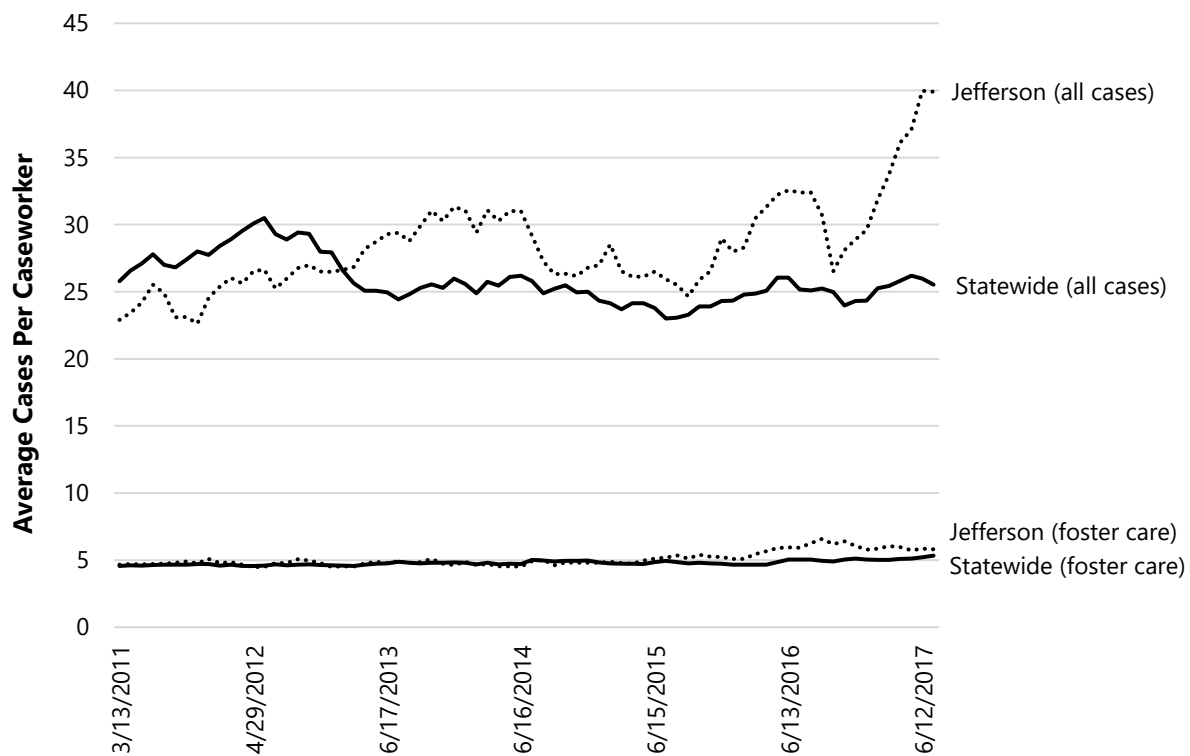
Caseload Averages Over Time. The 2016 change in how DCBS calculates caseloads, including past due cases and excluding noncapacity staff, complicates the analysis of caseload average trends over time. In order to remedy this problem, Program Review staff analyzed caseload data from DCBS Caseload Summary reports (TWS-W230S) for 2011 to 2017 and calculated a caseload average that includes an estimate of noncapacity staff workloads and that includes past due cases (see Appendix A).

Program Review staff analyzed caseload averages, the number of cases, and the number of caseworkers statewide from 2011 to 2017. For comparison, staff also compiled this information for the Jefferson Service Region. This region was chosen because it has the highest average regional caseload in the state, and interviews with DCBS staff have identified the region's caseloads as challenging. Jefferson's regional caseload represents approximately 15 percent of the total statewide caseload.

Figure 3.B displays the trend in Child Protective Services caseload averages for the state of Kentucky and the Jefferson Service Region for 2011 to 2017. Kentucky's statewide caseload average was 26 cases per caseworker as of July 2017. This caseload average has remained relatively stable for the past 6 ½ years but has trended slightly downward. The average caseload for the entire

period was also 26 cases but peaked at 30 in May 2012 and dipped to a low of 23 in July 2015. The caseload average for the Jefferson Service Region, as of July 2017, was 40 cases per caseworker, the highest caseload average since 2011. Unlike the trend in statewide caseload averages, caseloads in the Jefferson Service Region have steadily and significantly increased over time. From a low of 23 in March 2011, caseload averages have increased 74 percent to 40 cases. Looking only at foster care caseloads (cases dealing specifically with the out-of-home care of children), the averages have remained relatively stable at 5 cases from 2011 to 2017, both statewide and for the Jefferson Service Region.

Figure 3.B
Child Protective Services Caseworker Average Caseloads For
Kentucky And Jefferson Service Region
2011 To 2017



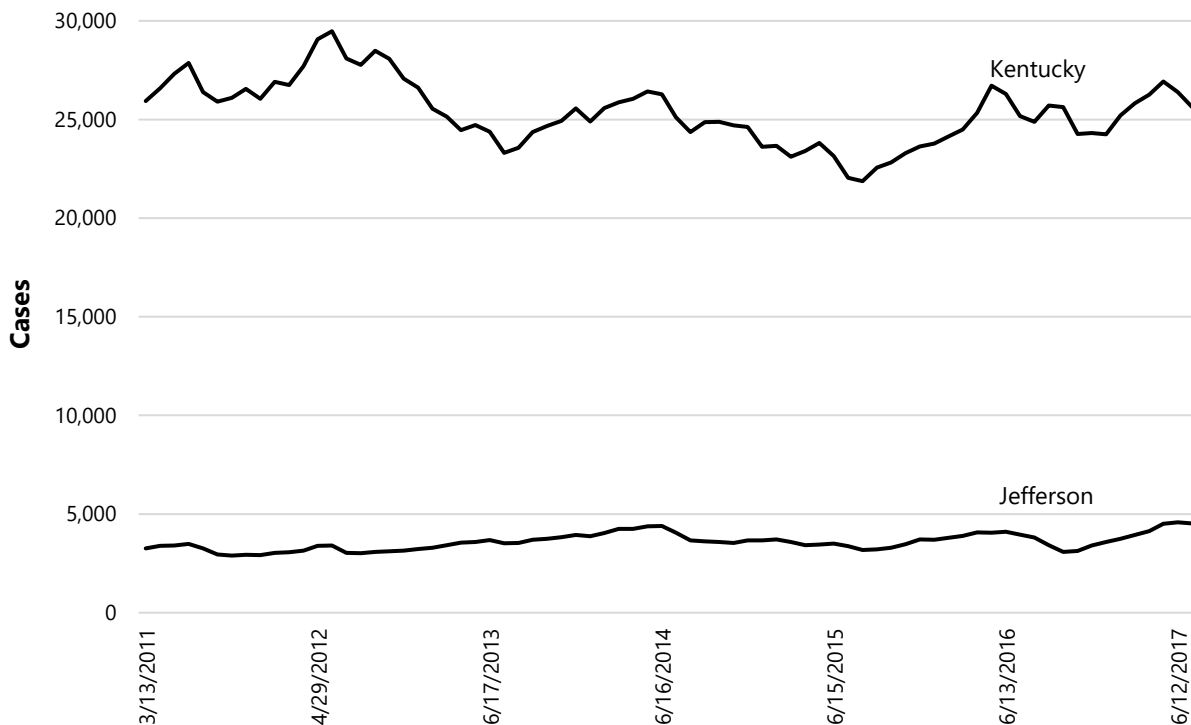
Source: Program Review analysis of Dept. for Community Based Services TWS-230S Reports, 2011-2017.

The total number of child protective caseworkers for the state and for the Jefferson Service Region has varied since 2011. As of July 2017, there were 1,012 caseworkers assigned to child protective service cases in Kentucky. This number is up from the August 2015 low of 961 but below the 1,056 high of May 2011. The average number of caseworkers for the entire period was 1,006. There were 117 child protective service caseworkers in the

Jefferson Service Region as of July 2017, which is down from the 146 caseworkers employed in May 2014. The lowest number of child protective caseworkers employed by the Jefferson Service Region since 2011 was the 114 total of November 2016.

Figure 3.C displays the trends in child protective cases from 2011 to 2017 for the state and the Jefferson Service Region. The number of child protective service cases statewide has varied over time but has averaged approximately 25,300 since 2011. For the Jefferson Service Region, the average has been approximately 3,600 cases. Statewide, total cases are currently slightly above average with 25,626 child protective cases active as of July 2017. Meanwhile, total cases for the Jefferson Service Region are currently approximately 20 percent above average. In May 2017, the total number of cases in the Jefferson Service Region exceeded 4,500 for the first time. There are 4,531 active cases in the region currently.

Figure 3.C
Number Of Child Protective Service Cases For
Kentucky And Jefferson Service Region
2011 To 2017



Source: Program Review analysis of Dept. for Community Based Services TWS-230S Reports, 2011-2017.

Overall, the 2011 to 2017 data for caseload average, total cases, and caseworkers at the state level indicate that caseloads are trending slightly down due to a small decrease in the overall number of cases. While the number of foster care cases has remained steady, the number of investigation cases has decreased moderately, leading to slightly lower caseloads overall because most child protective caseworkers in Kentucky carry a mix of case types. Despite the slight decrease in caseload averages, it is important to note that average statewide caseloads have exceeded national standards for the entirety of the period. Trends for the Jefferson service region indicate that caseload averages have increased significantly over time. This increase has occurred because, while the number of caseworkers in the region has remained relatively stable, the number of cases has increased over time to its high point in July 2017. Similar to statewide trends, the number of foster care cases has remained level but investigative and other case types, which child protective service caseworkers manage alongside foster care cases, have steadily increased.

Note that the caseloads discussed above, and reported in Table 3.3 and Figure 3.A, are snapshots of the average caseload of Kentucky's child welfare workforce, as an aggregate, at any one point in time. For example, DCBS's statewide caseload average of 32 cases indicates that the average caseload for Kentucky's child welfare workforce was 32 cases at the end of July 2017. On the other hand, CWLA and COA developed their standards to establish the maximum workloads under which a typical caseworker can effectively provide services to children and families. To this end, these organizations have established maximum caseload limits of 12 and 15 cases, respectively. These maximum caseload limits are not the same as placing a limit on the statewide average caseload of an entire child welfare workforce. Instead, CWLA and COA are recommending that no caseworker should be assigned more than 12 or 15 cases at any one time. While it is an important goal to reduce average statewide, regional, and county caseloads to an acceptable level, the ultimate goal should be to create a situation where as few members of the workforce as possible are assigned caseloads that exceed an acceptable limit.

Program Review Staff determined that 420 additional staff would be required for DCBS to meet its target of an 18-case average for caseworkers, 731 additional staff would be required in order for the statewide caseload average to meet COA standards and 1,198 staff would be required to meet CWLA standards.

Staff Needed To Meet Caseload Standards. Program Review staff calculated how many additional staff members would be required to bring current caseload averages in line with two national standards and DCBS's own target caseload average. For the analysis, Program Review staff used DCBS's statewide average caseloads including past due cases and not excluding noncapacity caseworkers. Table 3.4 reports the staffing required to meet the national standards and DCBS's current target average.

Table 3.4
Estimated Additional Staff Required To Meet Targets

Standard	Caseload Average	Total Staff Required	Additional Staff Required	Percent Increase Over Current Staffing
Current caseload average with past due cases	25	1,134	-	-
Current caseload averages with positions requests filled	23	1,242	108	10%
DCBS current target	18	1,554	420	37
Council on Accreditation (2017)	15	1,865	731	65
Child Welfare League of America (2017)	12	2,332	1,198	106

Source: Council on Accreditation. 2001; Council on Accreditation. 2017; Child Welfare League of America. 2017; Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. TWS-W230S Report, Sept. 2016.

As of September 2016, there were 27,979 active child protective service cases in Kentucky, which were assigned to 1,134 caseworkers, for an average caseload of 25. At the time, DCBS was seeking to fill 108 caseworker positions. If filled, these additional caseworkers would have reduced the statewide caseload average to 23. In order to reduce statewide caseload averages to the current DCBS target of 18, 420 additional caseworkers would need to be hired (including the 108 positions DCBS is already seeking to fill).

Bringing Kentucky's caseload average in line with the COA standard of 15 cases would require an additional 731 caseworkers. Reducing Kentucky's average caseload to CWLA's 12-case standard would require an additional 1,198 caseworkers.

HB 200 of the 2018 Regular Session addressed caseload average concerns by allocating \$35,140,100 for FY 2019 and \$36,140,100 for FY 2020. These funds are to be used for the purposes of hiring additional social workers and improving the technology used by current social workers.

Program Review Staff Survey Results

In a 2017 survey of Kentucky child welfare caseworkers, 50 percent of respondents reported that their caseloads were unmanageable.

From March to May 2017, Program Review staff conducted a survey of Kentucky child welfare caseworkers, supervisors, support staff, and regional management. Caseworkers were asked to describe their current caseloads. Supervisors were asked to describe the caseloads of their caseworkers. Both were asked to describe caseloads as either “manageable in a 37.5-hour workweek, manageable in a 37.5+-hour workweek, or unmanageable even in a 37.5+-hour workweek.” The results are reported in Table 3.5.

