

# **CHILD WELFARE OVERSIGHT AND ADVISORY COMMITTEE**

## **Minutes**

**October 14, 2020**

### **Call to Order and Roll Call**

The Child Welfare Oversight and Advisory Committee meeting was held on Wednesday, October 14, 2020, at 1:00 PM, in Room 171 of the Capitol Annex. Representative David Meade, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Tom Buford, Co-Chair; Representative David Meade, Co-Chair; Senators Denise Harper Angel, Reginald Thomas, and Whitney Westerfield; Representatives Lynn Bechler, Angie Hatton, Joni L. Jenkins, and Nancy Tate.

Guests: Norma Hatfield, President, Kinship Families Coalition of Kentucky; Shannon Moody, Senior Policy and Advocacy Director, Mahak Kalra, Senior Policy and Advocacy Director, Kentucky Youth Advocates; Marta Miranda-Straub, Commissioner, Christa Bell, Director of the Division of Protection and Permanency, Melissa Goins, Director of Family Resources and Youth Services Centers, Department for Community Based Services, Cabinet for Health and Family Services; Justice Debra Hembree Lambert, Supreme Court of Kentucky, Third Supreme Court District; Honorable Marcus Vanover, Family Court Judge for Lincoln, Pulaski, and Rockcastle Counties, Kentucky Administrative Office of the Courts; and Nathan Goins, Family Court Liaison, Kentucky Administrative Office of the Courts.

LRC Staff: Ben Payne, Lead Staff, Becky Lancaster, and Shyan Stivers.

### **Approval of Minutes**

A motion to approve the minutes of the October 16, 2019 meeting and July 22, 2020 meeting were made by Representative Bechler, seconded by Senator Westerfield, and approved by voice vote.

### **A Kentucky Grandparent and Relative Caregiver Handbook**

Norma Hatfield, President, Kinship Families Coalition of Kentucky, stated that the relative caregiver handbook is needed, because kinship or fictive kin families are in extreme duress when called for a child placement. It is very overwhelming and emotional, and the caregivers need time to digest information given at the time of placement. Kinship caregivers are not able to plan for items such as childcare, food, and clothes expenditures before the child's placement. The relative caregiver handbook is written from the

perspective of families that have children in the custody of the Department for Community Based Services of (DCBS) or families that are not formally in the system. The relative caregiver handbook explains what to expect while in the process of child placement. The relative caregiver handbook discusses court hearings, DCBS and Court Appointed Special Advocates (CASA) home visits, acronyms and terminology, home assessment details, and the chain of command for issues.

The creators of the handbook tried to cover as many services as possible so that families will know what to ask or what to look for when a placement is made. The handbook gives families links to forms to review, information on clothes closets, food banks, and other services available to kinship families. The relative caregiver handbook is viewable and easily accessible online. The relative caregiver handbook is free and can be downloaded from the Kinshipky.org website.

In response to questions and comments from Representative Tate, Ms. Hatfield stated that the legislature can help kinship families by spreading the word about the handbook. The Kinship Families Coalition of Kentucky has worked with Kentucky Youth Advocates (KYA) to let kinship support groups and family resource coordinators know about the handbook. She stated that when the kinship families that receive foster care payments case closes, the foster payments stop. She stated that about two years ago, DCBS was looking at kin gap program that would continue guardian assistance after the case closed. The families on the old Kinship Program receive about \$300 a month per child. There is a gap in the number of families that receive that pay and newer families that receive kinship foster pay.

In response to questions and comments from Representative Bechler, Ms. Hatfield stated that access to services and consistent communication are concerns in the kinship community. During the pandemic, the Kinship Families Coalition of Kentucky had conversations with the DCBS Commissioner and other policy makers regarding concerns about internet accessibility and infrastructure so that kinship families have choices. She stated there are things being put in to place to support the needs of kinship families.

In response to questions and comments from Representative Meade, Ms. Hatfield stated that most caregivers need financial resources to care for their placements. Legislators could review the services and funding sources that are in place and figure out new ways to make the services and funding more available and understandable for families.

