



**Child Welfare Oversight and Advisory Committee
October 14, 2020**

Kentucky Family Resource and Youth
Services Centers (FRYSC)

COVID-19 Response

FRYSC Director Melissa Goins

FRYSC Background

- There are currently **857** FRYSCs serving approximately **1,200** schools in Kentucky.
- FRYSC was established in 1990 as part of the Kentucky Education Reform Act. The Division of FRYSC is housed in the Cabinet for Health and Family Services (CHFS) to ensure collaboration between the two largest child-serving agencies (Kentucky Department of Education of Education and CHFS).
- Family Resource Centers (**FRCs**) - elementary schools
- Youth Services Centers (**YSCs**) - middle and high schools
- Family Resource and Youth Services Centers (**FRYSCs**) combination of elementary and middle/high schools
- Each center type has mandated components and develops optional components based on school and community needs assessments.
- The FRYSC motto is “Whatever it takes”, meaning FRYSCs will do whatever it takes to assist students and their families to ensure student success and personal well-being.

FRYSC COVID-19 Response

Most frequently reported COVID-related assistance includes:

- Food assistance (98%)
- Basic needs and essential products (other than food) (85%)
- NTI assistance, supplies, online resources (81%)
- Family welfare assistance (65%)
- COVID-19 prevention information (56%)
- Unemployment information and/or job listings (35%)

Other Activities Reported

- Referrals to mental health providers, reminders, and wellness information/emotional support
- Personal contact with students who are getting behind in school work
- Virtual summer enrichment camps
- Google-voice numbers families can text when they need help
- Social media to communicate with families
- Internet safety information
- Resources for internet access
- Welfare assistance during food delivery to lay eyes on most vulnerable students
- Red Cross babysitting training for older siblings

FRYSC Data

March-June 2020

During the school closure timeframe from March 16 to June 30:

- FRYSCs coordinated over **49,000** home visits. The majority of these visits were likely to deliver food, household supplies, and NTI packets. During the exact same timeframe the previous year (March-June, 2019), there were just under 8,600 home visits.
- The total number of duplicated parent contacts (**886,000**) exceeded those of the same timeframe in 2019 (635,000) by over 250,000.
- Over **10,000** parents (unduplicated) attended a parent support group workshop, which was more than double than the same timeframe during the previous year.
- Grandparent/relative support group attendees were just under 5,000, which was only 1/3 the number of attendees than the same timeframe during the previous year.



COVID-19 AND THE COURTS

Balancing Protection and Access



Hon. Marcus Vanover
Family Court Judge
28th Judicial Circuit
Lincoln, Pulaski, and Rockcastle

Nathan Goins, J.D.
Family Court Liaison

Protection

Supreme Court Order 2020-63

- Proceedings shall be held remotely, but judges have discretion to hold in-person hearings
- For in-person hearings:
 - Limited to persons allowed by statute, the Order, or the judge
 - Facial coverings and six-foot distancing required
 - Cleaning and disinfecting required

