



Child Welfare in the Commonwealth

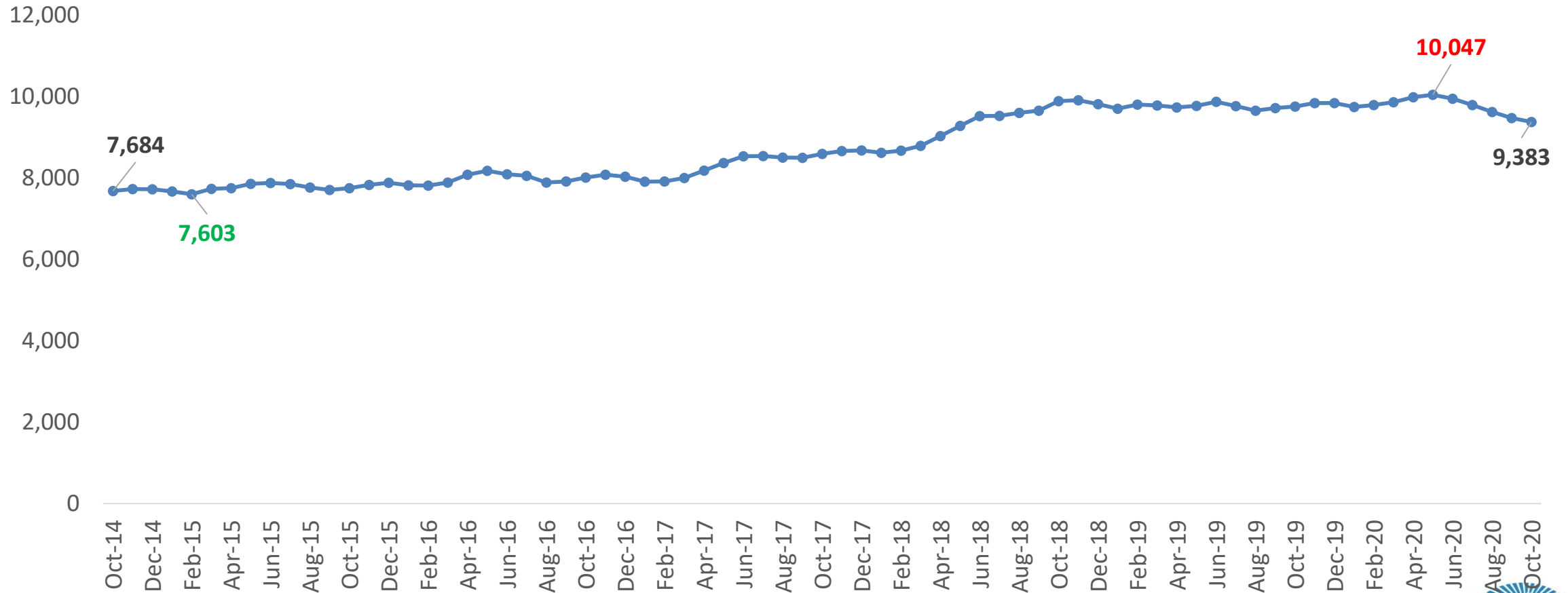
Interim Joint Committee on Health, Welfare, and Family Services

Department for Community Based Services (DCBS)