Mahak Kalra, Senior Policy and Advocacy Director, Kentucky Youth Advocates, stated that KYA is the independent voice for Kentucky kids. KYA's vision is to make Kentucky the best place in America to be young. KYA works with decision-makers, educates and mobilizes advocates, publishes data and research, and convenes stakeholders across the state to achieve its goals. The Blueprint for Kentucky's Children is a continuum

that believes thriving communities launch strong families, strong families create successful kids, and successful kids form thriving communities.

Shannon Moody, Senior Policy and Advocacy Director, Kentucky Youth Advocates, stated that in Kentucky there are approximately 81,000 children being cared for by kin both formally and informally, with the majority of those children being with grandparents. Kentucky has the highest rate in the nation of children being raised by relatives. Of the 81,000, there are 31,000 children who are being raised by relatives with some type of DCBS services involvement. For every six children that go into foster care, there are approximately 10 that will end up in kinship care. There are less than 5,000 children in the original Kentucky Kinship Care Program. There is approximately 1,222 relatives who are participating in the relative foster care program which is an increasing number. The service array by DCBS for relative or fictive kin caregivers consists of the following: Relative Caregiver Program, Relative Placement Support Benefit, Child Care Assistance Program (CCAP), and Kentucky Children's Health Insurance Program (KCHIP). Depending on the region of residence, an informal caregiver could have access to the national or Kentucky Caregiver Program. The Caregiver Program is specific to grandparents with specific income requirements and is a one-time benefit for financial support.

Ms. Moody stated that 43 percent of the kinship caregivers surveyed by KYA needed more emotional support than before the pandemic. The survey also found that 57 percent of kinship caregivers needed more financial support than before the pandemic. The Family Resource Youth Service Centers from schools helped with food and basic needs. Many caregivers expressed concern regarding children mental health needs due to lack of socialization during the pandemic. KYA found that there is a need for peer supports and respite care for relative caregivers. KYA found that Kentucky needs to better recruit and retain quality DCBS workers. KYA found there was a need for a stipend to caregivers for internet services for non-traditional instruction required for the children. The relative caregivers suggested the idea for kinship co-op groups, hubs, or pods for caregivers and children to receive peer support and guidance. Support groups are often provided by the Family Resource Youth Service Centers, Cooperative Extension Offices, or the area development districts.

In response to questions and comments from Senator Thomas, Ms. Moody stated that Kentucky has a high rate of people struggling with substance use issues and often times family members step up to take of children when their parents are not able to care for them. Kentucky has parents in the military who are deployed and have relatives step in to take of the children. Kentucky has a higher rate than other states of young parents in the age range of 18 to 24 years old that may still lack the maturity or knowledge to care for a child. She stated that families who do not have regular, consistent access to the internet are being left behind, because they cannot learn about new resources, information, or connect with other people for support. Ms. Kalra stated that KYA understands that having internet access especially during the pandemic is a basic need.

In response to questions and comments from Representative Bechler, Ms. Moody stated that it is her understanding that the turnover or loss of social workers in DCBS creates problems for caregivers and the large caseloads create issues for workers.

In response to questions and comments from Representative Tate, Ms. Moody stated that KYA has been working with the Cabinet for Health and Family Services and the Administrative Offices of the Courts to make sure there is communication and a foundational knowledge on what the Family First Act is and what it does for families in Kentucky. KYA has been monitoring the implementation of the Family First Act for the last 12 months to see how things are going.

### **COVID-19 Process and Procedure Changes for Child Abuse Reports, Investigations, and Casework**

Marta Miranda-Straub, Commissioner, Department for Community Based Services, Cabinet for Health and Family Services, stated that Kentucky has one of the highest child abuse rates in the nation. Kinship caregivers allow children to maintain a family connection when removed from their home. Melissa Goins, Director of Family Resources and Youth Services Centers (FRYSC), Department for Community Based Services, Cabinet for Health and Family Services, stated that there are 857 FRYSC serving approximately 1,200 schools in Kentucky. The FRYSC response to COVID-19 has included food and basic need assistance, NTI and online assistance, family welfare assistance, COVID-19 prevention information, and unemployment information. FRYSC offered referrals to mental health providers and wellness information. The Community Mental Health Centers (CMHC) are open for telehealth visits. Several FRYSC worked with local banks, business owners, and community members on the community need for better internet access by purchasing hot spots. The Red Cross offered babysitting training for older siblings caring for younger children. Ms. Goins shared comparison data from the same time periods in 2019 and 2020, regarding the numbers of coordinated home visits, parent contacts made, and parents or caregivers attending an online parent support group workshop.

