

Kentucky's Foster Care System Is Improving, but Challenges Remain

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Robert Sherman
Director

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Summary

This report describes Kentucky's foster care program and is limited to the framework of foster care—legal, financial, workforce, and practice—and to care in licensed foster homes. Although foster care adoptions have been controversial during the course of this study, staff decided not to examine adoption. At the time this report was written, there were at least three other agencies separately examining adoptions.

The number of children in state custody has increased since 2004. As of August 2006, the Department for Community Based Services (DCBS) was working with approximately 19,600 children who were victims of maltreatment, were dependent, or had committed status offenses. Of this number, 6,835 were in state custody and listed as being in foster or residential care and another 577 were listed as being in state custody but not having a placement. The remaining children were in the custody of and generally living with parents or relatives.

Since 2004, the average annual rate of increase for children in state custody has been less than 4 percent. One reason for the low rate of increase is the greater number of children placed in the custody of relatives. There are about 4,000 maltreated children placed in relatives' custody; however, statutes, regulations, and standards of practice are not clear on the subject of children in the custody of relatives. The cabinet's information system does not adequately identify or track these children.

Most children with substantiated maltreatment or dependency were found to be neglected, and nearly three-fourths of those were kept with their families or placed with relatives. Even so, neglected children represented over half of the children in foster care. African Americans in Kentucky and across the nation are overrepresented in foster care. Similarly, there is a higher percentage of older children in foster care than among children in general.

There have been measurable improvements in the past few years. Children who enter foster care are spending less time there, and those who return to their families are less likely to come back into care. Children in foster care are less likely to change foster homes. More children who cannot return home are adopted. The decision about permanency is being made in a timelier manner.

Perhaps the most important message in this report is that the foster care system is complex, involving many agencies and individuals, and many aspects of it deserve additional attention. Besides the Cabinet for Health and Family Services, the court system plays a central role in foster care. Medicaid, the schools, county attorneys, and many other agencies also play important roles. There is no central coordination of agencies and services.

This study found that the cabinet, the court system, and other agencies in the system have made commendable strides to ensure the safety of children and to expedite their return home or adoption. Many problems and much work remain, but overall, the dedication and good intentions of the people and agencies involved are not in question.

In 1998, the General Assembly established a Statewide Strategic Planning Committee for Children in Placement. The committee consisted of representatives of several executive branch agencies; the Administrative Office of the Courts; and representatives of foster parents, foster youth, and private agencies. The committee was empowered to promulgate regulations regarding services for children in placement. Staff found no firm evidence that the committee has met since 1999. Because of its interagency membership, broad mandate, and regulatory authority, the cabinet should reconvene this committee, and the committee should actively carry out its duties. Staff also recommend that the committee review this report's list of issues for further study and initiate or support investigations into them.

Federal laws provide the framework and guidelines for outcomes in foster care. Federal targets are driving states to make permanency decisions more quickly, reduce the number of foster care moves, improve the stability of reunifications, increase the percentage of adoptions when families cannot be reunified, and improve safety for children in care. Kentucky's statutes appear to be in conformity with federal law, but the statutes related to foster care are widely scattered. Administrative regulations and standards of practice appear to be in conformity with federal and state statutes and best practices, but they could be improved. There are many individuals, agencies, and bodies that review or oversee aspects of the foster care program. Most of them do a good job, but many face high caseloads, budget limitations, and inconsistency of performance; these obstacles are similar to those faced by the cabinet in the practice of foster care.

In the federal Child and Family Services Review of 2003, Kentucky was in conformity on 6 of the 14 outcomes and systemic factors on which the state could be penalized. This was similar to the performance of surrounding states. Penalties could have been levied of over \$1 million per year but were suspended because Kentucky undertook and completed a Program Improvement Plan. After completion of the plan, there were still deficiencies in one federal outcome, but Kentucky has been given until March 2007 to demonstrate further progress.

Kentucky faces another full federal review in 2008 or later. Staff found that the federal review process and the accreditation process as well require large mobilizations of a state's child welfare staff and take much time away from casework. Most of this time and effort and associated cost would be made unnecessary if the reviews were conducted in a random, unannounced manner. The report also describes other critiques of the federal reviews.

The cabinet developed a Continuous Quality Improvement process as part of its original accreditation and used it to good advantage during the Program Improvement Plan. Although the cabinet has stated it no longer plans to use the process to monitor compliance with federal and state goals, staff recommend that it continue to do so.

The cabinet's information system, The Workers Information SysTem, or TWIST, is undergoing modernization. TWIST has been very helpful in managing the child and adult protection systems, but it has some serious limitations and has not improved caseworker productivity. The system was not designed to track certain kinds of information that have turned out to be important. The modernization should be used as an opportunity to address these issues.