November 19, 2020

Children in the Custody of or Committed to the Cabinet

October 2014 – October 2020



DCBS Priorities for Youth in Out of Home Care

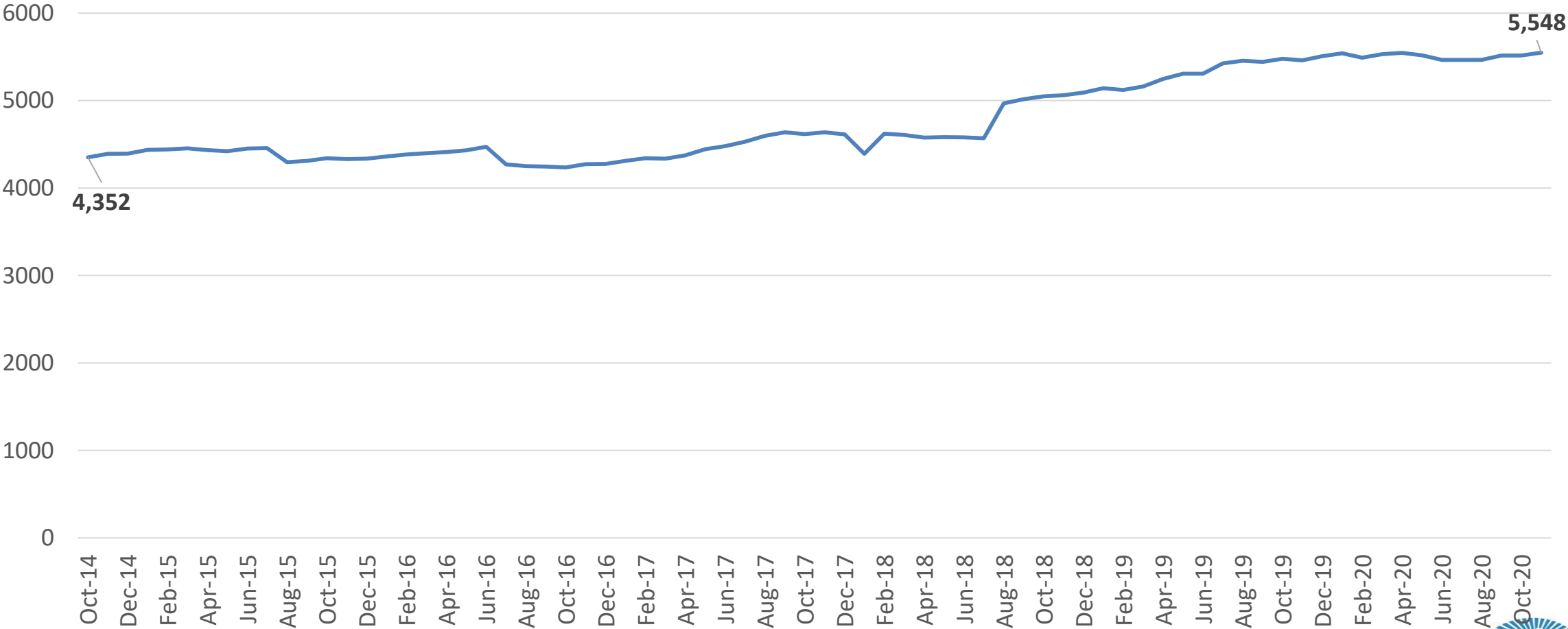
- Ensure that children are maintained safely in the least restrictive setting whenever possible.
- Children in out of home care receive quality services and achieve permanency timely.
- Improve services and outcomes for youth who transition from care upon turning 18 (or 21 for youth who choose to extend commitment).

How are Children Kept in the Least Restrictive Setting?

- Expansion of in-home services to prevent entry into care.
- Improved relative service array.
- Availability of quality foster homes that allow children to remain in their schools and communities.
- Increased placement stability.
- Reduced use of congregate care.

