

# **CHILD WELFARE OVERSIGHT AND ADVISORY COMMITTEE**

## **Minutes**

**August 11, 2021**

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

The Child Welfare Oversight and Advisory Committee meeting was held on Wednesday, August 11, 2021, at 1:00 PM, in Room 131 of the Capitol Annex. Representative David Meade, Co-Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Julie Raque Adams, Co-Chair; Representative David Meade, Co-Chair; Senators Karen Berg, Denise Harper Angel, and Whitney Westerfield; Representatives Kim Banta, Lynn Bechler, and Josie Raymond.

Guests: Christa Bell, Executive Advisor, Misty Sammons, Director, Division of Administrative and Financial Management, Laura Begin, Staff Assistant, Department for Community Based Services, Cabinet for Health and Family Services; Kelli Rodman, Executive Director, Office of Legislative and Regulatory Affairs, Cabinet for Health and Family Services; Mary Carpenter, Director, Veronica Sears, Branch Manager, Division of Protection and Permanency, Department for Community Based Services, Cabinet for Health and Family Services; and Perry A. Newcom, Judge Executive, Crittenden County, Kentucky.

LRC Staff: Ben Payne, Lead Staff, Samir Nasir, Becky Lancaster, and Amanda DuFour.

### **Approval of Minutes**

A motion to approve the minutes of the July 15, 2021, meeting was made by Senator Westerfield, seconded by Senator Harper Angel, and approved by voice vote.

### **Prevention Services for Families – Update on the State Fiscal Year 2021-2022 Appropriation**

Christa Bell, Executive Advisor, Department for Community Based Services (DCBS), Cabinet for Health and Family Services (CHFS), discussed the historic challenges for DCBS along with the families and children served. She discussed various prevention opportunities and initiatives supported by the Family First Prevention Services Act (FFPSA) and other funding sources. She reviewed the number of families and children served by the FFPSA evidence-based practice programs and services. She discussed the number of children in the custody of or committed to CHFS from June 2015 to June 2021.

She reviewed possible causes in the rise and fall of those numbers. She reviewed the number of children placed in out-of-home care with relatives. She went over DCBS prevention, out-of-home care (OOHC), and adoption expenditures. She discussed the relation between each of the categories for state fiscal years (SFY) 2019, 2020, and 2021. She discussed how the increase in investments to prevention services directly affects the decrease in expenditures for OOHC and adoption costs. She explained the differences between primary, secondary, and tertiary prevention efforts.

Ms. Bell testified how the additional funding appropriated for SFY 2022 by the FFPSA will be used for expansion. She discussed details regarding the Family Preservation Program (FPP) services and area served. She reviewed the Kentucky Strengthening Ties and Empowering Parents (KSTEP) program goals and the number of families and children served. She testified about the Multisystemic Therapy (MST) pilot programs and the partnership with Medicaid and three providers. She discussed the increase in the amount of flex funds available through the FPP. She discussed the efforts of DCBS to expand primary and secondary prevention efforts with a portion of the FPP funds and the Community Based Child Abuse Prevention (CBCAP) federal funds. She discussed the community response of reporting child abuse and neglect to DCBS. She reviewed DCBS' overall goal to strengthen families and prevent child abuse and neglect. She concluded her presentation with the challenges involving the additional appropriations.

In response to questions from Senator Berg, Ms. Bell stated that MST programs are approved for at-risk youth ages 12 to 17 years old. She stated that the licensure board for clinical social workers has partnered with DCBS to implement FFPSA requirements related to qualified treatment programs. DCBS has been working on a request for proposals to allow the opportunity for higher rate settings that may help with provider recruitment and retention.

In response to questions from Representative Bechler, Ms. Bell stated that DCBS began to expand evidence based programs beyond northeastern Kentucky by using data regarding substantiation characteristics. DCBS does intend to prioritize expanding the KSTEP program to rural areas including western Kentucky. DCBS does not have a firm timeline for the decision to expand evidence based programs to western Kentucky.