**Table 3.5
 Caseworker Response To Caseload Manageability
 2006 And 2017**

Workload	2006		2017	
	Count	Percent	Count	Percent
Manageable at 37.5 hrs./wk.	18	8%	17	6%
Manageable at 37.5+ hrs./wk.	112	47	134	44
Unmanageable at 37.5+ hrs./wk.	106	45	154	51
Respondents	236	100%	305	100%

Note: Includes only respondents who were assigned five or more child protective service cases. Percentages may not add to 100 because of rounding. Source: Program Review Child Protective Services Caseworker Surveys, 2006 and 2017.

Caseworkers overwhelmingly responded that their caseloads were currently unmanageable. Fifty percent reported that their caseloads were unmanageable even if they worked more than 37.5 hours per week, 44 percent reported that their caseload was manageable only if they worked more than 37.5 hours per week, and 6 percent reported that their caseloads were manageable in a normal workweek. Program Review staff conducted a similar survey of caseworkers in 2006. The 2017 results are not statistically different from the 2006 responses.

Among child welfare supervisors, 65 percent of respondents reported that the caseloads of the caseworkers they supervise were unmanageable.

As Table 3.6 shows, the vast majority of supervisors also reported that current caseloads of the caseworkers they managed were untenable. Sixty-five percent of supervisors responded that caseworker caseloads could not be effectively managed during a 37.5-hour workweek, 33 percent responded that caseloads were manageable only if caseworkers devoted more than a 37.5-hour workweek to them, and 1 percent reported that caseloads were currently manageable under normal working conditions. Caseworkers reported working an average of 45 hours per week

and as many as 85 hours, and supervisors reported working an average of 44.75 hours per week and as many as 60 hours.

Table 3.6
Supervisor Response To Caseworker Caseload Manageability
2017

Workload	Count	Percent
Manageable at 37.5 hrs./wk.	1	2%
Manageable at 37.5+ hrs./wk.	28	33
Unmanageable at 37.5+ hrs./wk.	55	65
Total	84	100%

Note: Includes only respondents who were assigned five or more child protective service cases.

Source: Program Review 2017 Child Protective Services Supervisor Survey.

Among caseworkers who responded to the survey, 69 percent answered that documenting their work was the most time consuming aspect of the job.

Caseworkers were also asked to select the three tasks on which they spend the most time in the course of managing cases. As indicated in Table 3.7, respondents listed documenting work, entering case information into computer systems, and conducting in-home visits as their most time-consuming case-related tasks. These tasks were listed as the three most time-consuming activities for caseworkers significantly more often than any other tasks, with documenting work appearing in the three most time-consuming tasks for 69 percent of respondents. Documenting work (59 percent) and entering information into computer systems (45 percent) were also listed as the two most time-consuming tasks by respondents in the 2006 survey.

Table 3.7
Most Time-Consuming Tasks For Caseworkers
2017

Task	Count	Percent
Documenting work	362	69%
Entering information into computer systems	257	49
In-home visits	253	48
Respondents	528	

Note: Includes all respondents. Respondents could choose more than one response.

Source: Program Review 2017 Child Protective Services Caseworker Survey.

According to COA standards, the most important use of a caseworker's time is working directly with children, families, and resource providers. COA accreditation standards require that workers meet with children and parents in their homes at least once a month, maintain contact with children and parents throughout the month, and meet with resource providers at least once a month.

Based on CWLA standards, the most important functions of caseworkers are engaging families face-to-face, assessing the safety of children, monitoring case progress, and ensuring that essential services are being provided. CWLA asserts that these goals cannot be accomplished if caseworkers are unable to spend quality time with children, families, and caregivers.

Given that Kentucky’s child welfare caseworkers perceive that documenting work and entering work into computer systems occupies the majority of their work time, DCBS should investigate and recommend a solution.

Recommendation 3.2

Recommendation 3.2

The Department for Community Based Services should develop a strategy to lessen the administrative burden of caseworkers so that they can spend more time working with foster children and their families.

Child welfare caseworkers were also asked to list the number of child welfare cases currently assigned to them. As reported in Table 3.8, the average reported caseload for child welfare caseworkers across all job types was 26 cases. Average caseloads were highest for recruitment and certification caseworkers at an average of 39 cases. Caseworkers who manage foster care cases include the categories of ongoing casework and generic casework. This group reported a caseload average of 25 cases per caseworker.

Table 3.8
Average Caseload By Case Manager Role
2017

Caseworker Type	Caseload Average	Count
Investigation casework	23	19
Permanency casework	31	21
Recruitment and certification	39	13
Generic casework	27	58
Ongoing casework	24	194
All caseworkers	26	305

Source: Program Review 2017 Child Protective Services Caseworker Survey.

The two most stressful aspects of child welfare casework, according to respondents to Program Review’s 2017 caseworker survey, were high caseloads and not having enough time to complete casework.

Caseworkers were also asked to report on the aspects of their jobs that caused them the most stress. “High caseloads” and “not enough time to complete all tasks” were reported as the two most stressful aspects of being a caseworker. Eighty-five percent of respondents listed “not enough time to complete all tasks” as one of the three most stressful aspects of their jobs, and 64 percent

listed “high caseloads.” Risk of physical harm was a distant third, with 27 percent of respondents listing it as a top-three source of stress. It is noteworthy that caseworkers reported significantly more stress related to workloads than issues such as safety or interacting with children and families. Supervisors also listed a proxy for high caseloads, “not enough staff,” as the most stressful aspect of their jobs.

Improved Data Collection And Analysis Of Workloads

In order to accurately set caseload standards, it is essential to first understand workloads. Without information about how much time caseworkers have to complete required tasks and how caseworkers are dividing that time among different tasks, it is impossible to know how many cases a caseworker should be responsible for managing. Moreover, without this information it is more difficult to make informed decisions about how to reduce caseloads. It is possible that the workforce is too small to accommodate the number of children and families for which it must provide services. In that case, the only solution is to hire additional frontline staff. It may also be possible that frontline workers are spending disproportionate time on supplemental or administrative tasks. In this case, it might be more beneficial to hire additional support staff or focus on reducing the amount of paperwork and data entry required of frontline staff. It may also be a combination of factors.

More complete information about workloads can allow more informed decisions regarding how to distribute workloads and case tasks.

Better information about workloads can allow more informed decisions regarding how to distribute workloads and case tasks. This would be particularly useful for small county offices where there are only a handful of workers and sharing workloads on individual cases is essential. It would also improve the ability of supervisors to distribute tasks among senior staff and new trainees or other noncapacity workers. COA and CWLA make understanding workloads an important component of their accreditation standards.

COA and CWLA make understanding workloads an important component of their accreditation standards.

COA and CWLA accreditation guidelines specifically recommend the development of caseload standards based on workload analyses with case complexity and worker experience factored into final averages. COA describes its accreditation standard as more than a maximum caseload limit. It recommends that caseload standards be reviewed regularly and be based on the experience of the worker, the time required to accomplish assigned tasks (including both direct services to children and families and other administrative responsibilities), and case complexity.³²

COA notes that child welfare casework is unpredictable and understanding caseworker workloads is complicated.

COA has noted that the analysis of child welfare casework is dissimilar to the analysis of many other workloads because casework workloads are unpredictable. Each child welfare case requires different amounts of time to complete, depending on factors such as number and age of children involved, history of abuse, or substance addiction. They also point out that child welfare cases do not follow routine or predictable patterns as the work involves frequent interruptions and the working of multiple cases at the same time. These variables make understanding workloads essential to making informed decisions on how to improve workflow for staff and services for children and families.³³

Consistent with COA and CWLA, researchers at the University of Pittsburgh and Ohio University, in developing a methodology for calculating caseload standards, concluded that creating arbitrary caseload limits without understanding the underlying workloads was insufficient. In order to better understand workloads, the researchers conducted focus groups and surveys, shadowed 34 caseworkers for 5,600 hours, and analyzed workloads for 16,000 cases over 3 years. They calculated the available monthly work hours available to caseworkers and the amount of that time that was dedicated to case management tasks. The average monthly time available for casework was estimated to be 118.25 hours per caseworker. After accounting for all required tasks, the number of hours spent on an average case by caseworkers was 6.84 hours per month, resulting in a caseload maximum of 17.³⁴

Following the federal appointment of an independent special master, Texas Department of Families and Protective Services used a similar approach to calculate workloads. The court required the department to conduct a workload study to determine the time required for caseworkers to adequately perform tasks, to specify how long each task takes to complete, and, based on this information, to determine the point at which caseloads are manageable. “Manageable” was defined to be the level at which workload tasks could be reasonably completed in the time available to caseworkers, while ensuring that children would be free from risk of harm, and without creating sufficient stress to compel caseworkers to quit. The court ordered the department to hire enough additional caseworkers to realize these goals. Due to the amount of time required for administrative tasks, caseworkers had an average of 9.7 hours per month per case to spend on primary duties and direct services. Since these workers had a total of 137.9 hours of work time per month, the result was a 14- to 17-case average.³⁵

This report recommends that DCBS begin its strategy to reduce caseloads with a workload analysis of its workforce. This information should be used to determine how much time is available to caseworkers, how much time is spent on case-related tasks, and, ultimately, how much time caseworkers spend on cases. The department can use this information to determine the appropriate number of cases a Kentucky caseworker should be assigned so that it can provide effective services to children and families and develop strategies to reduce caseloads to this level.

Recommendation 3.3

Recommendation 3.3

The Department for Community Based Services should develop a method for determining caseloads that is based on an analysis of its workforce and workloads. This information should be used to determine the appropriate caseload standard for Kentucky child welfare caseworkers and strategies needed in order to meet this standard. The standard should align with principles established by current national standards and should focus on ensuring that as few child welfare caseworkers as possible have caseloads that exceed the standard.

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⁴ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. "Social Service Worker Caseload Averages Reporting Pursuant To KRS 199.461(4)." Frankfort: DCBS, Jan. 11, 2017.

⁵ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. "Social Service Worker Caseload Averages Reporting Pursuant To KRS 199.461(4)." Frankfort: DCBS, July 10, 2017.

⁶ United States. Government Accountability Office. *Child Welfare: Improving Social Service Program, Training, And Technical Assistance Information Would Help Address Long-Standing Service-Level and Workforce Challenges*. Washington: GAO, 2006. Web. Dec. 5, 2016.

⁷ Amer. Public Human Services Assn. *Report from the 2004 Child Welfare Survey: State Agency Findings*. Washington: APHSA, 2005. Web. March 15, 2017.

⁸ Elizabeth Caywood. Email to Van Knowles. June 8, 2017.

⁹ New York. Office of Children and Families Services. *Caseworker Deployment in Selected Child Welfare Programs*. New York: OCFS, 1998. Web. March, 17, 2017.

¹⁰ West Virginia. Legislative Auditor. Performance Evaluation and Research Division. *Agency Review: Bureau For Children And Families Department Of Health And Human Resources*. Charleston: PERD, 2013. Web. Feb. 6, 2017.

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- ¹¹ Idaho. Office of Performance Evaluations: Idaho Legislature. *Evaluation Report February 2017: Child Welfare System*. Boise: OPE, 2017. Web. Aug. 4, 2017.
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- ¹⁷ Indiana. Dept. of Child Services. *Indiana Department Of Child Services (DCS) Caseload And Workload Analysis: Final Recommendations*. Indianapolis, DCS, 2015. Web. Jan. 9, 2017.
- ¹⁸ Elizabeth Caywood et al. Cabinet for Health and Family Services. Dept. for Community Based Service. Interview. May 19, 2017.
- ¹⁹ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. *July 2017 Social Service Worker Caseload Averages*. Frankfort: DCBS, 2017.
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- ²¹ West Virginia. Legislative Auditor. Performance Evaluation and Research Division. *Agency Review: Bureau For Children and Families Department Of Health And Human Resources*. Charleston: PERD, 2013.
- ²² Tennessee. Comptroller of the Treasury. *Performance Audit Of The Department Of Children’s Services*. Nashville: Comptroller of the Treasury, Jan. 2014.
- ²³ Arizona. Office of the Auditor General. *Performance Audit: Department Of Economic Security Division Of Children, Youth and Families Child Protective Services – Caseloads And Training*. Phoenix: OAG, 2003.
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- ³⁰ Elizabeth Caywood et al. Cabinet for Health and Family Services. Dept. of Community Based Services. Interview. May 19, 2017.
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³² Child Welfare League of America. *Direct Service Workers' Recommendations For Child Welfare Financing And System Reform*. Washington: CWLA, 2012.

³³ Council on Accreditation. *Standards For Public Agencies: Foster Care And Kinship Care*. Washington: COA, 2017.

³⁴ Hide Yamatani, Rafael Engel, and Solveig Spjeldnes. "Child Welfare Worker Caseload: What's Just Right?" *Social Work*. 54.4: (2009): 361-368. Pp. 361-362.

³⁵ *Stukenberg*.

Child Welfare Staff Turnover

Turnover is one of the most significant challenges facing child welfare systems nationally. It is linked to high caseloads, stress, burnout, dissatisfaction, and a less experienced workforce.

Turnover is one of the most significant challenges facing child welfare systems nationwide. High turnover can be both a cause and a result of high caseloads. High turnover creates vacancies, which increase caseloads, and reduces the overall level of experience among caseworkers, which increases workloads and stress. On the other hand, the literature has consistently reported high caseloads as a cause of turnover and intention to leave.¹

Turnover Calculation Methods

Turnover is measured as the number of employees who leave during a time period divided by the beginning number or average number of employees.