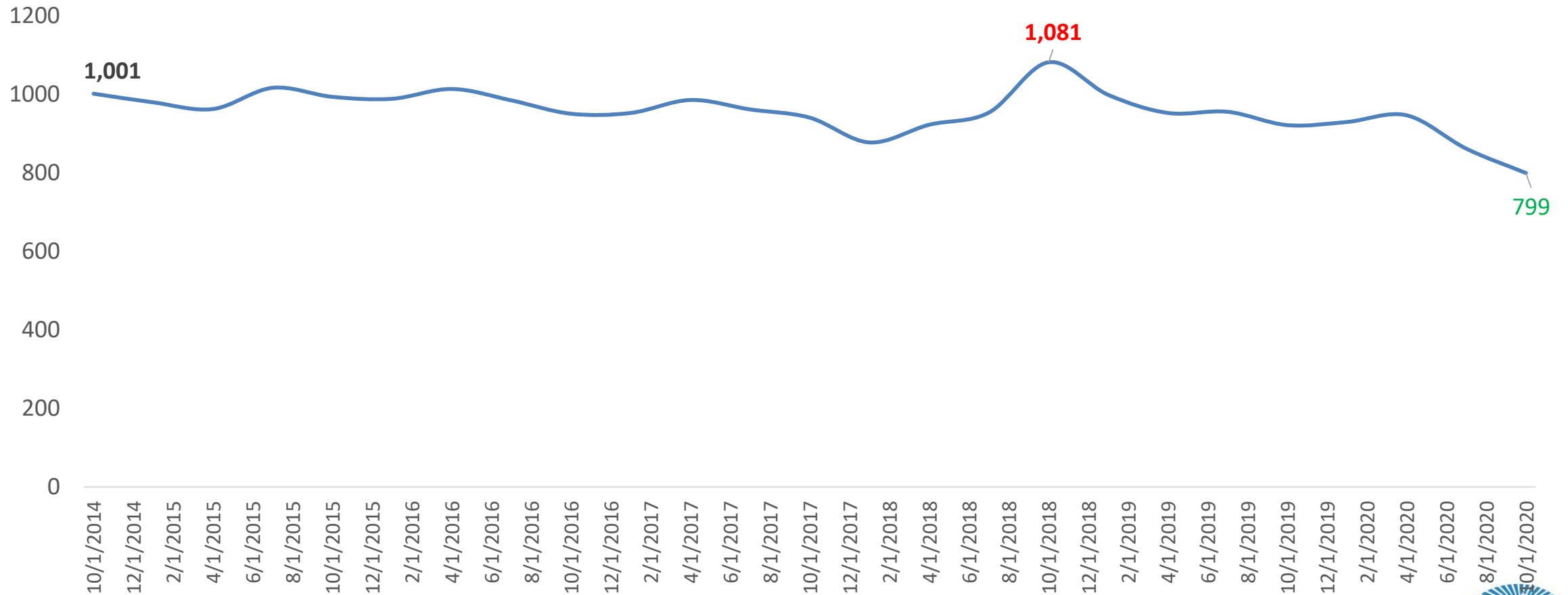
Statewide Number of DCBS and Private Foster Homes

October 2014 – October 2020



Children in the Custody of or Committed to the Cabinet in Private Residential Settings