Ensuring Access

Notice

- AOC-1026 Contact Information Form, Direct Calls

Conducting Hearings

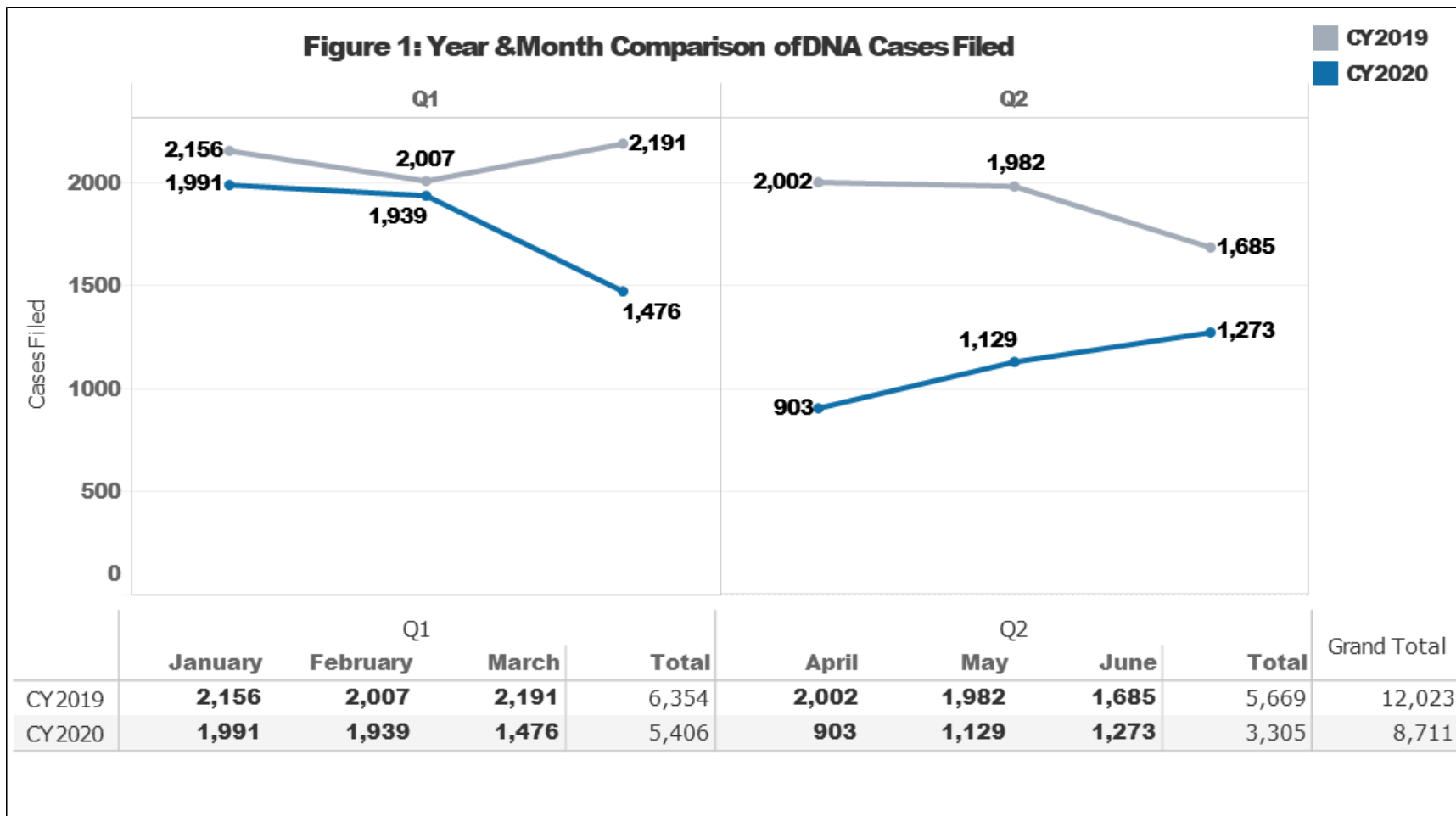
- Methods Vary (Zoom, Teams, Skype)

Increasing Access and Awareness

- Emergency Guidance Allowing Remote Verification
- Foster Parent and Caregivers F.A.Q.
- Collaboration with DCBS, Kentucky Coalition Against Domestic Violence (KCADV), and Foster Parent Advocates

Outcomes

Dependency, Neglect, and Abuse Cases Filed





Impacts of COVID-19 Upon Child Welfare

Department for Community Based Services (DCBS)