Organizational management literature uniformly defines turnover as the number of employees who leave during a time period divided by either the number of employees at the beginning of the period or the average number of employees during the period.^a

The Personnel Cabinet uses a different method that results in turnover rates somewhat lower than the conventional method.^b Program Review staff were able to find only one other state that used a method similar to Kentucky's, but many states use the conventional method. This means Kentucky's turnover calculations are not comparable to those of other states.

Kentucky Staff Turnover

Program Review staff calculated turnover for DCBS caseworkers from 2011 to 2017. The rate peaked at 28.1 percent in 2015 and remains 24.4 percent. Most caseworker respondents to a Program Review survey said they planned to stay another year (86 percent), but only 49 percent planned to stay 5 years.

The Personnel Cabinet provided a list of personnel actions for every employee who served in a direct case management (caseworker) or supervisory position at DCBS from March 2011 to June 2017, from which Program Review staff were able to calculate a conventional turnover rate. The method used for this calculation is described in Appendix A.

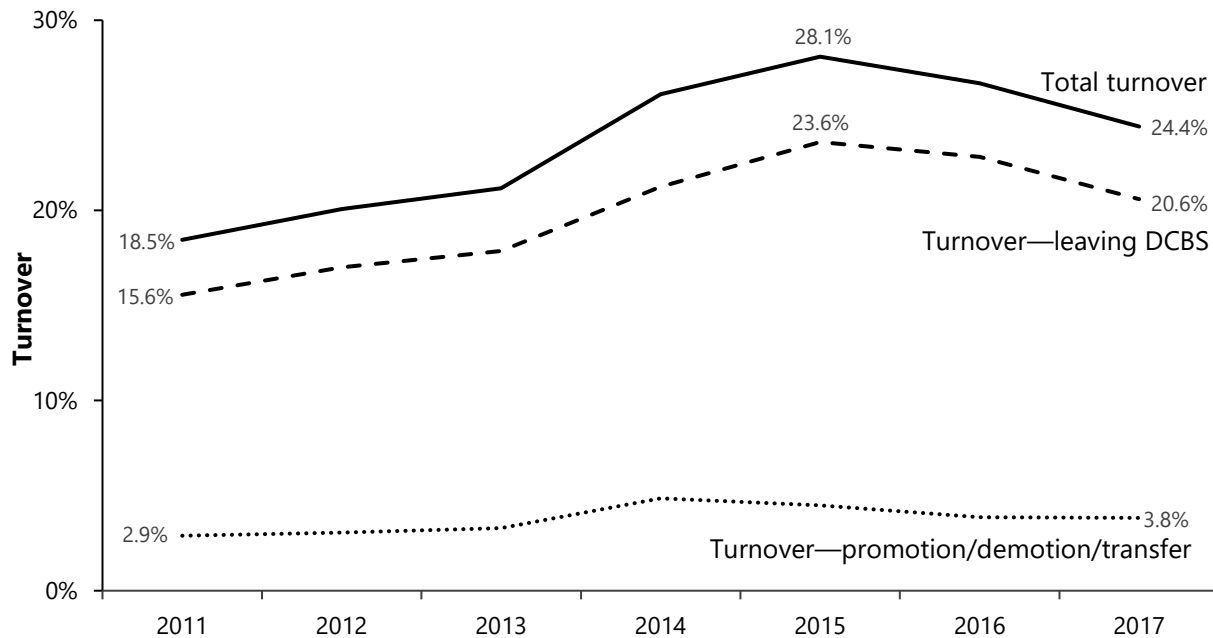
Caseworkers. Turnover for caseworkers from March 2011 to June 2017 is shown in Figure 3.D. Turnover peaked in 2015 at 28.1 percent, but remains at 24.4 percent, much higher than the 2011 rate of 18.5 percent. The overall trend is upward, but it might be declining since 2015. Most of those who leave case management positions do so by joining another state agency or

^a When using an average, it might be the average of the beginning and ending head counts or the average of head counts taken from time to time during the period.

^b Personnel Cabinet officials explained that the statute requiring turnover to be calculated for every organizational unit made the conventional method exceed computing capability. The cabinet's method is described in Appendix A.

leaving state employment. Very few left these positions through promotion, demotion, or transfer to another position.

Figure 3.D
Caseworker Turnover, Department For Community Based Services
2011 To 2017



Note: Data for 2011 (March to December) and 2017 (January to June) were for partial years but are scaled to annual rates for comparison purposes. Job titles were Social Service Worker I and II and Social Service Clinician I and II.

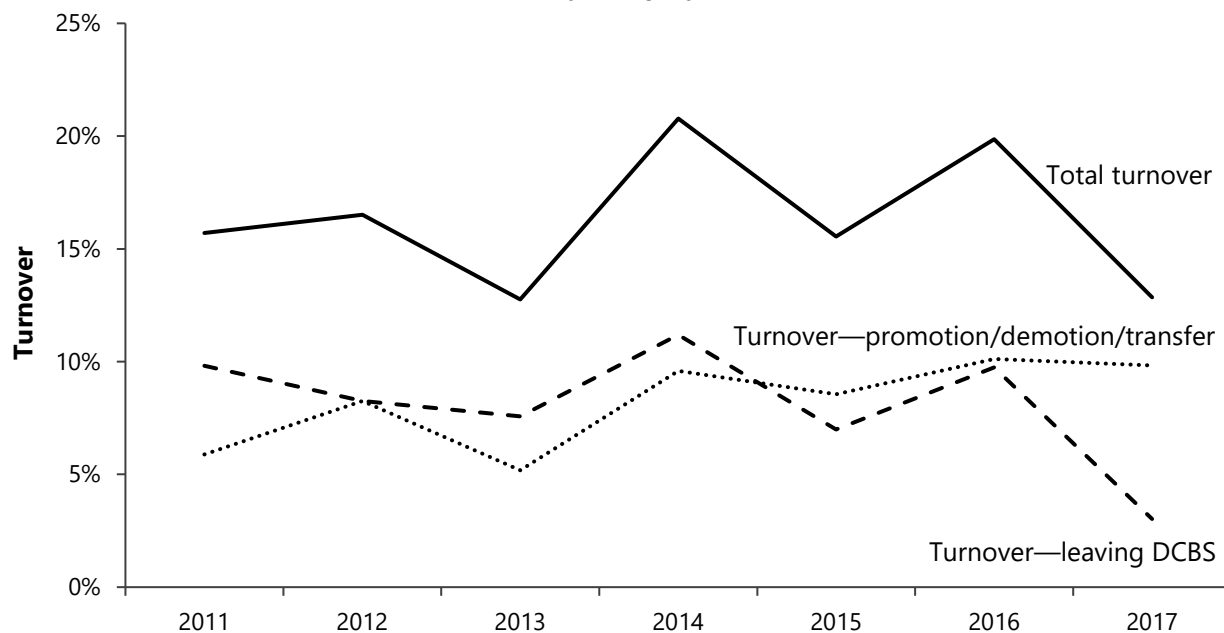
Source: Program Review staff analysis of personnel actions from March 2011 to June 2017 provided by the Personnel Cabinet.

A Program Review staff survey of DCBS caseworkers indicated that although 86 percent planned to stay for at least another year, only 49 percent planned to remain for 5 years. Caseworkers who said they had five or more ongoing child cases (in-home and foster care) had a somewhat lower intention to stay for 5 years. These results were similar to those of the 2006 Program Review survey of caseworkers who had five or more ongoing child cases.

Turnover for supervisors varied from 12.8 percent to 20.8 percent, but the overall trend was flat. Although 92 percent said they planned to stay another year, only 62 percent planned to stay 5 years.

Supervisors. Turnover for supervisors is lower than that for caseworkers. As shown in Figure 3.E, turnover peaked at 20.8 percent in 2014 and 19.9 percent in 2016, and the lowest rate was 12.8 percent in 2013 and 2017. The overall trend has been flat. Unlike case managers, much of supervisors' turnover is a result of being promoted, demoted, or transferred to another position. From 2015 to 2017, change in job position accounted for most of the turnover for supervisors. The remainder joined another state agency or left state employment.

Figure 3.E
Supervisor Turnover, Department For Community Based Services
2011 To 2017



Note: Data for 2011 (March to December) and 2017 (January to June) were for partial years but are scaled to annual rates for comparison purposes. Job title was Field Service Office Supervisor.
 Source: Program Review staff analysis of personnel actions from March 2011 to June 2017, provided by the Personnel Cabinet.

Program Review staff’s survey of DCBS supervisors indicated that although 92 percent planned to stay for at least another year, only 62 percent planned to remain for 5 years. Supervisors with ongoing child caseworkers had very similar levels of intention to stay. These results were similar to those of the corresponding 2006 Program Review survey.

Comparative Turnover Rates

In 2013, Kentucky’s turnover rate was similar to that of many other states, but its rate increased dramatically in 2014 and 2015.

Florida’s Office of Program Policy Analysis and Government Accountability conducted a performance audit of the state’s child welfare system in 2014. The report listed turnover rates for child welfare workers in 10 states that in 2013 had state-operated systems like Kentucky’s. Table 3.9 shows the rates for those states along with Kentucky’s rates from 2013.^c Although Kentucky’s caseworker turnover rate of 20.8 was similar to that of many other states in 2013, it increased dramatically to 25.6 percent in 2014

^c The table shows only nine other states because Georgia reported caseworker and supervisor turnover combined.

and 28.1 percent in 2015. Kentucky's supervisory turnover was at its lowest rate in 2013 and jumped to 20.8 percent the next year.

Table 3.9
Turnover Rates For Selected States
2013

State	Caseworker Rate	Supervisor Rate
Michigan	7.2%	
New Jersey	7.6	
Tennessee	12.0	
Missouri	20.0	
Kentucky	20.8	12.8%
Indiana	21.6	
Illinois	21.7-24.3	
Florida	19.5-30.4	3.6-15.3
Texas*	26.1	
Arizona	27.9	10.9

*Texas uses a turnover calculation similar to that of Kentucky's Personnel Cabinet but one that should be closer to the conventional method.

Note: States are listed in order of increasing caseworker turnover rate. For states with a range of rates, the midpoint of the range determined their place. Source: Florida. Office of Program Policy Analysis and Government Accountability. *State Child Welfare Systems: Key Components and Performance Indicators*. Tallahassee: OPPAGA, 2014; Program Review staff calculation of Kentucky rates.

Private agencies also reported significant turnover problems. Urban areas seemed most problematic.

In Kentucky, the Children's Alliance asked its members, who are private foster care providers, for staff retention rates for 2015 and 2016. Most of the 10 responding agencies employed large numbers of entry-level, hourly direct-care staff who are not social workers, so their turnover rates tended to be very high. Nine members reported turnover ranging from 20 to 72 percent in 2015 and from 10 to 77 percent in 2016. One agency reported no turnover in either year. All, however, noted difficulty retaining staff. The survey was confidential, but the alliance director reported that the two providers with highest turnover were in urban areas, and the three highest were larger agencies. This, along with some of the comments, suggested that smaller agencies in rural areas might fare better at retaining staff.²

The reported private provider turnover cannot be compared directly with DCBS turnover because the private agencies were reporting on a substantially different mix of job titles. Turnover rates can also vary greatly for smaller employers, and the agency sizes are not known.

Consequences Of Turnover

With a 25 percent turnover rate, a typical caseworker would spend about a year reaching full efficiency and 3 more years on the job before leaving. High turnover reduces the experience level of the workforce and may reduce the quality of work and outcomes for children.

A turnover rate of 25 percent means that the typical employee stays approximately 4 years. Caseworkers in Kentucky cannot carry a full caseload for approximately 5 months while they attend training and gain experience. DCBS estimated that new caseworkers reach full efficiency and independence after 9 to 12 months.³ With this turnover rate, a typical caseworker stays only 3 years after becoming fully effective.

High turnover has direct effects on the quality of work because the overall level of experience of the workforce is lower. Inexperienced caseworkers are unable to handle as many cases as effectively as more experienced staff. This can lead to more work for other staff and more overall job stress and might cause even more turnover. The situation in Jefferson County for the past few years might be an example, as described by DCBS officials and others at a meeting of the Interim Joint Committee on Health and Welfare and Family Services in 2016.^{d 4}

Lower quality of work might result in consequences for children. The US General Accounting Office found that turnover delayed investigations and limited visits with children, contributing to states' failure to meet some safety and permanency goals.⁵ A study comparing counties in California found statistically significant relationships between high turnover rates and repeated maltreatment of children. Three months after case closure, 14.9 percent of children in high-turnover counties experienced substantiated maltreatment, but only 6.1 percent in low-turnover counties did. Within a year after case closure, the numbers were 21.8 percent and 14.6 percent.⁶

Reasons For Turnover

The number of exit interviews conducted by the cabinet has declined, but they indicated salary, workload, and opportunity for advancement as the most frequent reasons for leaving.

The cabinet's Office of Human Resource Management (OHRM) conducts voluntary exit interviews. Before January 2017, OHRM conducted exit interviews manually and was unable to compile data easily for different departments within the cabinet. Exit interviews have since been performed via a web-based survey, and OHRM is able to report results by organizational unit and job position.

^d In 2017, the committee's name was changed to the Interim Joint Committee on Health and Welfare and Family Services.

According to officials, the number of exit interviews cabinet-wide declined from 133 in 2014 to 54 in 2016. OHRM was unable to say how many of those were with DCBS caseworkers. Considering the declining numbers, OHRM should make every effort to encourage departing staff to complete the exit interview.