Funding for foster care involves so many funding streams that it creates an administrative burden for the cabinet. The cabinet has done a commendable job of maximizing federal funds and optimizing foster care costs. Federal funding goes primarily to foster care, and funds available for prevention and aftercare are limited. The cabinet has found creative ways to tap into other federal funds, such as Temporary Assistance for Needy Families. Apart from the cabinet, there are many other state and private agencies and individuals that contribute funds, services, and time to foster care.

Faced with high turnover, low morale, limited budgets, increasing numbers of cases, and strict federal and accreditation standards, the cabinet has done a remarkable job of locating resources in the community and in other parts of the state budget. The cabinet has gone to great lengths to protect the Division of Protection and Permanency from hiring freezes and budget reductions. The cabinet has done so, however, by taking resources from other programs.

Most caseworkers and supervisors are dedicated and want to do the best possible job. Recent increases in the numbers of children in foster care without corresponding increases in the number of caseworkers have led to low morale and threaten to increase turnover in a workforce that already experiences significant turnover. Turnover leads to a higher percentage of inexperienced caseworkers, which inevitably increases the burden on other workers and supervisors, lowering morale further and leading to more turnover.

The cabinet is making progress in recruiting and retaining qualified workers and supervisors via the Public Child Welfare Certification and the Master of Social Work Stipend programs. Hiring and disciplinary procedures are difficult, time consuming, and in need of revision. Caseworker stress is high and morale is low. Both caseworkers and supervisors want increased support and appreciation from the cabinet. The establishment of a career ladder and additional incentives would increase job satisfaction and retention.

Defining and measuring caseload and workload are keys to managing child welfare cases. The cabinet should adopt caseload caps, as required by the Council on Accreditation and other standard-setting organizations. The cabinet should develop a weight for different types of cases and possibly for individual cases so that a realistic workload can be calculated for each worker.

Many caseworkers and supervisors have a negative perception of the recent DCBS reorganization. Due to the relatively small number of caseworker positions created by the current reorganization plan, it is unlikely that caseloads will be significantly improved.

Recruitment of foster parents has been and remains a difficult problem. The rate of growth in state resource homes has lagged behind the rate of increase of foster care children. More importantly, the number of foster homes willing to accept teens, sibling groups, and medically fragile children is not adequate. The lack of appropriate resource homes can lead to more frequent placement disruptions and greater use of private foster and residential care.

Reimbursement rates for state resource parents and private foster care agencies have not increased for several years. Both sets of rates will increase on July 1, 2007, by \$3 per day. The rate-setting methodology for resource parents using the currently published cost of caring for a

child would increase the rate by \$4.43. Private foster parents are paid by the private agency and not by the state. They are expected to provide therapeutic services and generally are paid more than regular resource parents. However, there are some potential reimbursement inequities between specialized resource parents and private foster parents.

Foster parents face the challenge of parenting a child who has been taken from his or her parents and now is living in an unfamiliar home with strangers. The situation calls for foster parents to respond in ways that might not come naturally. Fortunately, foster parents receive training in these issues. Regardless of training, it is difficult for anyone to set aside his or her habits and adopt new ones. Generally, foster parents must receive more training to provide more specialized care; however, staff found that regulations required less training for private foster parents than for their state counterparts.

Although staff had hoped to assess the quality of care in foster homes and the overall quality of foster care practice and services, time and resources did not permit direct evaluation. Available measures of quality of care are indirect and often based on subjective opinions. Some results were reported in order to highlight possible issues and encourage further research. The study found that caseworkers and foster youth had positive opinions about most foster parents. There were significant concerns expressed about some foster parents. The rate of maltreatment by foster parents and residential staff was found to be lower than the maltreatment rate for Kentucky children generally and has improved. Assessing the quality of foster home care remains an open issue and deserves further study.

The cabinet has done a commendable job of fulfilling its mandate to provide community-based services. The cabinet helps children and birth parents find needed services, many of which are paid for by Medicaid or by other outside resources. The cabinet also contracts for several kinds of services to children and their families. Nevertheless, there remain questions about regional variations in availability and quality of services, particularly the availability of services for birth families.

Staff found that typical case plan objectives were vague and unmeasurable. In addition, some evidence indicates that some judges do not examine case plans critically. Casework practice was difficult to evaluate, but many caseworkers are dedicated and passionate about their work. Higher rates of turnover lead to higher percentages of less experienced workers, which may result in poorer decision making and lower efficiency. Many caseworkers, however, utilize their supervisors and peers to assist in making case decisions; such a practice should improve decision making.

Recommendations

The report has 20 recommendations:

- 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.
- 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.
- 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.
- 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.

- 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.

- 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.

- 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.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

- 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.

- 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.
- 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.
- 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.
- 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.
- 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.

Glossary

adjudication hearing: A court hearing held after a temporary removal hearing, to determine by a preponderance of the evidence whether a child has been maltreated or is dependent.