DCBS Division of Protection and Permanency Director Christa Bell

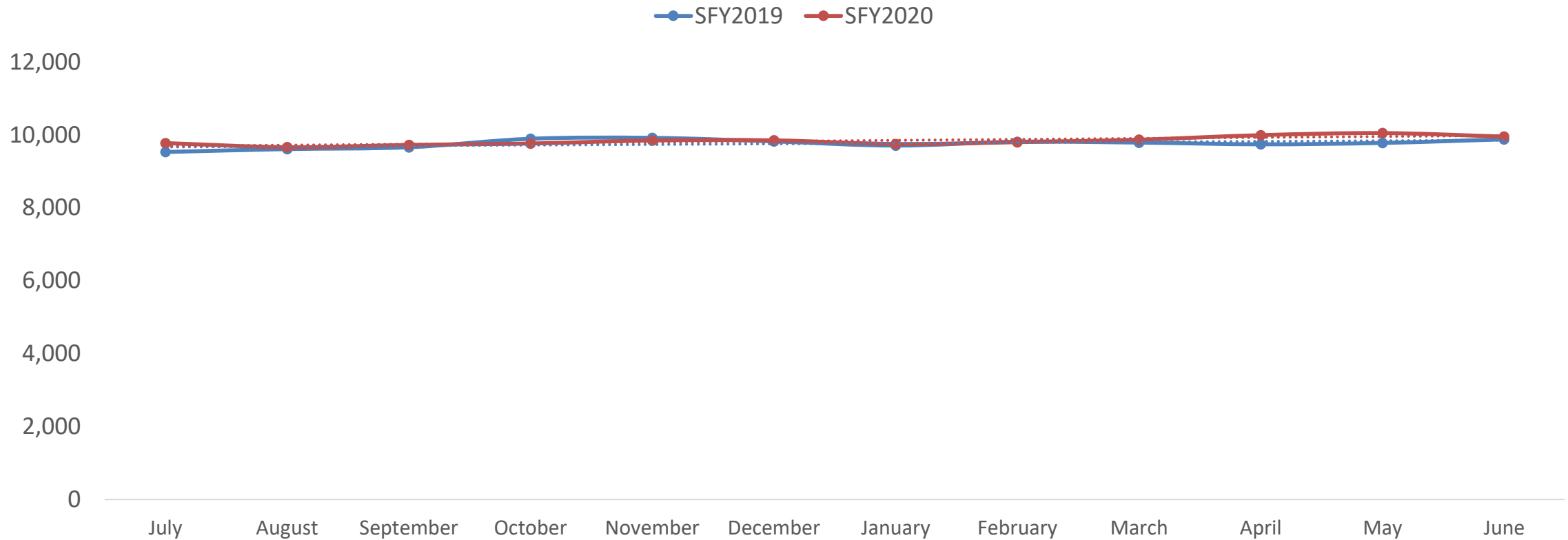
DCBS Commissioner Marta Miranda-Straub

Case Management Flexibilities During Pandemic

- In open DCBS cases, visits with birth parents, children in the home, and children in out-of-home care (OOHC) are occurring primarily via videoconferencing platforms by DCBS and private agency staff.
- More frequent contact with families and children via telephone and videoconferencing platforms is required to ensure all necessary supports and services continue to be provided.
- Staff still assess for safety, risk, family needs, and progress. Face-to-face visits are required if there are identified safety concerns.
- The Children's Bureau has extended flexibilities through the Stafford Act, which allows videoconferencing contacts to substitute for required face-to-face visits during the declared state of emergency.
- Most families and children are also receiving services via telehealth.
- A COVID-19 screening tool was developed for DCBS staff and private agency partners to utilize in the event that face to face contact is necessary.