OHRM reported that in the first 4 months of 2017, the most commonly reported reason for leaving was salary and benefits, followed by heavy workload and lack of promotional opportunities.

Other studies have also listed lack of management support, unrealistic demands, caseloads, paperwork, and burnout as reasons for leaving. They offered some helpful strategies.

A 2017 study reported reasons that a group of former Kentucky child welfare workers and supervisors left their jobs. The main reason expressed was lack of support from agency management above their immediate supervisors, primarily by placing unrealistic demands on front-line workers. They mentioned unmanageable caseloads, paperwork, and burnout. Emotional exhaustion and workload were the main sources of dissatisfaction.⁷

The 2017 study elicited three things that would have helped caseworkers stay at their jobs:

- Having a voice in policy decisions and solving problems
- Receiving recognition and appreciation for their work rather than focusing on what was done wrong
- Opportunities for debriefing and support for other forms of self care⁸

Salary And Competition

Salary and pay grade increases were recommended in 2006, but no related changes were made until September 2016. Entrance rates for each position increased by 5 percent to 10 percent, and existing staff received similar increases.

In 2006, the Personnel Cabinet commissioned a review of salary ranges across state government. The consultant recommended increases in social worker salaries and pay grades, but no related changes were made until September 16, 2016. Table 3.10 shows the history of the starting salary for each position. Other than an adjustment in 2007 that applied to all state employees, there was no change for 9 years. In 2016, entrance rates for all job classifications increased by 5 percent to 10 percent. Existing staff received a pay increase that depended on their current salary and the type of change:

- Pay grade change—increase of 5 percent of current salary or to the new entrance rate, whichever was greater; or
- Special entrance rate—dollar increase equal to the difference between the old and new entrance rates.

Table 3.10
Kentucky Caseworker And Supervisor Salaries
2006 To 2017

Title/Effective Date	Entry Salary	Explanation
Social Service Worker I		
July 2006	\$31,011	Baseline
July 2007	32,042	Statewide schedule change
September 2016	33,645	Special entrance rate
Social Service Worker II		
July 2006	31,011	Baseline
July 2007	32,042	Statewide schedule change
September 2016	35,246	Pay grade change
Social Service Clinician I		
July 2006	34,111	Baseline
July 2007	35,246	Statewide schedule change
September 2016	37,200	Special entrance rate
Social Service Clinician II		
July 2006	34,111	Baseline
July 2007	35,246	Statewide schedule change
September 2016	38,770	Pay grade change
Family Services Office Supervisor		
July 2006	37,522	Baseline
July 2007	38,770	Statewide schedule change
September 2016	40,800	Special entrance rate

Source: Personnel Cabinet.

Until 2016, there had been no significant pay difference between levels I and II for social service workers and social service clinicians. Personnel Cabinet data showed that most staff were in either Social Service Worker I or Social Service Clinician I positions, suggesting there was little incentive for staff to seek the second level of each. The 2016 changes introduced a differential of 4 percent to 5 percent between these levels.

Lower salary has been linked to higher turnover. More than half of caseworker survey respondents were dissatisfied with their salaries.

Although dissatisfaction with salary was not a major theme in the 2017 study, another study of Kentucky’s caseworkers suggested that salary was such a universal issue that everyone was almost equally dissatisfied with it.⁹ In fact, when comparing agencies that had different salary structures, a study found a strong connection between salary and turnover.¹⁰ Other studies support low salaries as a cause of turnover.¹¹

In the current Program Review staff survey, caseworkers with five or more ongoing child cases rated their satisfaction with salary as 2.48 on a scale of 1 (very dissatisfied) to 5 (very satisfied). More than half, 58 percent, were dissatisfied or very dissatisfied, but 26 percent were satisfied or very satisfied with their compensation. The level of satisfaction declined significantly since 2006, when the rating was 2.85, with 44 percent dissatisfied or very dissatisfied and 39 percent satisfied or very satisfied.^e

Kentucky's entry-level pay was comparable to that of some selected states in 2013 but well below levels in the top states.

Using information from a Florida review and Kentucky personnel data, Table 3.11 shows starting salaries for social workers in a selected states. Kentucky's entry-level pay was comparable to that of some states but well below levels in the top states.

Table 3.11
Entry-Level Social Worker Salaries
For Selected States
2013

State	Salary
Missouri	\$27,768
Georgia	28,005
Tennessee	31,812
Kentucky	32,042
Washington	32,688
Arizona	33,312
Indiana	35,776
Texas	36,789
Michigan	38,938
Florida	39,656
New Jersey	48,416
Illinois	51,492

Source: Florida. Office of Program Policy Analysis and Government Accountability. *State Child Welfare Systems: Key Components and Performance Indicators*. Tallahassee, OPPAGA, 2014.; Personnel Cabinet data.

There probably are not enough social workers to meet the need, at least in some parts of the state. There are many competing employers, and state salaries have not kept up. There are other ways to improve job satisfaction.

DCBS officials stated that service provider studies had indicated that the number of social workers in Kentucky was inadequate to meet demand from DCBS and other agencies that hire social workers.¹² Competing employers include private child-placing agencies, other social service organizations, mental health and substance abuse agencies, hospices, and hospitals and medical clinics. In northern Kentucky and the Jefferson County area, there is also competition from other states.

^e Change in percentages was significant at $p < 0.01$.

DCBS reported that it is considering ways to provide higher salaries in parts of the state that have greater competition for social workers. It is also considering more flexible work schedules to reduce overtime and increase job satisfaction.¹³

HB 200 of the 2018 Regular Session addresses social worker salary concerns by allocating additional funding. The bill allocates \$13,935,100 in both FY 2019 and FY 2020 to be used for the purpose of increasing the salaries of DCBS social workers.

Because state budgets have been limited, so have opportunities for salary increases. However, the literature and comments by caseworkers are consistent in suggesting that improving other aspects of work life can increase job satisfaction and reduce turnover.

Job Stress And Secondary Trauma

Job stress is high and morale is low among caseworkers, resulting largely from heavy workloads and the traumatic nature of the work.

In the Program Review survey, front-line survey respondents rated their job stress at 8.10 on a scale of 1 (not stressful at all) to 10 (extremely stressful). Current caseworkers with five or more ongoing child cases reported stress similar to that reported in 2006 and significantly higher than other current caseworkers (8.41 versus 7.66).^f Caseworkers rated each other's morale as 2.66 on scale of 1 (very bad) to 5 (excellent); 46 percent rated morale as bad or very bad. There was little difference between those with and without ongoing child cases and little difference from the 2006 results. Among service regions, Jefferson had the lowest morale rating at 2.20; Northeastern was highest at 3.03.

High caseloads were listed by 64 percent of respondents as one of the three most stressful aspects of their jobs, and not having enough time to complete all of their tasks was listed by 85 percent. Excessive workloads were mentioned in the literature as a major source of job stress and turnover.¹⁴ Participants at a large breakout session and respondents commenting on the Program Review staff survey emphasized workloads as stressful.^g There are other sources of job stress as well, some of which will be discussed below.

The very nature of child welfare work is stressful because lives can be at stake, and caseworkers are motivated to do the best they can for the children in state care. Sometimes caseworkers experience

^f Differences between the groups in 2017 were significant at $p < 0.001$.

^g On February 23, 2017, DCBS and the federal Children's Bureau held a daylong discussion of Kentucky's performance on the Child and Family Services Review. One of several breakout sessions addressed workforce issues.

what is called secondary trauma when they observe or hear about the traumatic experiences of abused and neglected children.

Career Ladder And Professional Development

Career advancement is important to caseworkers. DCBS has taken some steps toward a career ladder, but caseworkers have not found them adequate so far. Several DCBS professional development programs have been curtailed because of limits on funding.

Opportunities for promotion and career advancement came up frequently in the literature and were noted as an issue in the 2006 report. In the current Program Review staff survey, caseworkers rated their satisfaction with promotional opportunities as 2.59 on a scale of 1 (very dissatisfied) to 5 (very satisfied). Almost half, 49 percent, were dissatisfied or very dissatisfied, but 24 percent were satisfied or very satisfied with their opportunities. The level of satisfaction was similar in 2006. This suggests that opportunities for advancement have not improved or are not well known to the caseworkers, despite the salary increases in 2016 that created more of a career ladder.

Credit For Learning. DCBS has implemented several programs that encourage professional development and provide incentives for caseworkers to remain at the agency. The largest of these is the Credit for Learning program, which was implemented in FY 2003 and revised from 2012 to 2014. All new caseworkers attend a series of Training Academy classes developed jointly by DCBS and Kentucky's graduate social work universities. Upon completion of the academy training, caseworkers receive graduate course credit that they can apply if they seek a master of social work degree (MSW) in the future.

The Master of Social Work Stipend program showed good outcomes but has limited openings.

MSW Stipend. The MSW Stipend program was in place prior to 1981 and reinstated in 1996. For approved DCBS staff, this program pays tuition for coursework toward an MSW and provides a \$600 stipend each semester for books and other expenses. Participants must agree to continue working for the agency for the same number of years that they spend in the program. An evaluation of the program found that the retention rate from 2012 to 2016 at 1, 2, 3, and 4 years after graduation was 96, 90, 86, and 82 percent. It also found that graduates had a high degree of loyalty to the agency and had high job satisfaction despite high levels of stress.¹⁵

Because of budget limitations, the number of participants declined from an average of 55 students per year (1996-2006) to an average of 13 students per year (2007 to 2016), a drop of 76 percent.¹⁶ Table 3.12 shows the number of participants and graduates in the current and past 5 fiscal years. The current limit is two new participants per region each fall, for a total of 18.

Table 3.12
Master Of Social Work Stipend
Program Participants And Graduates
FY 2013 To FY 2018

Fiscal Year	Participants	Graduates
2013	21	10
2014	27	10
2015	33	19
2016	29	10
2017	31	18
2018	28	N/A

Source: University Training Consortium.

DCBS has stopped participating in the Employee Educational Assistance program, which pays tuition and fees for employees.

Employee Educational Assistance Program. The Employee Educational Assistance program is operated through the Personnel Cabinet and is optional for executive branch agencies (101 KAR 2:221). The Cabinet for Health and Family Services used to participate in the program but suspended participation because of budget limitations.

Under this program, the employing agency pays tuition and fees out of its budget for coursework approved to increase employees' work skills. The employee is obligated to work an additional month for every credit hour paid through the program, up to 2 years; otherwise, the payments must be reimbursed.

Acknowledgment

Studies, surveys, and interviews support the importance of recognizing caseworkers' stressful workloads and listening to their feedback. Caseworkers reported a poor perception of DCBS in this regard, but it seems to be improving.

In the breakout session, a major topic of discussion was a desire for recognition of caseworkers' workloads, stress, trauma, and accomplishments. Acknowledgment is one aspect of support from the department as a whole that was mentioned in the 2017 study. Some caseworkers responded to the Program Review survey by describing what they perceived as a numbers-driven, punitive environment in which it was more important to meet deadlines and complete paperwork than to take care of families and children. Others felt that above the local level, DCBS denied that caseworkers had valid complaints about workloads or policies.

Part of acknowledgment is listening to feedback from front-line workers. The Program Review staff survey showed that caseworkers rated the DCBS central office 2.52 for listening to feedback from the field, on a scale from 1 (very poorly) to 5 (very well). Almost half, 47 percent, said the central office listened somewhat or very poorly, while 21 percent said it listened somewhat or very well. This assessment was a significant

improvement from 2006, when the rating was 2.14, with 64 percent saying DCBS listened somewhat or very poorly and only 14 percent saying DCBS listened somewhat or very well.^h

Survey respondents overall had a negative opinion of the way regional offices treated caseworkers:

- Was the regional office responsive to worker needs: 55 percent said no (56 percent of those with five or more ongoing child cases, similar to the 2006 response).
- Did the regional office value worker opinions: 54 percent said no (55 percent of those with five or more ongoing child cases, compared with 63 percent in 2006).ⁱ

While it appears that caseworkers might have a better opinion of the agency's receptiveness to them than in 2006, there is much room for improvement.

DCBS has suspended some employee recognition programs because of budget limitations. Caseworkers have asked for better transparency and communication from management. Caseworkers also talked about the stress of negative perceptions when they interact with members of the public.

DCBS officials reported that several employee recognition programs have been curtailed because of budget limitations. Suspended programs include

- Adjustment for Continuing Excellence (salary increase),
- Employee Recognition Award (bonus), and
- Educational Achievement Award (salary increase).

Another part of acknowledgment is transparency and explanations of decisions, policies, and procedures. Breakout session participants indicated their desire for greater transparency and communication from DCBS management. Caseworker survey respondents rated communication with management as 3.18 on a scale of 1 (very dissatisfied) to 5 (very satisfied), similar to responses in 2006. Supervisor survey respondents rated management communication as 3.29, also similar to 2006. These numbers are close to the middle of the scale (neither satisfied nor dissatisfied).

Participants in the breakout session mentioned a generally negative public perception of the child welfare system. They recommended ways to generate positive news to improve the reception caseworkers receive from the people they interact with. A child welfare workforce review in Minnesota made a similar suggestion

^h Looking just at caseworkers with five or more ongoing child cases, the 2017 rating was 2.44, with 49.5 percent marking poorly or very poorly and 19.7 percent marking somewhat or very well. The difference from 2006 was significant at $p < 0.05$.