October 2014 – October 2020

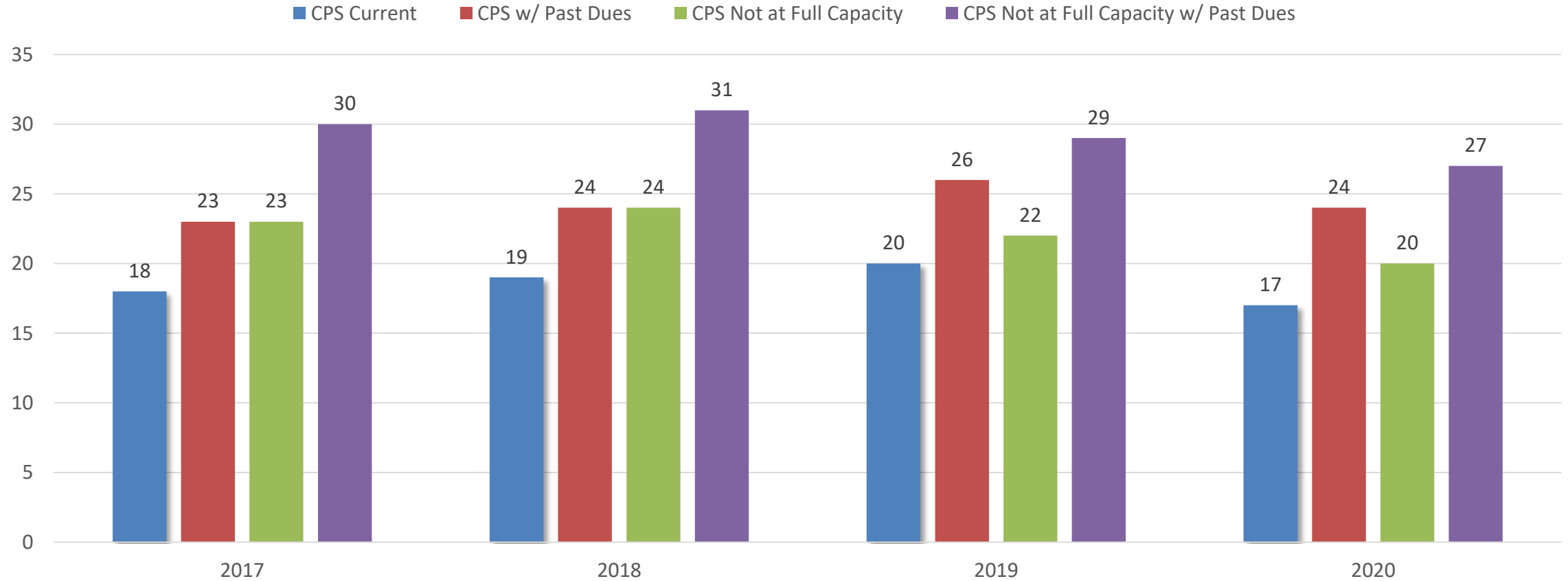


Quality Services in Care

- DCBS continues to focus on recruitment and retention of qualified staff to maintain manageable caseloads.
- Continued exploration of performance based contracting with providers.
- Focus on placement stability.
- Ensuring children in care achieve permanency timely.