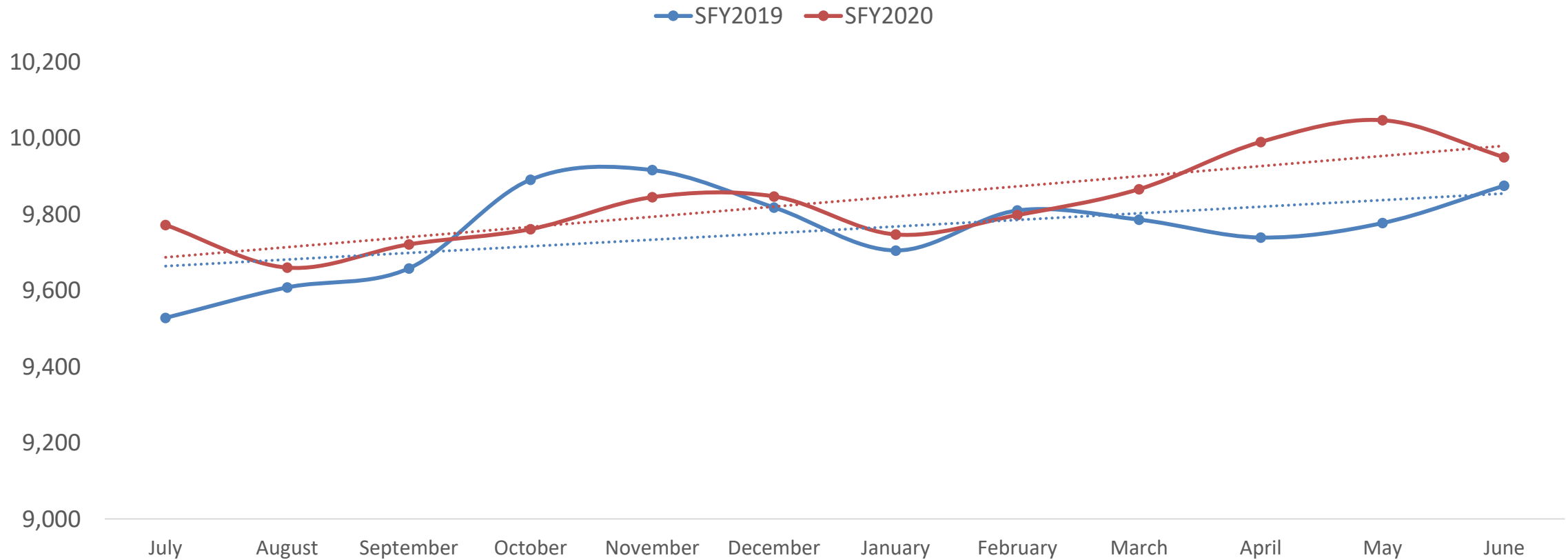
Statewide # of Children/Youth in OOHC

SFY2019 vs. SFY2020



Statewide # of Children/Youth in OOHC

SFY2019 vs. SFY2020



Visitation/Family Time

- At the onset of the state of emergency, all visitation occurred via videoconferencing.
- DCBS issued guidance in May to begin a phased approach to in-person visitation based on age and placement setting.
- Based on guidance for visitors in other congregate care settings, and in consideration of recent incidents of both youth and staff testing positive for COVID-19 in residential settings, the following was recommended:
 - Visits should not occur if any youth or staff who have direct contact with residents have tested positive for COVID-19 in the past 28 days.
 - DCBS staff must advise the court of any temporary suspension of court ordered visits because of positive COVID-19 and when the visits will resume in person.
- Increased contact via videoconferencing platforms has kept children connected to their parents and has had positive outcomes.

Placement Capacity

- DCBS and private foster homes were surveyed on capacity and willingness to accept children who were COVID-exposed or COVID-positive.
- Nearly all foster families were willing to accept more children. More than half were willing to take a child COVID-exposed or COVID-positive.
- The Stafford Act provided flexibility on federally required fingerprint based background checks, resulting in amendment to 922 KAR 1:490 to waive the fingerprint check for foster/adoptive parents during the state of emergency. Name based checks are still being conducted.
- Foster parent training and home studies are being conducted via videoconferencing platforms. A face-to-face home visit must occur prior to placement.
- Any foster home standard that cannot be met as a result of COVID-19 must be documented and met as soon as possible or when the state of emergency ends. Additional tools were provided to staff to assist with tracking and documentation to ensure that all standards are brought into compliance.
- These flexibilities have allowed continued recruitment and certification of foster homes since mid-May.

Increased Services to Older Youth

- Another flexibility extended by the Children's Bureau under the Stafford Act was the suspension of requirements for extended foster care.
- This allowed young people to extend their commitment with the state without meeting the educational or employment requirements during the state of emergency.
- DCBS has taken additional measures to ensure young people do not leave the care of the state unprepared during the pandemic.
- Federal Chafee funds were utilized to pay for foster care or independent living programs for young people who have turned 21 since March. There is sufficient funding to continue to support these young people through the end of this calendar year.