ⁱ The difference between 2006 and 2017 was not statistically significant but was suggestive ($p < 0.1$).

about countering negative publicity to reduce stress.¹⁷ DCBS reported that the agency was working to improve public relations.¹⁸

Caseworker And Supervisor Training

Adequate training reduces job stress and increases job effectiveness. In surveys and interviews, caseworkers were critical of current DCBS training.

Initial and ongoing training are crucial to reducing job stress and increasing job effectiveness. They impart essential knowledge and skills to new staff and provide ongoing understanding about specific issues and policy changes.

In the Program Review staff survey of caseworkers, 52 percent said DCBS training did not meet their needs, as did 49.5 percent of those with five or more ongoing child cases, far more than the 30 percent who answered the same way on the 2006 survey.^j Some reasons given by those who responded “no” in 2017 were that the training

- does not transfer to the field or needs more hands-on experience (52 percent),
- takes too much time away from work (8 percent), and
- does not explain documentation requirements—paperwork and TWIST (5 percent).

Breakout session participants noted that the caseworker training described what the policies and procedures were, but not the reasons for them. The supervisors’ training provided insights into the reasons, and participants said caseworkers would benefit from that information.

Supervisors responding to the Program Review staff survey had even lower opinions of DCBS training for caseworkers: 70 percent said it did not meet caseworkers’ needs. The main reason given was that it does not transfer to the field or needs more hands-on experience (50 percent).

Supervisors were evenly divided in their opinions about their own training, with half saying it did not meet their needs. Some reasons given by those who responded “no” were that the training

- does not transfer to the field or needs more hands-on experience (45 percent),
- takes too much time away from work (20 percent), and
- needs to be more specialized (5 percent).^k

^j Differences between responses in 2006 and 2017 were significant at $p < 0.001$.

^k Supervisors were not asked in 2006 about training of caseworkers or their own training.

Recruitment And Hiring

While it is desirable to fill open positions quickly, the process can be time consuming.

When there is turnover, it is desirable to fill the vacancy as quickly as possible with someone who is qualified and well suited to the job. However, DCBS officials noted that the hiring process can be very long. In fact, attendees at the breakout session reported that applicants often have job offers from other employers before hearing back from the state.

When DCBS supervisors receive a list of job applicants, the Personnel Cabinet has not screened them to ensure they meet the requirements for the position. Only after the supervisor sends back a list of candidates to call for interviews does the Personnel Cabinet verify the applicants' qualifications. After the interviews are held, DCBS conducts background checks on the preferred candidate and alternates. OHRM then has to review the process to ensure it was done correctly. DCBS finally extends an offer to the preferred applicant, who has to give notice at his or her current job, causing another delay.

Realistic Job Preview

Applicants who have a realistic perception of the job are less likely to leave during training.

It is important for prospective caseworkers to have an understanding of what is involved in the job before they apply. Michigan developed a "realistic job preview" DVD showing what the position entailed. The DVD was sent to all job applicants and greatly reduced resignations during the training period.¹⁹ As of 2016, Michigan's Department of Health and Human Services had posted a similar video on YouTube.²⁰ In Kentucky, a private agency also uses such a preview.

Rapid Filling Of Vacancies

Social Service Worker I used to be "immediate fill," meaning openings were not advertised, but applicants could apply in advance. The Personnel Cabinet determined that this process was not working well, and as of July 2017, positions are advertised but expedited. The apparent shortage of applicants also contributes to delays in filling vacancies.

Until July 2017, the DCBS entry-level caseworker position, Social Service Worker I, was an "immediate fill" job classification, meaning that people could apply at any time regardless of whether there was an opening. Individual vacancies were not advertised, but as soon as a position opened, the supervisor requested a "register" (list) of those who had applied during the past 6 months. This system bypassed the 2-week delay normally associated with advertising an opening.

Personnel Cabinet and DCBS officials explained that there had been problems with the immediate-fill process. Registers tended to be long with the same applicants on every register requested. Some applicants had been on the register so long that they had taken jobs

elsewhere, and some applicants were unhappy with the lack of certainty about actual vacancies. Personnel Cabinet officials described a 4-month pilot of the process using an expedited version of the normal process and reported that DCBS had found no negative impact on the hiring process. DCBS officials expressed some concern that interested applicants might be deterred because they have to watch for openings and apply to each one separately.

DCBS and the Personnel Cabinet did not provide information about the time to fill vacancies.

DCBS officials were unable to provide an estimate of how long it takes to fill a vacancy. Personnel Cabinet officials did not respond to a Program Review staff request for the same information.

The apparent shortage of qualified and willing applicants makes recruitment and hiring difficult regardless of procedural streamlining and contributes to delays in filling positions.

Michigan has piloted rapid hiring and placement methods such as hiring and training workers prior to having vacancies and interviewing and ranking applicants ahead of openings.

The 2006 LRC report indicated that Michigan began to hire new caseworkers before vacancies occurred. New hires were given 8 weeks of training and then placed in a permanent position if one was available. If no position was immediately available, the new employee was hired into a temporary position until a permanent position opened. This process significantly reduced the time to fill vacancies.²¹ A Michigan official stated that the method has been used with variations, but that funding was not available to support the pool of trainees, and union rules made it difficult to shift employees to where they were needed. Currently, Michigan's urban counties accept applications and screen, interview, and rank applicants before vacancies occur, then offer positions to the top ranking applicants as they open.²²

Public Child Welfare Certification Program

The Public Child Welfare Certification Program provides free in-state tuition and a stipend for undergraduate social work students who agree to work for DCBS for 2 years. By graduation, they have had the same training as new hires and can handle cases immediately. Their retention rate was much higher than that of other caseworkers.

DCBS developed the Public Child Welfare Certification Program for social work undergraduates. Eleven public and private social work schools in Kentucky participate. Junior and senior social work majors receive the same training as new DCBS caseworkers and complete internships at DCBS offices. Participants receive free in-state tuition plus a stipend of \$1,300 per semester. In exchange for these incentives, graduates must work 2 years for DCBS.

A program evaluation found that an average of 87 percent of graduates remained on the job at 2 years and 74 percent remained after 2½ years. In the most recent 4 years studied, the retention rate improved to 77 percent after 2½ years. The evaluators reported that the retention of other new caseworkers was only 52 percent after just 1 year.²³

The program has fewer students than planned, partly because of stricter placement requirements and negative perceptions. Advisers have suggested increasing efforts to improve perceptions and raise awareness of the program.

The evaluation also pointed out that the program did not have the number of graduates originally planned, which was 110 per year.²⁴ Table 3.13 shows the number of participants and graduates from the program from fiscal years 2012 to 2018. The program averaged 52 graduates a year from 1998 to 2009; it averaged 35 graduates from 2010 to 2015. According to the evaluator, some of the decline was due to requiring graduates to work in a county that DCBS chose, and some was due to negative perceptions of DCBS among potential participants as a result of a dramatic increase in caseloads and turnover.²⁵

**Table 3.13
Participants And Graduates Of The Public
Child Welfare Certification Program
FY 2013 To FY 2016**

Fiscal Year	Participants	Graduates	DCBS Hires*
2013	83	46	48
2014	78	30	29
2015	108	43	38
2016	113	52	47
2017	116	46	49
2018**	94	4	7

*Graduates from one year might be hired by DCBS in a subsequent year.

**Numbers are for July 1, 2017 to August 25, 2017.

Source: University Training Consortium.

Breakout session participants noted that the program had no cap, but it was difficult to recruit participants in the face of negative publicity about child protective services. They proposed greater efforts to generate positive news about child welfare successes. DCBS reported that the agency was working to improve public relations.²⁶

A Citizen Review Panel report in 2015 indicated that of 25 social work students interviewed, 14 (56 percent) had not heard of the program. The panel recommended that the cabinet establish better relationships with the schools of social work to enhance recruitment.²⁷

Turnover And Hiring Strategies

DCBS might need additional funds and changes to personnel regulations to reduce turnover and facilitate hiring.

There is no single strategy to reduce turnover and facilitate hiring. Many strategies were mentioned above, and there are others in the literature. DCBS reported that it is attempting, within funding limitations and personnel regulations, to make improvements. Additional funding and changes to personnel regulations might be needed to accomplish these goals.

Recommendation 3.4

Recommendation 3.4

The Department for Community Based Services should request funding and authorization to increase caseworker salaries to a competitive level; to increase the number of caseworkers; to offer geographic salary differentials and flexible scheduling; to expand employee recruitment, development, and recognition programs; and to develop further improvements in the hiring process such as applicant prescreening and hiring prior to vacancies. The agency should also promote expansion of undergraduate social work programs.

¹ Inst. for the Advancement of Social Work Research. "Factors Influencing Retention Of Child Welfare Staff: A Systematic Review Of Research." Washington: IASWR, June 2005. P. 4.

² Michelle Sanborn. Children's Alliance. Email to Van Knowles. Feb. 7, 2017.

³ Elizabeth Caywood. Email to Van Knowles. May 19, 2017.

⁴ Timothy Feeley and Adria Johnson. Testimony before the Interim Joint Committee on Health and Welfare. Sept. 21, 2016.

⁵ United States. General Accounting Office. *HHS Could Play A Greater Role In Helping Child Welfare Agencies Recruit And Retain Staff*. Washington: GAO, March 2003. Pp. 3-4.

⁶ Natl. Council on Crime and Delinquency. *The Relationship Between Staff Turnover, Child Welfare System Functioning And Recurrent Child Abuse*. Houston: Cornerstones For Kids, 2006. Pp. 8, 17-18.

⁷ Austin Griffiths and David Royse. "Unheard Voices: Why Former Child Welfare Workers Left Their Positions." *Journal of Public Child Welfare* 11.1 (2017): 73-90.

⁸ Ibid.

⁹ Austin Griffiths et al. "Who Stays, Who Goes, Who Knows? A State-wide Survey Of Child Welfare Workers." *Children and Youth Services Review*. 77 (2017): 110-117. P. 115.

¹⁰ Natl. Council on Crime and Delinquency. *The Relationship Between Staff Turnover, Child Welfare System Functioning And Recurrent Child Abuse*. Houston: Cornerstones For Kids, 2006. P. 10.

¹¹ Austin Griffiths et al. "Who Stays, Who Goes, Who Knows? A State-wide Survey Of Child Welfare Workers." *Children and Youth Services Review*. 77 (2017): 110-117. P. 111.

¹² Elizabeth Caywood. Email to Van Knowles. Sept. 8, 2017.

¹³ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. "Social Service Worker Caseload Averages Reporting Pursuant To KRS 199.461(4)." Jan. 11, 2017.

¹⁴ Hide Yamatani, Rafael Engel, and Solveig Spjeldnes. "Child Welfare Worker Caseload: What's Just Right?" *Social Work*. 54.4 (2009): 361-368. Pp. 361-362.

¹⁵ Anita P. Barbee and Katy Henry. University of Louisville. Kent School of Social Work. "Update Of LRC Findings On Staff And Supervisor Training From The 2006 Report On Kentucky's Foster Care System." July 28, 2016. N.pag.

¹⁶ Ibid.

¹⁷ Center for Advanced Studies in Child Welfare. *Minnesota Child Welfare Workforce Stabilization Study 2016 Child Protection Summary Report*. N.pag.

¹⁸ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. "Social Service Worker Caseload Averages Reporting Pursuant To KRS 199.461(4)." Jan. 11, 2017.

¹⁹ Judy Sieffert and Kathleen Coulborn Faller. "Michigan's Recruitment And Retention Of Child Welfare Staff Program." PowerPoint presentation. 2008.

²⁰ Michigan. Dept. of Health and Human Services. "Is This Job For Me?" YouTube. Nov. 30, 2016.

²¹ Kentucky. Legislative Research Commission. *Kentucky's Foster Care System Is Improving, But Challenges Remain*. Frankfort: LRC, Nov. 9, 2006. P. 118.

²² Lewis Roubal. Email to Van Knowles. Sept. 5, 2017.

²³ Anita P. Barbee and Katy Henry. "PCWCP Summary of Major Findings." Jan. 2016.

²⁴ Ibid. P. 10.

²⁵ Anita P. Barbee, Email to Van Knowles. Sept. 11, 2017.

²⁶ Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services. "Social Service Worker Caseload Averages Reporting Pursuant To KRS 199.461(4)." Jan. 11, 2017.

²⁷ Kentucky Citizen Review Panels and Blake L. Jones. *Kentucky Citizen Review Panel For Child Protective Services Annual Report 2015*. Lexington: Univ. of Kentucky College of Social Work, 2015. Pp. 25, 27.

Appendix A

How This Study Was Conducted

Program Review staff studied a wide range of foster care literature and met with state agency officials and other stakeholders. Staff conducted interviews with foster children, foster and adoptive parents, judges, and private child-placing agency personnel. Staff analyzed data provided by the Department for Community Based Services, the Administrative Office of the Courts, and the Personnel Cabinet.

Caseload Calculations

To calculate average caseloads from 2011 to 2017, Program Review staff used the weekly TWS-W230S caseload report provided by DCBS. That report differs from the report DCBS began to use in 2016 (TWS-W230S2), but it covers a much longer period and can be used to show trends. As a result, the staff caseload calculations are similar to but do not exactly match the current DCBS calculations.

Program Review staff requested the TWS-W230S report closest to the middle of each month from March 2011 to July 2017. DCBS discovered that many of the reports from 2011 and 2012 had become corrupted and were no longer usable, so the department provided usable reports that were closest to the requested dates. Therefore, the time points in 2011 and 2012 might be closer together or farther apart than the 4 weeks expected.