Honorable Marcus Vanover, Family Court Judge for Lincoln, Pulaski, and Rockcastle Counties, stated that during the pandemic judicial buildings reduced capacities but the courts did not close. Supreme Court Order 2020-63 states that proceedings shall be held remotely, but judges have the discretion to hold in-person hearings. In regards to in-person hearings, the persons were limited to people that were allowed by statute, the order, or the judge. Facial coverings, six-foot distancing, cleaning, and disinfecting were also required. Work groups were created and each were headed by an associate justice to expand operations quickly, safely, and effectively.

Nathan Goins, Family Court Liaison, Kentucky Administrative Office of the Courts, stated that proceedings involving child safety were not halted. The AOC-1026 Contact Information Form was created to ensure that all parties and essential persons had

information to join the hearings online. Courts are using Zoom, Teams, and Skype to conduct remote hearings. AOC released emergency guidance allowing remote verification, created a foster parent and caregivers fact sheet, and has collaborated with DCBS, Kentucky Coalition Against Domestic Violence, and foster parent advocates to help all parties access the courts. He shared a graph that showed in March and April of 2020 the number of dependency, neglect, and abuse cases filed were much lower than March and April of 2019. The AOC was working on how to best proceed during the pandemic. Courts were not closed, but some cases or matters were prioritized due to safety or emergency situations.

In response to questions and comments from Representative Bechler, Judge Vanover stated that the pandemic caused the lower rate of reported cases of abuse and neglect. He stated that the abuse and neglect reports are typically done by third parties who are seeing the children at schools and daycares. With children having to stay at home, there are fewer eyes on the children and fewer reports of abuse and neglect.

In response to questions and comments from Representative Tate, Judge Vanover stated that there is not a court programs to assist children in homes that have not gone back to in-person schooling.

Christa Bell, Director of the Division of Protection and Permanency, Department for Community Based Services, Cabinet for Health and Family Services, stated that contacts 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. DCBS staff still does assessments for safety, risk, family needs, and progress on the family's case plan. Face-to-face visits are required if there are identified safety concerns. 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. She shared graphs that show the number of children in OOHC in state fiscal year (SFY) 2019 versus SFY 2020. The OOHC numbers started rising in April and May of 2020 and reached the highest point ever with 10,047 in OOHC. During March 2020 to May 2020, with the transition of the courts going to remote meetings there were delays with some court proceedings. As of October 4, 2020, there are 9,383 children in OOHC, which is the lowest number of children in OOHC since May 2018.

Ms. Bell stated that at the onset of the pandemic emergency, all visitations occurred via videoconferencing. In May of 2020, DCBS began a phased approach to in-person visitation based on age and placement setting. She discussed the guidance that was put into place by DCBS regarding in-person visitation in congregate care settings. DCBS and private foster homes were surveyed on their capacity and willingness to accept additional children who were COVID-19 exposed or COVID-19 positive. The Stafford Act provided the flexibility to waive the fingerprint check for foster or adoptive parents during a state of

emergency. However, name based checks are still being conducted. A face-to-face home visit must occur prior to placement of a child. Any foster home standard that cannot be met as a result of COVID-19 must be documented and must be met as soon as possible or when the pandemic ends.

Ms. Bell stated that the Stafford Act allowed older children in foster care to extend their commitment to the state without meeting the education or employment requirements during the state of emergency. Federal Chafee funds were utilized to pay for foster care or independent living programs for young people in foster care who have turned 21 since March. Coronavirus Aid, Relief, and Economic Security (CARES) Act funding was utilized to pay stipends to private child care residential and emergency shelter providers to help offset additional costs to meet the needs of children during the pandemic. The Pandemic Electronic Benefit Transfer (P-EBT) funds aided relative caregivers and foster homes in purchasing food for children placed in their homes. DCBS provided written guidance, FAQs, resources, and other supports to families in Kentucky. She shared a comparison graph that displayed the number of intakes by DCBS with an allegation of child abuse or neglect during January to September 2019 and the same time period in 2020. She discussed a comparison graph of the number of fatalities or near fatality referrals to DCBS from March to September of 2019 versus the same time period in 2020. She spoke about a graph regarding the statewide abuse or neglect substantiation rates in Kentucky.