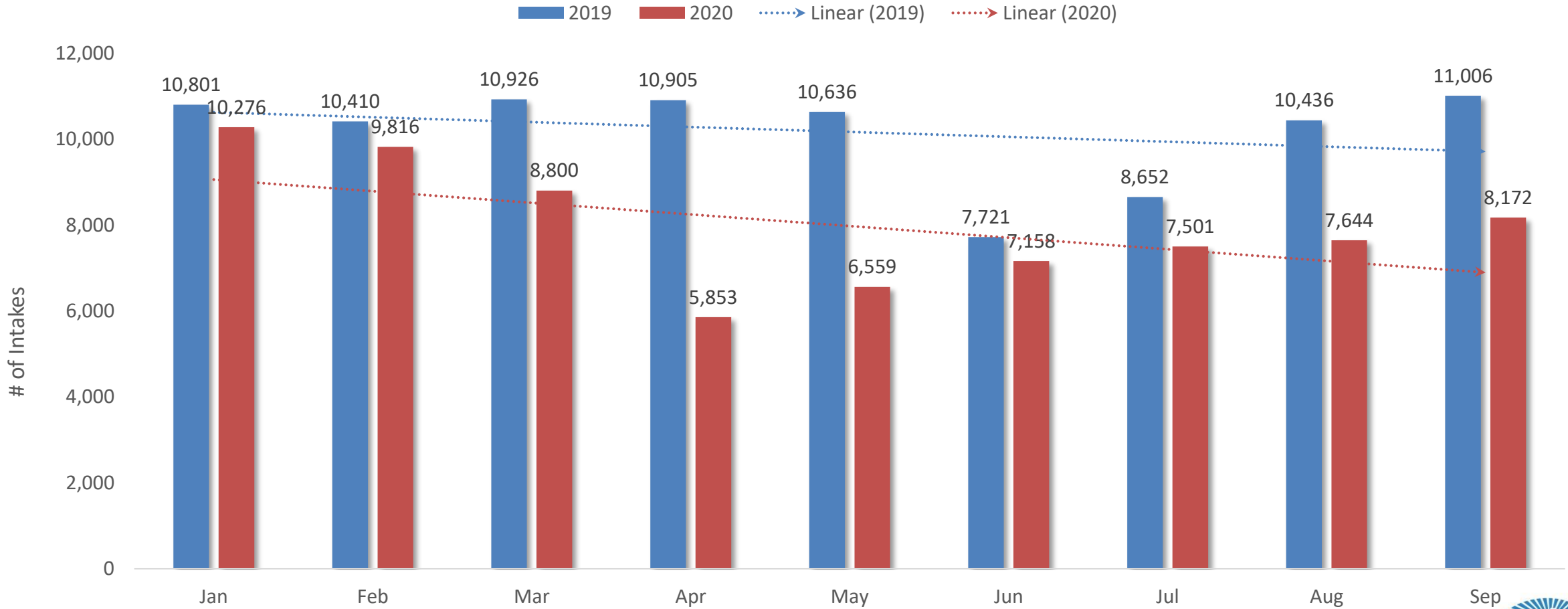


Supports for Children in Care and Their Caregivers

- Coronavirus Aid, Relief, and Economic Security Act (CARES) funding was utilized to pay stipends to private child care residential and emergency shelter providers to help offset additional costs to meet needs of children during the pandemic.
- In partnership with the Department for Public Health and Office of Inspector General, access to ongoing surveillance testing has been made available to residential providers.
- COVID-19 cases in youth and their caregivers have been recorded to prevent the spread of the virus.
- Pandemic Electronic Benefit Transfer (P-EBT) funds aided relative caregivers and foster homes purchasing food for children placed in their homes.
- “Just In Time” caregiver training launched in March and has been a support for families.
- Written guidance, FAQs, resources, and other supports have also been provided.