For each report, Program Review staff calculated the average number of cases of different types assigned to workers at that point in time, using the following approach:

- The only cases included in the analysis were investigations, ongoing cases, and recruitment and certification cases. Recruitment and certification cases were weighted at 0.39 of a case based on the relative caseloads of caseworkers carrying those cases, as well as confirmation from DCBS that those cases require less work per case.
- Caseworkers handling intake cases were removed from the analysis.
- Caseworkers assigned no cases of any kind were removed from the analysis.
- Remaining caseworkers were assigned a category based on the preponderance of their cases (child protection, adult protection, and recruitment and certification).
- Caseloads were reported only for the child protective services category.
- Caseworkers with fewer than 10 cases were removed from the analysis along with their cases. Staff assumed that these caseworkers are similar to those whom DCBS considers not at full capacity but who are still handling the majority of the work on their cases, adding an unknown amount to the workloads of others. Including these caseworkers would artificially lower the average caseload. Including their cases would artificially increase the average caseload.
- Supervisors who were also carrying cases were removed from the analysis along with their cases. Staff assumed that these supervisors handle all the work on their cases, so they do not

add to the workload of others, but including them in the analysis would artificially lower the average caseload.

- Cases assigned to vacant positions were included in the analysis and added to the pool of cases from which the average was calculated. Vacant positions were not included in the head count for the calculation.

Turnover Calculations

Turnover is the rate of separations (employee departures) as a percentage of total employees over a period of time. The conventional calculation considers total employees to be the head count at the beginning of the time period or an average head count at two or more points in the time period.

Because the Personnel Cabinet uses an unconventional method to calculate employee turnover, Program Review staff calculated turnover rates based on the conventional method so they could be compared directly with those of other states.

Personnel Cabinet Turnover Calculation

The Personnel Cabinet calculates turnover as the number of separations as a percentage of the head count at the beginning of the period plus “employees who enter the organization during” the period. This results in turnover rates that are lower than those calculated conventionally. Cabinet officials explained that KRS 18A.030(4) requires separate turnover calculations for every organization unit down to the section level. The combined number of these levels and units is so large that there are not enough computing resources to calculate turnover for all of them in a reasonable time using the conventional method.

Program Review Staff Turnover Calculation

The Personnel Cabinet provided a list of every personnel action starting in March 2011 for everyone who was employed at any time since then in one of the following positions:

- Social Service Worker I and II (caseworkers)
- Social Service Clinician I and II (caseworkers)
- Family Services Office Supervisor

Program Review staff used the data to determine each change in job position or organizational unit (including separations from state employment). For each calendar year, staff calculated turnover for caseworkers as a group, for supervisors, and for all five positions as a group.

For each group and year, the number of separations for the year was the number of actions that caused an employee who was in the group at DCBS to leave that group of positions or to leave DCBS. The number of employees in the group at DCBS was calculated at the beginning of the year and at 45-day intervals thereafter, then averaged.

Surveys Of DCBS Staff

Program Review staff developed a set of anonymous online surveys based on surveys used for the 2006 Program Review report on foster care. The 2006 surveys went only to caseworkers who had five or more ongoing child cases (in-home services or foster care) and only to supervisors of those caseworkers.

The 2017 surveys used selected questions from the 2006 surveys along with some additional questions. SurveyMonkey was used to design, administer, and collect the data from the surveys. Survey invitations were sent via DCBS email distribution lists for the nine service regions in the Division of Service Regions. The survey was open from April 25 to May 12. Reminders were sent periodically to encourage those who had not responded.

Different surveys were sent to each of five groups. The table below lists the groups, the number of recipients, and the number of respondents. The number of recipients was calculated based on demographic data provided by the Personnel Cabinet for employees in those service regions at the beginning and end of the survey period. The portions of recipients having five or more ongoing child cases and supervising such caseworkers were estimated averaging TWS-W230S caseload reports from before and after the survey period. These proportions were applied to the numbers of caseworkers and supervisors found in the demographic data.

Because the 2017 surveys went to all caseworkers and supervisors, they included questions to determine whether they had five or more ongoing child cases or supervised such caseworkers. The responses to those questions determined which respondents were comparable to those in the 2006 surveys, as shown in parentheses in the table.

**Recipients And Respondents
 Program Review Survey Of Service Region Staff**

Group	Number Of Recipients (With Five Or More Child Cases)	Number Of Respondents (With Five Or More Child Cases)	Response Rate (With 5 Or More Child Cases)
Caseworkers	1,524 (880)	528 (305)	34.6% (34.7)
Supervisors	271 (203)	112 (84)	41.3 (41.4)
Local office support staff*	291	117	40.2
Regional office staff*	112	58	51.8
Other*	Unknown**	13	Unknown**

Note: Only respondents who completed all required questions were included.

*These groups do not have direct case responsibilities and were not included in the 2006 surveys, so there is no distinction between types of respondents for them.

**The number of recipients with “Other” positions is unknown because respondents provided job titles that did not correspond with Personnel Cabinet job titles.

Source: Demographic data from the Personnel Cabinet and respondent data from Program Review staff survey.

Based on the sample sizes only, the margin of error with 95 percent confidence was

- ± 3.46 percent for caseworkers as a whole (528 respondents),
- ± 4.38 percent for caseworkers with five or more ongoing child cases (305 respondents),
- ± 7.20 percent for supervisors as a whole (112 respondents), and
- ± 7.91 percent for supervisors having caseworkers with five or more child cases (84 respondents).^a

Statistical significance for comparisons between the 2006 and 2017 surveys was calculated using the chi-squared statistic implemented via Microsoft Excel. Confidence intervals and margins of error were calculated using the SAS System's PROC SURVEYFREQ.

^a These were calculated for a hypothetical question with two choices, each chosen by half of the respondents, which produces the greatest margins of error. Answer percentages above or below 50 percent result in lower margins of error than those shown here.

Appendix B

Number And Classification Of Moves For Children Who Entered Out-Of-Home Care On Or After January 1, 2012

Classification	Reason For Move	Count	% Of Total	
Disruption				
Caused by agency	Needs different/additional specialized services	5,809	15.9%	
	Preadoption disruption	48	0.1	
	Subtotal	5,857	16.0%	
Caused by caretaker	Agency noncompliance with contract or licensing	71	0.2	
	Caretaker abandonment	4	0.0	
	Caretaker change in life situation	358	1.0	
	Caretaker death	10	0.0	
	Caretaker emotional problem	31	0.1	
	Caretaker employment	49	0.1	
	Caretaker incarceration	10	0.0	
	Caretaker leaves public or private agency: child moves	118	0.3	
	Caretaker noncompliance with requirements	334	0.9	
	Caretaker physical illness/emotional problem/incapacity	248	0.7	
	Caretaker relinquishment	1,276	3.5	
	Caretaker/individual conflict	3	0.0	
	CPS investigation	488	1.3	
	CPS/APS investigation	50	0.1	
	Criminal investigation	9	0.0	
	Dissatisfaction with service delivery	160	0.4	
	Provider voluntarily closes program/service	319	0.9	
		Subtotal	3,538	9.7%
	Caused by child	Aggressive to caregivers	496	1.4
Aggressive to peers		352	1.0	
Defiant oppositional behavior		1,300	3.6	
Homicidal behavior		46	0.1	
Other behavioral/emotional problem		2,057	5.6	
Property destruction		121	0.3	
Runaway behavior		1,805	4.9	
Self-abusive behavior		154	0.4	
Sexual acting out		193	0.5	
Sexual aggression		15	0.0	
Substance abuse		179	0.5	
	Subtotal	6,991	19.1%	
Subtotal-Disruption		16,386	44.8%	

Classification	Reason For Move	Count	% Of Total
Neutral	Move from short-term temporary placement	5,620	15.4
	Court orders placement change	291	0.8
Subtotal-Neutral		5,911	16.2%
Progress	Adoptive or preadoptive placement	3,589	9.8
	Educational/vocational placement	179	0.5
	Needs less restrictive care	4,349	11.9
	Placement closer to home	347	0.9
	Placement with nonrelative	112	0.3
	Placement with relatives	4,308	11.8
	Placement with siblings or child	551	1.5
	Placement with teen/youth parent in care	807	2.2
Subtotal-Progress		14,242	39.0%
Total		36,539	100.0%

Note: CPS=Child Protective Services; APS=Adult Protective Services. Percentages may not add to totals shown because of rounding.

Source: Kentucky. Cabinet for Health and Family Services. Dept. for Community Based Services.
“TWS-A348A LRC Dataset DCBS Placement Info File1_20170620.xlsx.” June 20, 2017

Appendix C

Cabinet For Health And Family Services' (CHFS) Response To Recommendations In 2006 Program Review Report

The report *Kentucky's Foster Care System Is Improving, but Challenges Remain* was adopted by the Program Review and Investigations Committee on November 9, 2006.

Recommendation 1.1

The Department for Community Based Services should reconvene the Statewide Strategic Planning Committee for Children in Placement and support its statutory mandates. All agencies mentioned in the statute should appoint members to the committee. The committee should fulfill its statutory mandates and consider implementing a facility and service oversight function as authorized by statute. The committee should consider ways to address the issues related to foster care that need further study. The department should include in its proposed budget funds to support the committee.

CHFS Response:

The Statewide Strategic Planning Committee for Children in Placement (SSPCCP) was created in 1998 by the Kentucky General Assembly. The SSPCCP held its first meeting on October 26, 1998, and submitted a strategic plan to the mandated parties on June 15, 1999. The committee had one follow-up meeting on August 11, 1999; however, there is no record of further meetings between 1999 and 2013. The committee's roles and responsibilities were largely absorbed within community stakeholders groups convened by DCBS for the purposes of federally prescribed planning, implementation, and reporting related to the entire child welfare continuum.

Legislation enacted during the 2012 Regular Session of the General Assembly amended various statutory sections pertaining to the SSPCCP and reemphasized the purpose and rationale for the committee. In addition, contextual factors made the timing opportune for reinvigoration of the SSPCCP and increased intensity in the focus placed on programs and services to children in placement. Efforts were undertaken to reinvigorate this committee; however, the last meeting was held in April 2014, in part, due to the development in March 2014 of the Child Welfare Performance and Accountability Partnership (CWPAP), formerly known as the Performance Based Contracting (PBC) initiative. Substantial work has been completed through the CWPAP, which reflects goals consistent with those also identified by the SSPCCP. This includes the purpose of the CWPAP: collaboratively define performance and accountability measures, improve child and family outcomes consistent with federal and state mandates, and increase alignment between Kentucky's programmatic goals and fiscal resources. In addition, many historical members of the SSPCCP or their colleagues are currently represented within the CWPAP, ensuring the continued practice of a multidisciplinary systems approach. The CWPAP is funded by a Casey Family Program grant.

The current membership of SSPCCP and its utility are being reviewed as a result of a change in gubernatorial administration and the administration's charge to reform child welfare.

Recommendation 1.2

If it is the intent of the General Assembly that the number and progress of children committed for extraordinary services be tracked by the courts and the Cabinet for Health and Family Services, then the General Assembly may wish to consider amending KRS 600.050 to require the courts and the cabinet to identify and track these children in their data systems. The General Assembly also may wish to consider requiring the courts and the cabinet to report information about such children to the Legislative Research Commission.

CHFS Response:

"Extraordinary services" is not a specific category that is tracked within the agency's data system; however, the system can track any child as an individual and can also report aggregated child outcomes related to timeliness of reunification, time to adoption, and other federal outcome indicators.

Recommendation 1.3

The Cabinet for Health and Family Services should promulgate regulations and standards of practice to clarify that when the court grants custody of a maltreated or dependent child to another person, typically a relative, the cabinet shall:

- conduct criminal and child maltreatment background checks for such persons,
- conduct home studies for such persons, and
- provide services to birth families and children in such cases until permanency is achieved for the children.

Further, if it is the intent of the General Assembly to provide explicit guidance to the cabinet and the courts on the conduct of cases in which the court grants custody of a maltreated or dependent child to another person, typically a relative, then the General Assembly may wish to consider legislation to:

- require criminal and child maltreatment background checks for such persons,
- require home studies for such persons, and
- require services to birth families and children in such cases until permanency is achieved for the children.

CHFS Response:

Historical practice of the Department for Community Based Services (DCBS) has been to conduct background checks and home studies for relative placements with provisional approval allowed for emergency situations. In addition, DCBS provides time-limited efforts to reunify the child with the child's biological family. Biological parents have one year to successfully complete their case plan, and if the biological parents are unsuccessful at that time, DCBS seeks a permanent custody order for the relative. When 922 KAR 1:140 was last amended in 2013, provisions for relative background checks and home studies were included.

Recommendation 2.1

The Cabinet for Health and Family Services should conduct all statutorily required evaluations and produce all statutorily required reports. The cabinet should consider ways to consolidate some of the reporting requirements, possibly substituting federally required reports, and should consider proposing legislation to authorize such consolidation.

CHFS Response:

DCBS conducted a study of its statutorily required reports and, more recently in accordance with the support of the Bevin administration, did identify reports for elimination or modification. Possible legislation is forthcoming from the Cabinet for Health and Family Services in the 2017 Regular Session. DCBS is fulfilling its statutorily required reporting burden and has an internal system in place to enforce compliance and timeliness.