In response to questions from Representative Meade, Ms. Bell stated that DCBS has received federal funds through the Family First Transition Act to be used by September 30, 2025. DCBS plans to use that funding to help sustain expansions if needed. She stated that in 2026, the federal reimbursement rate will match the state's federal medical assistance percentage (FMAP) rate that is approximately 70 percent. She stated that DCBS' total prevention costs for SFY 2019 was \$15,388,227, SFY 2020 was \$21,808,628, and SFY 2021 was \$24,906,636. She stated that DCBS created the Prevention Collaborative with community partners, providers, and stake holders. DCBS is using the Prevention Collaborative to develop a formal plan for primary and secondary prevention. FPP is only

one program under FFPSA and there are other opportunities for providers to serve families. She stated that the families that are referred for FPP services must have a child at risk for entry into out-of-home care absent the provision of those services. She stated that families must meet the criteria for the specific evidence based service that will be provided. She stated that families with immediate or on-going safety threats are too great for FPP services and are not appropriate. She stated that there are areas of the state with waiting lists for FPP services and out-of-home care may have been prevented if the FPP services were available. She stated that the largest number of substantiations are for neglect with only a small percent of substantiations for physical or sexual abuse. She stated that the MST pilot program is the only new service supported by a portion of the FFPSA. The FFPSA funds will be used towards all other existing prevention services and programs.

### **Adoption Process, Cost, and Timelines for Related Family Members and Foster Parents**

Perry A. Newcom, Judge Executive, Crittenden County, Kentucky, testified in detail about his family's journey to gain custody of and adopt his biological granddaughter. He discussed the process of working with DCBS, how the adoption took longer than expected, and the legal and financial barriers his family faced during the adoption process. He submitted recommendations to CHFS to help families seeking permanency for children that have been placed with relatives or foster parents in out-of-home care.

In response to questions and comments from Representative Bechler, Judge Newcom stated that CHFS has not submitted the fee for the home inspection prior to the adoption. He stated that generally the fee for DCBS to complete a home inspection for adoption is \$800 to \$1,000. He stated that due to COVID-19 restrictions, the home inspection was done virtually. He stated that the fee for an attorney for the birth father was \$250 and for the birth mother was \$417. He stated that the attorney for each birth parent was appointed by CHFS but he paid the fees. He stated that when he initially received emergency custody of his granddaughter he had frequent interactions with DCBS but no further interaction with DCBS once permanent custody was awarded to him until consideration for adoption.

Mary Carpenter, Director, Division of Protection and Permanency, Department for Community Based Services, Cabinet for Health and Family Services, reviewed the responsibilities of DCBS Adoption Services Branch. She gave an update on the number of children in out-of-home care. She discussed data regarding the length of time a child may be in out-of-home care until involuntary or voluntary termination of parental rights (TPR) occurs. She reviewed the regulation information regarding the requirement of presentation summaries for adoption. She explained what is required in a presentation summary. She discussed the criteria necessary for a foster family to receive an adoption subsidy. She reviewed the three components within the subsidy. She discussed other benefits available to adoptive families and children such as a medical card, adoption tax credit, tuition

waivers, and educational training vouchers. She went over the steps regarding the adoption petition and the adoption finalization.

Ms. Carpenter discussed the number of finalized adoptions from 2014 to 2021. She discussed Post Adoptive Placement Stabilization Services (PAPSS) that focus on families who may be at risk of an adoption disruption. She presented information on the Kentucky Adoption Profile Exchange (KAPE) program, formerly known as Special Needs Adoption Program (SNAP). She reviewed various KAPE tools and resources. She updated the committee on DCBS successes related to presentation summary packets, E-filing TPR petitions, and the collaboration with the Administrative Office of the Courts (AOC). She reviewed the barriers related to TPR appeals, obtaining court dates, DCBS staff turnover, and obtaining social security cards.

In response to questions and comments from Representative Meade, Ms. Carpenter stated that the average time it takes a child to be legally eligible for adoption is 33 months. She stated that it generally take six to nine months from TPR to adoption. She stated that there are no delays in completing presentation packets. She stated that social workers are working on presentation packets prior to TPR. She stated that a TPR request will account for a child's cumulative time in out-of-home care.

In response to questions and comments from Representative Bechler, Ms. Carpenter stated that the data in the presentation summary represents the average length of stay for a child in state custody until TPR is achieved. The length of time a child is in foster care begins when the child is legally placed in the custody of the state. She stated that she can provide how Kentucky compares to other states regarding the length of time for children in state custody. She stated that the increased number of pending TPRs is a result of the COVID-19 pandemic. She stated that during the pandemic some judges were hesitant to hold virtual TPR hearings and that some judges have not returned to face-to-face court hearings. DCBS is working through those issues with the AOC. Veronica Sears, Branch Manager, Division of Protection and Permanency, Department for Community Based Services, Cabinet for Health and Family Services, stated that pending TPR cases are contested and non-contested cases.

### **Adjournment**

There being no further business, the meeting was adjourned at 2:55 PM.