Average Child Protective Services Caseloads

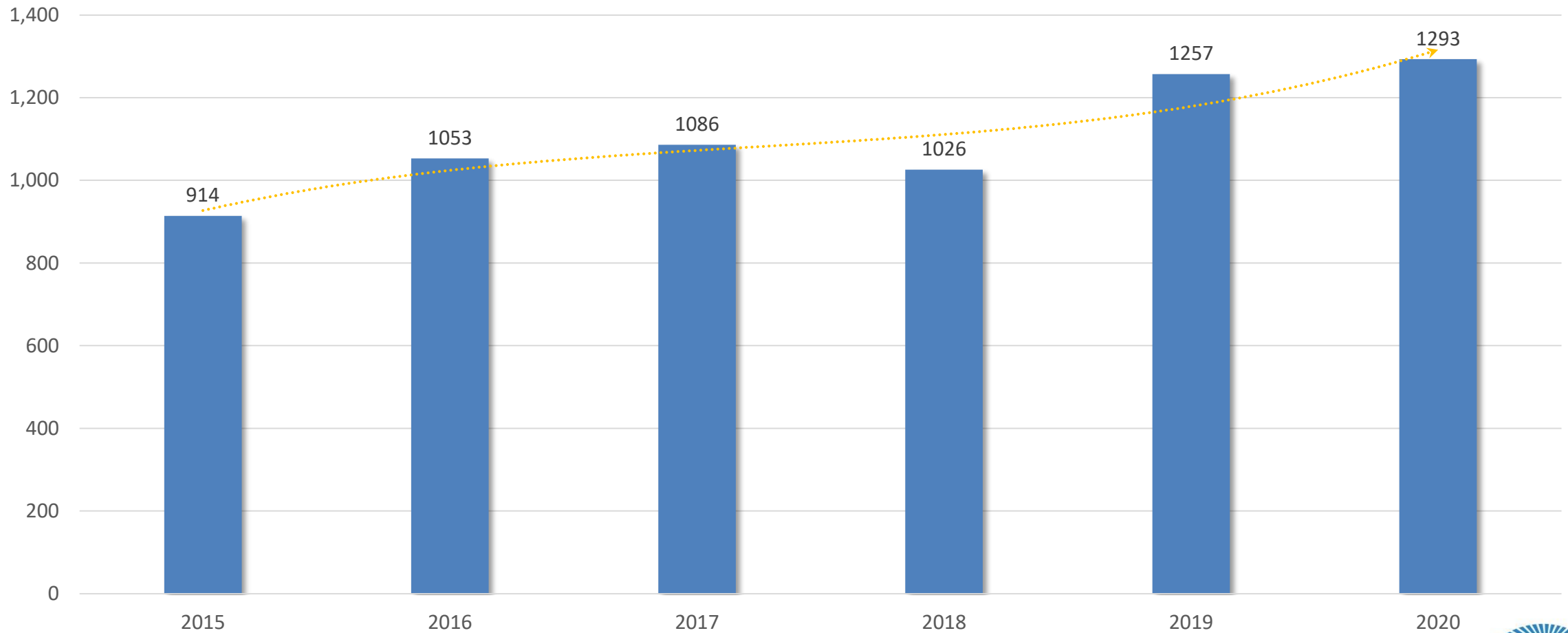
CY2017 – *CY2020



*CY2020 year to date Jan-Jul

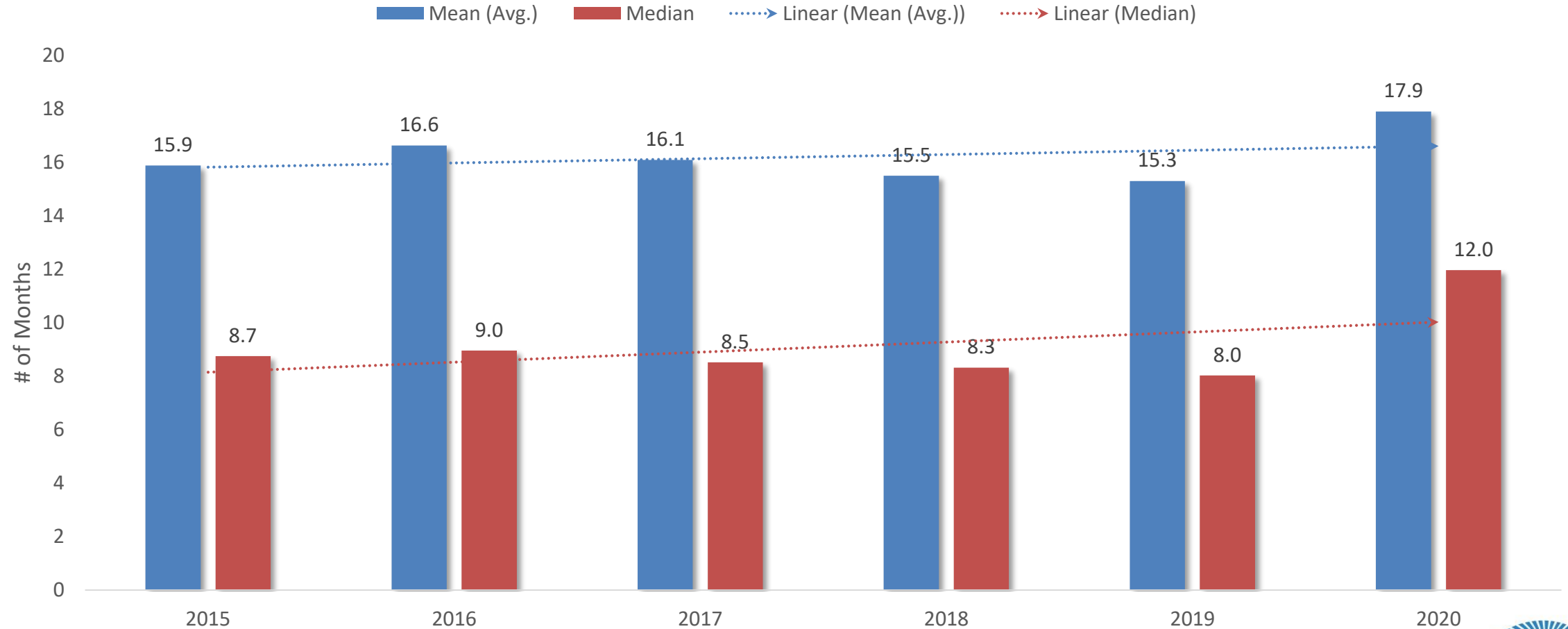
Adoption Data

SFY2015 – SFY2020



Months to Permanency – All Exit Reasons

SFY2015 – SFY2020



Efforts to Overcome Barriers

- Placement stability was added as a performance based measure to agreements with private child placement agencies. DCBS staff are working with agencies and tracking progress.
- DCBS is partnering with other entities to find adoptive homes for waiting children.
- Currently 302 children are registered with Kentucky Adoption Profile Exchange (KAPE), <https://prd.webapps.chfs.ky.gov/kape/>
- Expansion of Kentucky Strengthening Ties and Empowering Parents (KSTEP) through partnerships and grant opportunities.