Recommendation 2.2

If it is the intent of the General Assembly to support the use of random, unannounced reviews by the federal Children's Bureau and the Council on Accreditation, then the General Assembly may wish to consider a resolution urging those agencies to adopt that procedure and may wish to consider a resolution requesting the National Conference of State Legislatures to promote that procedure.

Further, the Cabinet for Health and Family Services should consider working through appropriate national organizations to promote the use of random, unannounced reviews by the federal Children's Bureau and the Council on Accreditation.

CHFS Response:

The Council on Accreditation and the federal Children's Bureau continue to conduct announced and planned reviews for various logistical reasons. At present, DCBS does not have influence over this matter.

Recommendation 2.3

The Cabinet for Health and Family Services should continue to compile Continuous Quality Improvement data and use the information to track overall compliance with standards of practice and federal targets. The cabinet should use the data only in aggregate, not for individual employee performance evaluations, and should explain this clearly to caseworkers and supervisors.

CHFS Response:

DCBS continues to use case review data and system data to monitor program quality based on state and federal targets. The Continuous Quality Improvement (CQI) process includes dedicated regional data personnel and child welfare personnel as quality assurance leads responsible for assistance in the implementation of improvement efforts and practice changes, as necessary, to respond to changes or deficits in regional

performance data. The CQI process also includes dedicated central office staff who works with the DCBS service regions to use case review and federal data measures to identify regional needs and plan performance improvement based on those data indicators. The data are not used in field staff performance evaluations. Central office staff holds visits and has regular calls with the service regions as part of ongoing efforts to ensure fidelity to the case review process and program improvement activities.

Recommendation 2.4

The Department for Community Based Services should address the information systems issues listed below and report the actions taken and results to the Program Review and Investigations Committee by December 2007. The cabinet should:

- modify its data systems and procedures as needed so that, for children in open child protection cases, it can reliably identify:
 - where a child is living, regardless of who has custody,
 - who has custody of a child, regardless of where the child is living, and whether a child is in the Kinship Care Program or not.
- modify TWIST screens, procedures, and reporting as needed so that the following information can be kept and reported separately for each child:
 - the assigned county of the caseworker handling the case,
 - the county in which the birth family resides, and
 - the county in which the child resides.
- make the process of tracking a case and members of a case from investigation through foster care easier and less error-prone.
- implement an enterprise report management process.
- consider implementing a data warehouse and decision support system.
- implement and enforce review of new TWIST codes and clear explanations of all TWIST codes.
- implement and enforce strict documentation of TWIST reports, including the codes printed on them.
- involve caseworkers and supervisors extensively in the design and development of the new TWIST.
- consider vendor solutions for future modifications of TWIST.
- ensure that remote access to the new TWIST is as secure as possible.
- provide innovative solutions to the caseworker's need to document activity in the field.
- modify the Children in Placement report so that it shows the move reason for children with unknown placements.

CHFS Response:

DCBS continues to work towards the full modernization of TWIST by moving it to a .NET interface. All casework modules should be .NET by the end of 2017. In its current version, TWIST can track the location of all household members in a child welfare case, the case manager, and their county. By the end of 2016, additional enhancements will display and ensure that children who are AWOL or are in trial home visits are also visible. DCBS continues to use regional data specialists, CQI specialists, to ensure

statewide understanding of TWIST codes, management reports, data entry standards, and deadlines for data entry. Once TWIST is fully .NET, additional modernization efforts will be more possible in the updated platform.

Recommendation 4.1

Given their positive casework and retention outcomes, the Department for Community Based Services should consider expanding the Public Child Welfare Certification Program and the Master of Social Work Stipend Program.

CHFS Response

The Public Child Welfare Certification Program has not had a participation cap since its inception; however, recruitment by university site coordinators is complicated by the difficult nature of the work and salary. Due to budgetary constraints and workload, the Master of Social Work stipend has been limited to two slots per DCBS service region for the last 10 years. Expansion of the stipend program would require additional support from the DCBS budget.

Recommendation 4.2

The Cabinet for Health and Family Services should implement supervisory training courses and provide refresher courses to ensure that supervisors have the knowledge and ability to meet the support needs of caseworkers. The effectiveness of these courses should be objectively evaluated.

CHFS Response

An advanced supervisory training series for protection and permanency field supervisors was developed and implemented in 2011. The series consists of three graduate-level courses, which are presented to supervisors over a six-month period. Each of the three courses focuses on the knowledge, skills, and opportunities for application of critical supervisory skills. The courses include: 1) Advanced Casework Skills, 2) Casework Supervision in Child Welfare, and 3) Child Welfare Supervisory Coaching and Mentoring. The advanced supervisory series is a collaborative effort involving DCBS, the University Training Consortium, and the Master of Social Work programs at the University of Louisville, Western Kentucky University, and the University of Kentucky. Upon completion of the series, trainees are eligible to receive nine hours of graduate-level academic credit. Four hundred three unique individuals have completed the series since its inception. Updates to the curricula are continually made.

Recommendation 4.3

The Cabinet for Health and Family Services should streamline the disciplinary action approval process so that actions are more timely and effective and should take steps to ensure discipline is applied equitably in all service regions.

CHFS Response:

Each service region has a Service Region Administrator Associate dedicated to personnel matters, including employee discipline, in an effort to foster efficiencies, consistency, and expertise. This person serves as a personnel expert for the region, a point of contact for the Cabinet for Health and Family Services' Office of Human Resource Management (OHRM), and assists in obtaining evidence necessary to support disciplinary action. Disciplinary requests and actions are further aided by the speed afforded through e-mail. To further reinforce consistency among the 13 DCBS service regions and the cabinet's organizational units, OHRM completes a comparison analysis of prior disciplinary actions.

Recommendation 4.4

The Cabinet for Health and Family Services should develop a hiring system proposal that minimizes the time to fill vacancies. Any necessary job classification changes should be requested from the Personnel Cabinet.

CHFS Response

DCBS and OHRM have worked with the Personnel Cabinet to streamline the hiring process to the extent possible. Entry-level positions can be filled using quick-fill certified registers that do not expire for 90 days. The DCBS service regions do not have to wait for a vacancy to occur before starting the hiring process. Service regions with high turnover can constantly work registers for entry-level positions.

Recommendation 4.5

In order to build stronger connections between central office and caseworkers and supervisors, the Department for Community Based Services commissioner, director of Protection and Permanency, and the Out-of-Home Care Branch manager and their staffs should visit local offices periodically to engage in dialogue with caseworkers and supervisors. The department should develop additional methods to sustain connections between the central office and caseworkers and supervisors.

CHFS Response

Upon appointment, Commissioner Adria Johnson charged her leadership team to have greater visibility in local DCBS offices. Once central office vacancies, namely key leadership positions are filled by close of summer, more local office visits will be possible.

In addition, when possible, meetings among the DCBS Service Region Administrators (SRAs) are being held in a local office, rather than central office. The local office meeting locations enable the SRAs to have more interaction with local office staff. For instance, local office staff present and participate in the SRAs meetings. Indications are that the local office meeting sites are beneficial, because the SRAs are learning more about each other's regions and building relationships among regional staffs.

In recent years, the DCBS Division of Protection and Permanency (DPP) central office staff has implemented several initiatives to provide greater support and build stronger connections with local office staff. The Permanency Roundtables are one example of such an initiative. The DPP Out of Home Care Branch serves as the lead in this initiative whereby central office staff travel to each service region to provide a formalized consultation process on cases in which there have been challenges to permanency. At least three full days of consultation are devoted to each service region per year. The Wendy's Wonderful Kids child-specific recruitment program and the Chafee Independent Living Program are two other programs entailing the collaboration and cooperation of local office and central office staffs.

Additionally, DPP central office staff provides placement support services for cases involving children who are difficult to place. While this is managed primarily via conference call, it provides a structure for ongoing communication and support for the most complex cases.

Recommendation 4.6

The Cabinet for Health and Family Services should conduct exit interviews of all Protection and Permanency caseworkers and supervisors and analyze their responses separately from other divisions so that causes of turnover can be identified and addressed. The cabinet should develop a clear career ladder for caseworkers and supervisors in order to retain experienced staff likely to be hired by other agencies.

CHFS Response

Exit interviews are conducted on a voluntary basis, and results are contained in the House Joint Resolution 17 (2008 Regular Session) report produced twice each year. The career ladder and other retention measures have been assessed as lacking; thus, the Bevin administration is studying DCBS' structure, career ladder options, and other means for recruitment and retention, particularly of Millennials. As recently announced, frontline workers are receiving salary increases.

Recommendation 4.7

The Cabinet for Health and Family Services should develop a casework weighting system that can approximate the true workload of each caseworker. The cabinet should use such a system in combination with national caseload standards to establish a maximum caseworker workload. The cabinet should then determine the workforce required to support the workload maximum and should request funding for the positions required to maintain an adequate workforce under the weighting system.

Further, if it is the intent of the General Assembly to provide guidance on caseloads and workloads, then the General Assembly may wish to consider amending KRS 199.461 to reflect current standards and calculation methods.

CHFS Response

The DCBS Division of Service Regions has been working closely with technology staff and the individual service regions to develop a caseload report that more accurately reflects caseloads. Currently, the report, TWS-230S2 combines all case assignments (i.e., investigations, ongoing agency/request cases, and non-specific assignments, such as home evaluations, safety net, court-ordered services, etc.). The service regions then report monthly the number of staff who are “not at capacity” meaning staff who are on extended leave, desk duty, or who have less than six months service with the agency. Using this information, DCBS is able to look at caseloads on a regional level, including exclusion of those staff “not at capacity” in the staffing denominator. Efforts to improve data collection and analysis are ongoing.

Recommendation 5.1

The Cabinet for Health and Family Services should keep information on the amount of funds and effort spent on each foster parent recruitment strategy and should elicit information from new foster parents about what influenced their decision to become foster parents. The cabinet should require private foster care agencies to collect similar information and provide it to the cabinet. The cabinet should analyze the information and use the results to target recruitment efforts in the most effective manner possible.

CHFS Response

DCBS allocates funds to its nine service regions to use for foster parent recruitment activities and events. Each service region may spend up to \$4000 in a state fiscal year (SFY) for expenses related to foster and adoptive home parent recruitment. Being more populated, Jefferson, Northern Bluegrass and Southern Bluegrass Service Regions may spend up to \$6000. Each service region, as part of its annual diligent recruitment plan as described in SOP 12.2 Diligent Recruitment of Resource Home Parents, provides specific details on how funds for recruitment will be spent. Each service region is responsible for monitoring expenditures related to recruitment. The service regions annually submit information about recruitment efforts, both general and targeted, and this is reported within the federally required Title IV-B Child and Family Services Annual Progress and Services Report (APSR). Quarterly meetings are held among central office and regional recruitment and certification staffs to discuss diligent recruitment.

DCBS engages in child-specific recruitment by listing children available for adoption on the Special Needs Adoption Program (SNAP) and Adoptuskids websites. The Adoptuskids website is the federal website that recruits prospective adoptive parents nationally. Children available for adoption engage in SNAP events, are featured in Heart galleries that are on display across the state in special venues, and are featured in magazines and newspapers. Numerous children’s videos are featured on Wednesday’s Child and Middy’s Child. Some children have been highlighted on the Adoptuskids and the Dave Thomas Foundation for Adoption Websites.

A portion of the children for whom finding an adoptive home is most difficult have a Wendy's Wonderful Kids recruiter. These recruiters have a smaller caseload and can dedicate all of their time and efforts finding adoptive homes for these children. The recruiter's only job assignment is to find an adoptive home for the children on their caseload.

In determining what influenced a foster parents decision for foster and/or adopt, the following sources are available:

- From the point of inquiry, prospective parents are asked why they are interested in fostering or adopting. This information is collected and tracked and can be produced in a report to guide future recruitment efforts.
- An extensive assessment of the family is completed and includes the family's motivation for fostering/adopting. This information is documented in a family's home study and is used to assist in matching characteristics and preferences of foster parents with children in care.

Recommendation 5.2

The Cabinet for Health and Family Services should develop a reliable and timely method of tracking the number and types of resource and private foster homes.

CHFS Response

DCBS produces a monthly diligent recruitment report that provides a breakdown of the characteristics and the number of children in care and the foster homes available to serve the children. The data on the diligent recruitment report reflect the statewide numbers and are broken down by region and county. The report is distributed to DCBS regional staff monthly.

In addition to the diligent recruitment report, the Training Record Information System (TRIS) tracks the number and type of inquiries. Information about the date of approval, type of foster/adoptive home (e.g., basic, specialized, care plus or medically complex), and characteristics of the foster/adoptive family are in the TRIS system.

A monthly foster care facts report is available to all regional staff and the general public. This reports shows the number of children in out-of-home care, placement setting type (e.g., private child-placing agency, DCBS, hospital, Care Plus, Medically Complex), age of entry, number of months in care, and more.

Private child-placing agency foster home placements are tracked through the Children's Review Program (CRP). CRP screens regional requests for private agency placements. A DCBS liaison is assigned to work with private agency staff.

Recommendation 5.3

The Cabinet for Health and Family Services should expand its research into the quality of foster care to include surveys or interviews with others involved in the child's life. The cabinet should increase its efforts to gauge the quality of private foster care, particularly the therapeutic services provided by the private agency.

CHFS Response

The Child Welfare Performance and Accountability Partnership (CWPAP) has taken lead to reform the business arrangements among the cabinet/DCBS, child-caring facilities, and child-placing agencies. The CWPAP is subdivided into four distinct sub-workgroups.