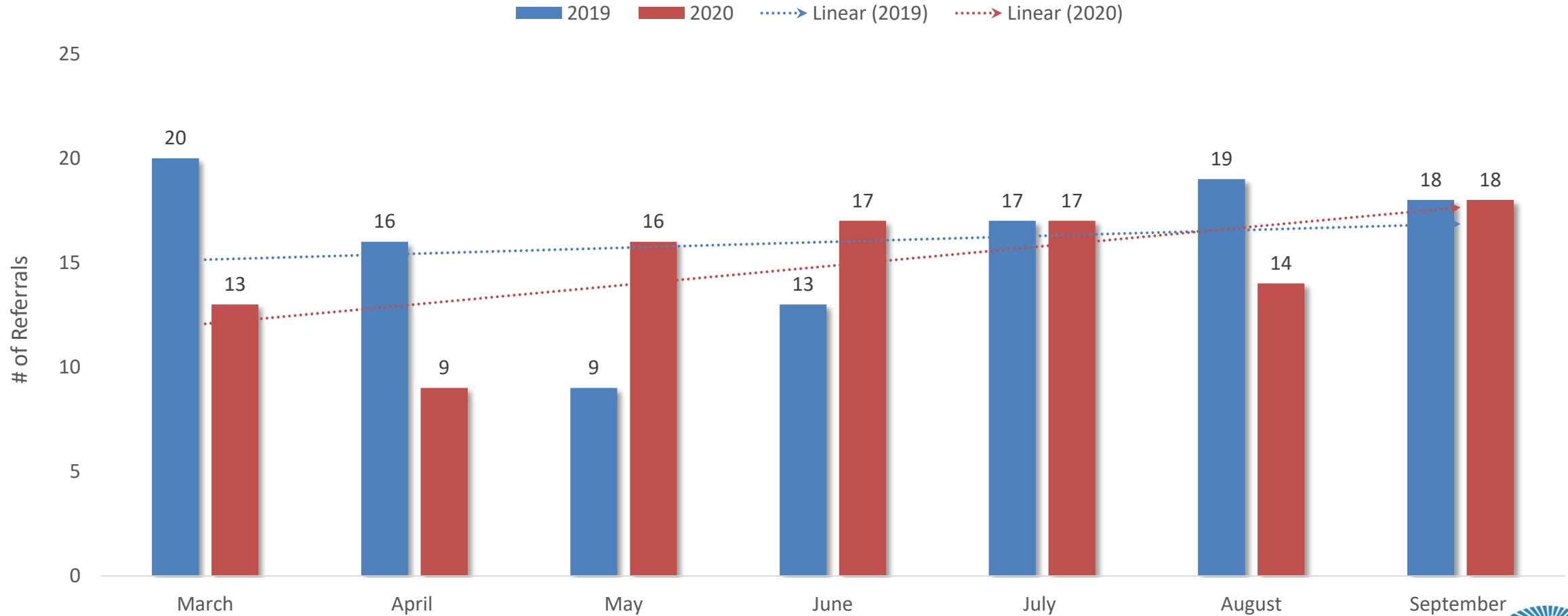
Intakes w/ Allegations of Child Abuse and/or Neglect