Ms. Bell stated that DCBS has expanded the prevention provider services during the pandemic. Prevention providers are not required to provide in-person visits during the pandemic. Prevention providers may use HIPAA compliant platforms for services, including telehealth services. If safety threats are identified, the prevention provider must make a report to DCBS. Services to families are also being offered in-person by being outdoors, socially distanced, and with masks. Prevention providers have focused on the provision of tangible items. Flex funds have been used for the purchase of masks and for access to phones and internet for families. DCBS developed training for educators, medical providers, and others that is specific to reporting maltreatment during the pandemic. She shared a graph that displayed the percentage of substantiation rates by specific reporting sources for SFY 2020. School personnel have the lowest percentage of substantiations when reporting child abuse and/or neglect. Social services personnel have the highest rate of substantiations when reporting child abuse and/or neglect.

Commissioner Miranda-Straub stated that shared lessons learned by DCBS during the pandemic. Surveys were conducted of staff and stakeholders with an overwhelmingly positive response by both regarding the use of virtual platforms and electronic means for all types of needs. DCBS has seen a rise in efficiency and an increase in the staff's work and life balance. DCBS has an opportunity to decrease the brick and mortar footprint. She stated that COVID-19, racial inequity and trauma, and the opioid crisis have created an opportunity for meaningful agency change. To recreate a 21st century DCBS, there will be three phases; stabilization, innovation, and thriving. Stabilization is planned to take six

months to complete, innovation will be a redesign of DCBS programs that are not working or are not well received, and last a thriving DCBS will decrease barriers and increase access and efficiencies. DCBS will discuss and evaluate its five pillars; equity, trauma, family, health, and operations. The phases will be led by 25 DCBS staff members, trusted advisors, and community partners.

In response to questions and comments from Representative Tate, Commissioner Miranda-Straub stated that the DCBS immediate priority is to improve services within the limits of budget cuts and COVID-19. Post COVID-19, the priority will continue to be lowering the number of child abuse cases, improving efficiencies, better access to services, and supporting the DCBS workforce. DCBS is establishing a certification for child welfare workers so they are better prepared to handle the workload and the retention of employees will increase.

In response to questions and comments from Representative Meade, Commissioner Miranda-Straub stated that she could not confirm if families that were scheduled for reunification were asked to agree to an extended separation because of the pandemic. She stated she would follow up with that information and number of cases.

In response to questions and comments from Representative Bechler, Commissioner Miranda-Straub stated that there is an incredible amount of paperwork required but she believes the large caseloads are more of an issue causing worker burnout. DCBS is working on streamlining the paperwork process and has been able to reduce the caseloads in Jefferson County from approximately 78 cases to 38 cases and is working towards the goal of 25 cases per social worker. DCBS received federal funding from the first distribution of the CARES Act and \$20 million was distributed to child care providers in Kentucky. Ms. Bell stated that the Stafford Act information and guidance comes from the federal level, the Stafford Act is cited to provide flexibility in three areas. One of the areas was regarding the federally required fingerprinting. She stated that states could request a waiver to have fingerprinting temporarily suspended during the state of emergency. The second area of flexibility was for older youth to stay in foster care and the third area was regarding the required caseworker visits that could be conducted by teleconference. The new policies were agency decisions based on federal government information and direction. The federal government cited the Stafford Act in order to offer those flexibilities to states. Commissioner Miranda-Straub added that the last installment of the CARES Act was \$20 million but in total there has been \$67 million allocated to keep childcare businesses open. Commissioner Miranda-Straub stated that during the pandemic and with a hybrid working model, the in-person meetings with the social workers have substantially decreased. DCBS continued face-to-face visits with families in crisis and children at risk during the pandemic. DCBS is reviewing a hybrid work model in every county to assure there is a way to accommodate face-to-face visits and teleconference meetings. Commissioner Miranda-Straub stated that DCBS has a plan to do a six-month stabilization program and then an 18-month strategic plan where DCBS will evaluate all programs. She stated that

Ms. Hatfield's, other advocates, and other stakeholders' suggestions and ideas will be woven into the five pillars. She hopes to begin the 18-month strategic plan in January of 2021.

**Adjournment**

There being no further business, the meeting was adjourned at 3:02 PM.