Transition Age Youth

- DCBS is working to reduce the number of youth who leave care without achieving permanency.
- Transition planning for older youth ensures needs are met.
- DCBS staff identify committed lifelong supports for youth who leave state custody.
- Implementation of Lifeset in Kentucky on July 1, 2020.
- Youth Engagement Summit



Impacts of COVID-19

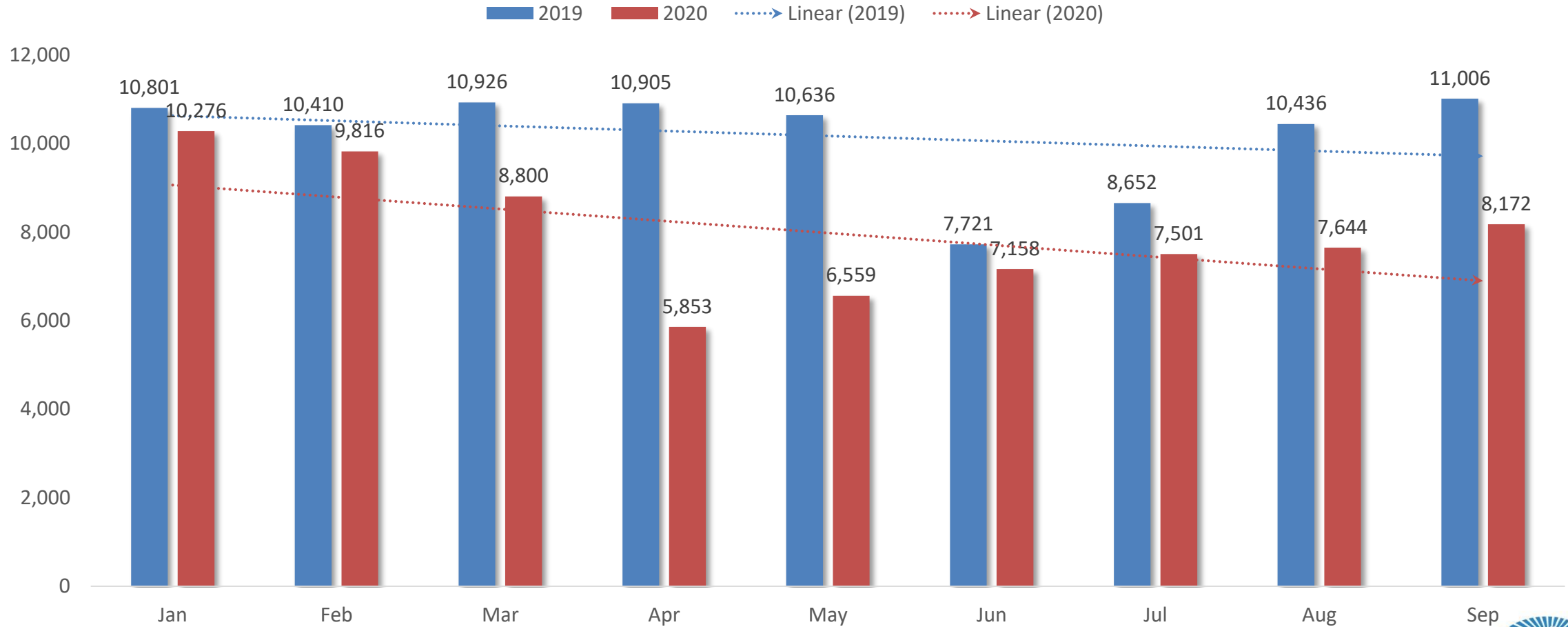
- Monthly caseworker visits conducted via videoconferencing platforms (face to face visits required if any safety concerns or in crisis).
- Face to face parent/child visitation resumed in phased approach at end of May (additional health and safety measures in place).
- Foster parent training conducted via videoconferencing platforms.
- Just in Time training platform for foster and adoptive parents launched March 2020.