- **The Data-Test workgroup** has been tasked with analyzing long-term data regarding children in out-of-home care and sustained positive outcomes.
- **The Program Monitoring workgroup** has been tasked with developing standards of care for child-caring facilities and child-placing agencies, benchmarks for success and efficient monitoring of these programs, and a new comprehensive agreement with facilities or agencies.
- **The Fiscal workgroup** is currently assessing funding streams, including Medicaid reimbursement, as well as assisting in the determination of fair and equitable subsidies for providers.
- **The Practice workgroup** is responsible for developing and implementing best practices for children in out-of-home care to ensure quality and consistent services.

Work products completed through the CWPAP workgroups include a revised application and a revised agreement for private child-placing agencies and child-caring facilities doing business with DCBS as well as a revised placement referral assessment. These documents feature changes to make them more comprehensive and to support goals of improving outcomes for children and families.

Additionally, the Children's Review Program collects data on services provided by private agencies through the Quality Improvement Frequency Report. The report is considered a reflection of patterns and trends, rather than a precise quality improvement tool, and is based on information self-reported by the provider as part of the level of care assignment process.

Recommendation 5.4

If it is the intent of the General Assembly that private foster care ("private child-placing") rates be set in a manner similar to those for private residential care ("private child-caring"), then the General Assembly may wish to consider legislation to add private foster care services to statute.

CHFS Response

DCBS is in the process of a fiscal modernization effort that will ultimately alter the reimbursement of child-caring facilities and child-placing agencies. DCBS applies the rate

setting methodology used for non-profit child-caring facilities through individual agreements with child-placing agencies and for-profit child-caring facilities.

Recommendation 5.5

The Cabinet for Health and Family Services should require at least as much training for private foster parents as it does for comparable resource parents.

CHFS Response

In 2015, DCBS established 922 KAR 1:495 to align training for privately and publicly approved foster/adoptive parents. All training requirements were effective this year, 2016.

Recommendation 5.6

The Cabinet for Health and Family Services should adopt a case planning tool that asks for the following aspects of each objective:

- The objective: what is to be accomplished.
- The rationale: why it needs to be accomplished.
- The participants: who is to accomplish it.
- The method: how it will be accomplished.
- The measurement: how everyone will know if it has been accomplished.
- The timeframe: when it will begin and when it is expected to end.

The cabinet should include in its case planning tool a means of recording measured progress on each objective, barriers to progress, and solutions to overcome those barriers.

CHFS Response

DCBS updated its case planning tool once the case planning function moved to .NET. Case plan features permit the case plan author to tie a task back to an identified risk or need for the family. Case plans offer clear fields to describe the plan objectives, responsible participants, and the timeframes for completion.

Appendix D

Response To This Report By The Department For Community Based Services



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
Commissioner's Office
COA ACCREDITED AGENCY

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Vickie Yates Brown Glisson
Secretary

October 11, 2017

Senator Danny Carroll
Representative Lynn Bechler
Program Review and Investigations Committee
Legislative Research Commission
Frankfort, Kentucky 40601

RE: *Kentucky's Foster Care System* (September 28, 2017 Draft Report)

Dear Co-Chairs Carroll and Bechler:

The Department for Community Based Services (DCBS) has reviewed the draft *Kentucky's Foster Care System* dated September 28, 2017, and appreciates this opportunity for formal response.

Since May 2016, committee staff has studied the state's foster care system, inclusive of public agency adoptions and staffing complement. DCBS has welcomed the independent review and has highly anticipated the study's publication, including the ensuing discussions among the three branches of government about necessary resources and program improvements to best meet the needs of vulnerable children and families. A brief response to each of the report's recommendations follows.

Recommendation 1.1- The Department for Community Based Services and the Administrative Office of the Courts should work cooperatively to determine a reasonable period for the temporary custody order and propose legislation to the General Assembly.

DCBS and the Administrative Office of the Courts (AOC) conduct meetings at regularly scheduled intervals and as need arises to address issues resulting in intersection between the DCBS and the courts. In addition, DCBS and AOC participate on various local, regional, and state-level groups concerning aspects of Kentucky children's welfare. DCBS is willing to review court timelines in partnership with AOC and concurrent with implementation of Recommendation 1.2. Improved data collection under Recommendation 1.2 would inform a legislative proposal effecting this recommendation, present practice and policy enhancements in addition to statutory change, and offer means for quality assurance and evaluation.

Recommendation 1.2- The Department for Community Based Services and the Administrative Office of the Courts should cooperate to ensure the collection of the date of any dependency, neglect, or abuse court action, the type of hearing, and the result. These data should be analyzed regularly to identify potential problems.

DCBS has nearly completed the full migration of its protection and permanency database to a new platform. iTWIST will improve data entry consistent with this recommendation, including court activities relevant to children's permanency and DCBS service provision. This forthcoming solution, however, would not fully realize the recommendation and would not necessarily be a meaningful way for the Judicial Branch to evaluate its performance. To the extent resources are available, DCBS is willing to partner with AOC to fill gaps that exist in the collection, sharing, and analysis of data pertaining to children's safety, permanency, and wellbeing. DCBS would be particularly interested in the effects of 2014 Ky. Acts ch. 132 (a.k.a., Senate Bill 200) on foster care placements and efforts to reduce disproportionality of children of color involved in the juvenile justice and child welfare systems.

Recommendation 1.3- The Administrative Office of the Courts should encourage any court hearing dependency, neglect, or abuse cases to use all appropriate AOC forms, so that AOC can produce data regarding the timeliness of foster care cases.

DCBS agrees that the use of proper AOC forms would aid in data entry and analysis consistent with the committee's Recommendation 1.2. In addition, improper use or incomplete forms have potential negative implications for the state's federal reimbursement of foster care services. DCBS understands and appreciates the complications that are faced in the enforcement and training associated with forms used statewide. If DCBS can be of assistance to AOC in this endeavor, DCBS is open to discussion and collaboration.

Recommendation 1.4- The Department for Community Based Services should use existing data to calculate a more accurate "percent of need met" figure in its Diligent Recruitment Report.

DCBS is in the process of editing the Diligent Recruitment Report's existing formulas in accordance with this recommendation. To improve the state's overall diligent recruitment efforts longer term, DCBS has requested technical assistance from a national resource center supported through the federal Children's Bureau. DCBS' leadership team is also measuring foster and adoptive parent recruitment and retention as a Key Performance Indicator on which no less than monthly reporting, including narrative on activities, is completed. Caseload reporting for staff charged with the recruitment and certification of foster and adoptive homes is also being enhanced.

Recommendation 1.5- The Department for Community Based Services should indicate disruptive, neutral, and positive reasons for placement changes in its reports.

DCBS agrees that more thoughtful and detailed presentation of reasons for placement changes is necessary in relevant reporting. The data are increasingly available with the enhanced entry of placement moves by DCBS and private providers. This recommendation will be taken under advisement in the development of presentations and reports.

Recommendation 3.1- The Department for Community Based Services should develop a method for calculating or estimating the number of cases assigned to staff not currently carrying full caseloads and the contributions of such staff to state, regional, and county workloads. The workloads of these staff should be included in the calculations of average caseloads along with past due cases.

DCBS currently includes, and plans to continue to include, past due cases in its caseload calculations, including averages with and without past due cases. Based upon preliminary input to better assess the actual caseload contribution of staff who are “not at capacity”, rather than totally removing them from the caseload averages, the DCBS Division of Service Regions has begun modification to its reporting. As a likely solution, if a staff person who is deemed “not at capacity” carries a caseload, the number of cases will dictate the representative decimal that will be used for the person in the overall staffing denominator for the county, region, and state caseload averages. This proposed solution will not require extensive resources and will ensure consideration of the caseload contribution of staff who are “not at capacity” in the caseload averages.

Recommendation 3.2- The General Assembly may wish to consider revising KRS 199.461(4) to require reporting of monthly regional and county caseload averages in addition to monthly statewide caseload averages.

DCBS can include regional and county caseload averages, in addition to statewide caseload averages, at any time upon request.

Recommendation 3.3- The Department for Community Based Services should develop a strategy to lessen the burden of administrative duties of caseworkers so that they can spend more time with children and families.

To reemphasize administrative burdens, DCBS staff must enter over 250 unique fields per child to fulfill federally mandated reporting tied to major child welfare fund sources. Knowing that these administrative burdens harm worker and customer satisfaction, DCBS appreciates the committee’s recognition of the administrative burdens facing staff and is underway with multiple steps congruent with this recommendation.

In highlight of the agency’s efforts, DCBS plans to secure a software solution that will be used in tandem with new equipment promised through bequeath, making case management more efficient and fostering a more mobile workforce. Contingent upon its budgetary context, DCBS would also like to increase the number of administrative staff in local offices so that case workers and their management can be relieved of clerical duties and focus attention on more complex tasks, specifically work with children, families, and communities. As need arises and funding permits, DCBS has the ability to hire temporary administrative or contract staff as recently exemplified by the DCBS Records Management Section to address background check processing backlogs and delays.

DCBS, in related efforts, has reduced its state mandated reporting burden, is streamlining its administrative regulations through the Red Tape Reduction efforts as charged by Governor Bevin, and is evaluating all programs and contracts to affirm need and benefit in relation to actual costs.

Recommendation 3.4- The Department for Community Based Services should develop a method for determining caseloads that is based on an analysis of its workforce and workloads. This information should be used to determine what the appropriate caseload standard for Kentucky child welfare caseworkers should be and the strategies needed in order to meet this standard. The standard that is developed should be aligned with the principles established by current national standards and should focus on ensuring that as few child welfare caseworkers as possible are assigned caseloads that exceed the standard.

DCBS' protection and permanency services were reaccredited by the Council on Accreditation for Child and Family Services with public announcement released on Monday, October 9, 2017. DCBS would welcome the ability to shift from a caseload model to an activity model, or to apply a weight system to its caseloads, but such change has been beyond reach due to the financial supports required, limited internal sophistications and capacities to fulfill the analysis, and/or an inability to automate. Budget cuts the agency sustained during the national recession have not been restored, and the budgetary context of the state overall is threatened due to the state's pension crisis and revenue shortfalls. As DCBS will discuss in response to the Recommendation 3.5, multiple efforts are underway to recruit and retain qualified DCBS staff, which is the greatest contributor to the caseloads averages of present day, but there remain factors beyond the control and influence of DCBS.

Recommendation 3.5- The Department for Community Based Services should request funding and authorization to increase caseworker salaries to a competitive level; to increase the number of caseworkers; to offer geographic salary differentials and flexible scheduling; to expand employee recruitment, development, and recognition programs; and to develop further improvements in the hiring process such as applicant pre-screening and hiring prior to vacancies. The agency should also promote expansion of undergraduate social work programs.

As cited in the committee's draft report, recruitment and retention of child welfare staff are challenges that are not unique to Kentucky. Within its available resources, DCBS has implemented and continues to implement multiple efforts to improve staff recruitment and retention. Perhaps the more prominent effort of this gubernatorial administration to date, DCBS implemented salary increases for frontline staff in September 2016.

DCBS is currently analyzing its organizational structure in tandem with job classifications commonly used within the agency. In the coming year, DCBS plans to propose a re-organization informed by the analysis to remove barriers to comprehensive service delivery, improve agency cohesion, and strengthen middle management supports. In addition, DCBS is working with the Cabinet for Health and Services' Office of Human Resource Management and the Personnel Cabinet on a proposal that includes new job classifications for DCBS field and Central Office personnel that offer a career ladder for dedicated staff, and pay differentials to quell the fiercer competition of certain geographical areas' job markets. DCBS has already begun to enhance tools for staff to support greater efficiency and mobility, establish Rapid Response Teams to deploy within or among the Service Regions contingent upon need, revise performance evaluation measures, and to implement shift work to reduce overtime and better support staff's work-life balance.

The DCBS Commissioner's Office has hired a staff assistant, a high profile and devoted resource for personnel matters, who has reached out to the Personnel Cabinet to better promote DCBS vacancies and to various social media outlets and list-serves to improve recruitment of staff from Kentucky's and surrounding states' colleges and universities. A partnership with the Kentucky Labor Cabinet has identified the near-term possibility for apprenticeships to improve recruitment and training of DCBS staff beginning this state fiscal year. The acclaimed Public Child Welfare Certification Program is also being modified to improve access to staff from other program areas administered by DCBS, thereby potentially recruiting individuals familiar with DCBS to work in child welfare.

The funding priorities of the Executive Branch for the 2018 Regular Session are unknown at this time and are subject to a variety of contextual factors making the ultimate outcome unpredictable. In terms of future efforts, DCBS has advocated and plans to continue advocating for its staffing needs while it upholds agency accountability and prudent stewardship of public funds. The commitment to child welfare reform efforts cannot realize its fullest potential without qualified and experienced DCBS staff.

In closing, on behalf of DCBS, I would like to express our sincerest thanks for the professionalism and courtesies of the committee staff in their course of study and engagement with us. We look forward to the continued support of the Kentucky General Assembly in efforts to reform Kentucky's child welfare system--making it the best in the nation but, more importantly, making it the very best for Kentucky's children. If you or the committee should have further inquiry or need of DCBS, please contact me at (502) 564-3703.

Sincerely,

Adria Johnson
Commissioner

cc: Vickie Yates Brown Glisson
Eric T. Clark