January – September 2019 vs. 2020



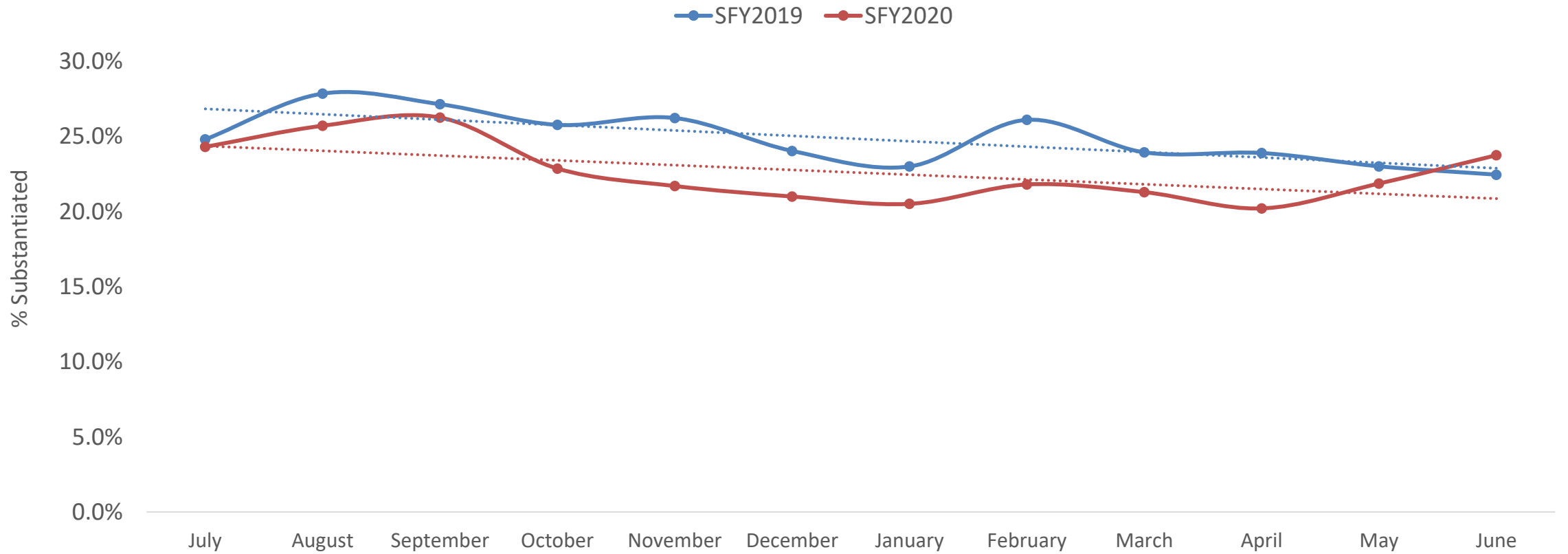
Fatality/Near Fatality Referrals to DCBS

March – September 2019 vs. 2020



Statewide Abuse and/or Neglect Substantiation Rates

SFY2019 vs. SFY2020



Prevention Provider Services During Pandemic

- DCBS prevention programs are designed to prevent the removal of children from their home and include the Family Preservation Program (FPP), Sobriety Treatment and Recovery Teams (START), and more.
- These prevention providers are not required to provide in-person visits at this time and may use HIPAA compliant platforms at their discretion.
- Telehealth continues to be permissible for therapeutic services.
- All children/youth are to be spoken to privately during electronic visits. All electronic visits include the viewing of the entire home, including any known risk factors.
- If safety threats are identified, the prevention provider must make a report to DCBS.
- Many providers are completing face-to-face visits to enhance assessment and service provision. Services to families are also being provided outdoors, socially-distanced, and with masks.

Prevention Provider Services During Pandemic

- Prevention providers have focused on the provision of tangible items (i.e. food, hygiene, household, etc.) to families in need.
- Flex funds have been used for the purchase of masks or phones for families.
- Families have been assisted with access to internet service.
- COVID-19 related needs have been met, such as access to testing.
- More families have received primary prevention services from March to August 2020 as compared to the same time period in 2019.



Reporting Maltreatment

- As requested by Prevent Child Abuse Kentucky (PCAK), DCBS developed a training specific to reporting maltreatment during COVID-19.
- Training is for educators, medical providers, and others who may be providing services to children.
- Additional information has been shared through the Department of Education and Kentucky School Board Association related to reporting maltreatment and resources available for families.