Impacts of COVID-19

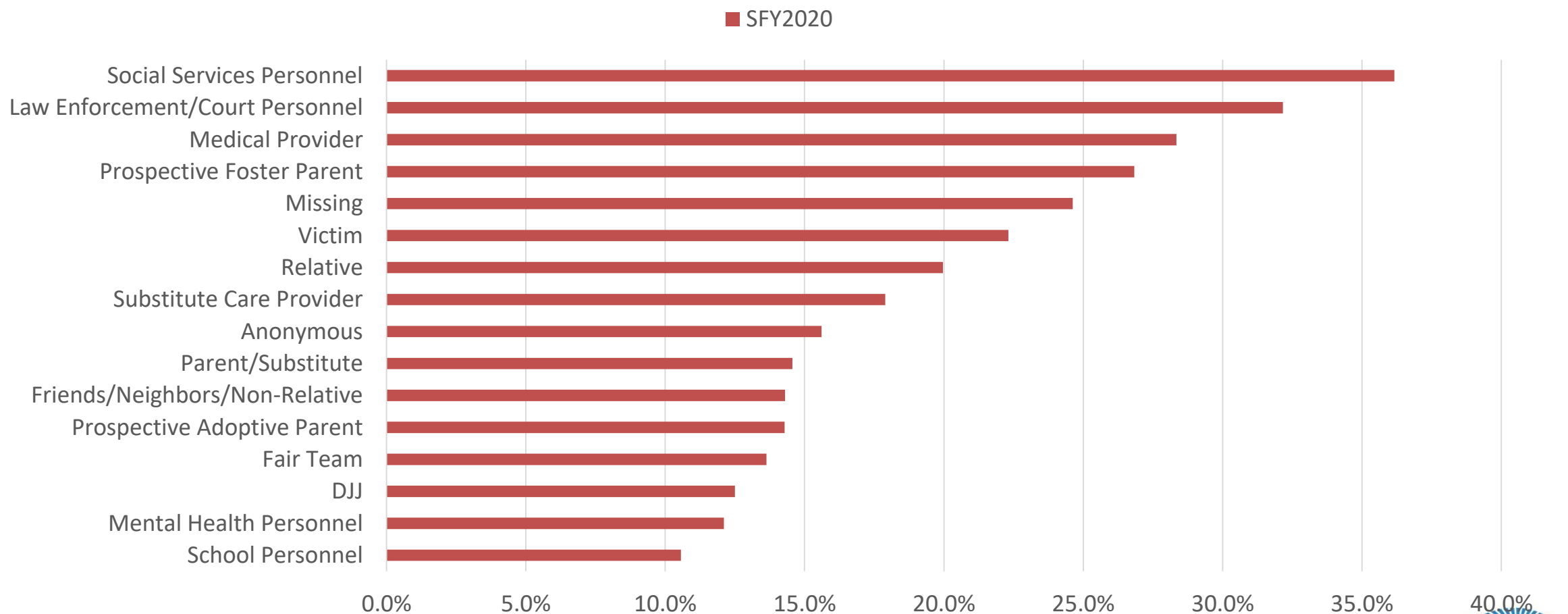
- Court closures caused reduced entries into care and exits from care.
- Reopening of courts and increased use of virtual hearings increased the achievement of permanency for children.
- DCBS requested and received federal waiver to fingerprinting requirement in order to continue approving foster families.
- Efforts made to ensure no youth has to leave state custody at age 18 or 21 during the state of emergency.

Intakes w/ Allegations of Child Abuse and/or Neglect

January – September 2019 vs. 2020



Substantiation Rates: SFY2020 by Reporting Source



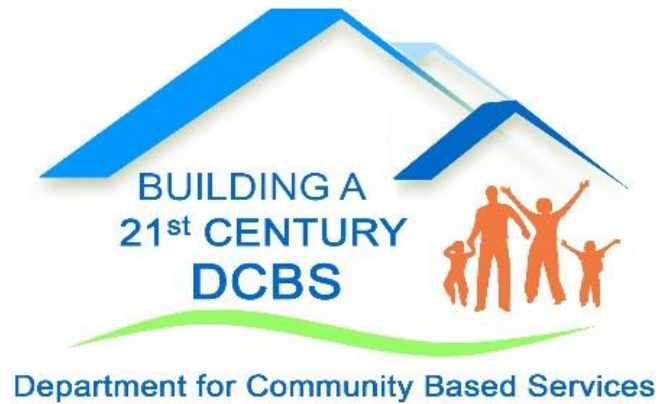
Reporting Maltreatment

- As requested by Prevent Child Abuse Kentucky (PCAK), DCBS developed a training specific to reporting maltreatment during COVID-19.
- Overwhelmingly positive evaluations of this training by educators and other community partners.
- Additional information has been shared through the Department of Education and Kentucky School Board Association related to reporting maltreatment and resources available for families.

Building a 21st Century DCBS

[Commissioner Marta Miranda-Straub](#)

- Surveys were conducted of both 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.



Designed within a culture of safety through the infusion of primary and secondary prevention initiatives

Phase I: Stabilization (6 months)

Phase II: Innovation (18 months)

Phase III: Thriving (3 year plan)

The triple pandemics (COVID-19, racial inequity, and the opioid crisis) have created opportunity for meaningful, systemic, and structural agency change

Building a 21st Century DCBS

FIVE PILLARS

Pillar Two:



Trauma/Resilience/Engaged Healing: Staff/Clients/Consumers

- Professional development
- Trauma support/debriefing groups
- Ongoing skill based training to identify and address burn out, compassion fatigue, vicarious trauma and secondary trauma
- Build prevention services array that includes primary, secondary, and tertiary interventions
- Continue System of Care Round 5 Grant
- Expand human-centered design and Bridges out of Poverty
- Work with Dr. Austin Griffiths/Western Kentucky University through a state-university partnership opportunity on a self-care research project looking at biometric data
- Continue partnership with the Office of Health Data and Analytics on gathering and analyzing data from the Family First evaluation to enhance service provisions and expand evidence based practices

The Challenge

- Exposure to multiple traumatic events
- High risk positions
- Burn out, vicarious trauma, and compassion fatigue
- Secondary Post Traumatic Stress Disorder
- Quality of services is diminished
- Work capacity/retention/turnover
- Trauma triggers the intent to leave the work

Symptoms and Solutions

- Symptoms: depression, anxiety and panic, lack of sleep, hyper vigilance, mistrust, existential crisis, substance misuse, unhealthy coping skills, inability to self-regulate due to strong emotional reactions and triggers
- Solution: immediate debriefing; time to recalibrate, decompress, and process; and ongoing support
- Solution: comprehensive self-care, individual and organizational policy process, and strong resilience building

References: Child Welfare Workers Trauma and Turnover

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- Kendrack, D.C., Johnce, C. & Ulcer, K.R. (2015)
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