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

–Norton Children’s Hospital, UL Pediatric Forensics

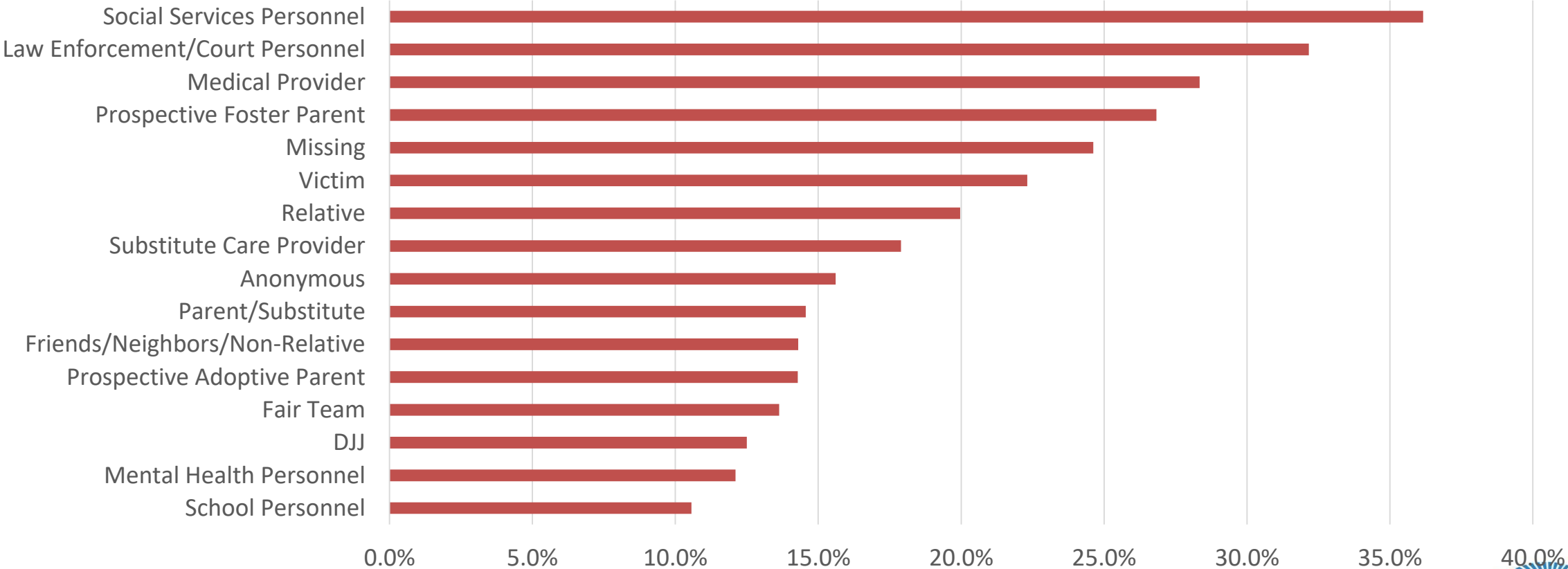
DID YOU KNOW?

Kentucky is a mandatory reporting state. If you suspect abuse or neglect of a child, you are required by law to make a report. You can call 1-877-KY-SAFE1 (1-877-597-2331) 24/7 or you can make a web-based report at <https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx>.

Substantiation Rates by Reporting Source

SFY2020

SFY2020



Lessons Learned During COVID-19

- Surveys were conducted of staff and stakeholders:
 - 3,085 staff respondents
 - 820 stakeholder respondents
- Overwhelmingly positive response by both staff and stakeholders regarding use of virtual platforms and electronic means for all types of needs
- Reduced time spent on travel and inclusion of those who otherwise might not be able to participate
- Increased efficiency reported among staff working remotely
- Increased work/life balance
- Opportunities to decrease our brick and mortar footprint and improve efficiency

Building Back Better Together Plan

- The triple pandemics (COVID-19, racial inequity and trauma, and opioid crisis) have created opportunity for meaningful agency change
- Overarching goal is a 21st century DCBS
- Phases: Stabilization – Innovation – Thriving
- Five Pillars:
 - Equity: Social and Economic
 - Trauma, Resilience, and Engaged Healing
 - Family, Children, and Youth
 - Health: Behavioral Health, Mental Health, and Opioid Crisis
 - Operations, Implementation, and Evaluation

Questions?