Administration for Children and Families (ACF): A federal agency that ensures federal targets are being met for child welfare, safety, and stability. It conducts periodic Child and Family Services Reviews and oversees states' Program Improvement Plans.

Administrative Office of the Courts (AOC): Serves as staff for the Kentucky Supreme Court and court system.

Adoption and Safe Families Act (ASFA): A federal law enacted in an effort to promote adoption of children in foster care.

Cabinet for Health and Family Services (CHFS): The Kentucky governmental agency that houses many of the agencies involved in child welfare and foster care, including the Department for Community Based Services.

caseworker: A term used to refer to social service workers in general.

Child Abuse Prevention and Treatment Act (CAPTA): A federal act mandating the establishment of a national clearinghouse for information relating to child abuse; a research program on child abuse and child protective services; and grants to states to fund programs in training workers, to improve case handling, and to improve states' investigative, legal, managerial, technological, and educational capabilities.

Child and Family Services Review (CFSR): A federal child welfare accountability process designed to monitor and help states' abilities to achieve positive outcomes for children and families in out-of-home-care.

Children's Bureau: The division of the federal Administration for Children and Families that oversees state child welfare agencies.

Children's Review Program: A private agency contracted by the Department for Community Based Services to monitor the services provided by private foster care and residential care agencies and to determine the level of care for each child for private agency reimbursement.

Citizen Foster Care Review Board (CFCRB): A board consisting of volunteers who review every foster care case at least every 6 months and report their findings to the judge in the case.

Citizen Review Panel: An independent citizen's group that conducts wide-ranging reviews of the foster care system and makes recommendations.

concurrent planning: A foster care planning process that includes goals both for reunification and for other permanency options.

Council on Accreditation (COA): A voluntary child welfare agency accrediting organization.

Court Appointed Special Advocate (CASA): A volunteer who conducts in-depth review of a child's situation and make recommendations to the court.

CQI: Continuous Quality Improvement

CSW: Certified Social Worker, a person with a master's degree in social work who has passed the appropriate licensing exam.

dispositional hearing: Following adjudication, the court holds a separate dispositional hearing to determine whether the cabinet has made reasonable efforts to avoid the need for placement; what services are needed; and if the child will be committed to the cabinet, returned home, or placed in a different setting (such as custody to a relative).

Emergency Custody Order (ECO): A legal process by which a child typically enters foster care when in imminent danger.

Family Court: A court encompassing District and Circuit Court responsibilities in child protection as well as other areas of family jurisprudence.

Family Preservation Program: A short-term, intensive, crisis-intervention resource intended to prevent the unnecessary placement of children at imminent risk of placement.

family reunification services: Short-term intensive services provided to birth families with the intent of increasing the chance of permanent reunification.

Family Services Office Supervisor (FSOS): The person who supervises local teams of caseworkers.

family team meeting (FTM): A meeting including the birth family, relatives, caseworker, service providers, and other interested parties. Generally held 5 days after a child is removed from his or her home and periodically thereafter. Case plan goals, objectives, and tasks are discussed.

Family to Family Program: An Annie E. Casey Foundation-funded initiative in the Jefferson County and Northern Kentucky service regions that attempts to use community resources to prevent child maltreatment and to avoid removal when maltreatment occurs.

foster care: Care of a child in the custody of the state by licensed individuals in their homes because of substantiated abuse, neglect, or dependency.

Guardian *ad litem* (GAL): An attorney appointed by the court to represent the best interests of the child in a child abuse, neglect, or dependency case or in a termination of parental rights proceeding.

Individuals with Disabilities Education Act (IDEA): A federal law specifying that children with special educational needs should receive appropriate services under an Individual Education Plan developed by an Admissions and Release Committee.

Kentucky Automated Management and Eligibility System (KAMES): A state computer system that houses case information for public assistance programs such as the Kentucky Transitional Assistance Program and the Kinship Care Program.

Kinship Care Program: A Department for Community Based Services program using Temporary Assistance for Needy Families funds that provides reimbursement to relatives who are caring for a child because of substantiated abuse or neglect.

LCSW: Licensed Clinical Social Worker - A person with a master's or doctoral degree in social work who has completed at least two years' full-time post-degree practice under clinical supervision and has passed the appropriate licensing exam.

level of care (LOC): A method of determining the type of care needed by a foster child, ranging from Level I for minimal needs to Level V for the highest needs.

LSW: Licensed Social Worker - A person with a bachelor's degree in social work who has passed the appropriate licensing exam.

Multiethnic Placement Act: A federal law designed to decrease the length of time that children wait to be adopted; facilitate the recruitment and retention of foster and adoptive parents who can meet the distinctive needs of children awaiting placement; and eliminate discrimination on the basis of the race, color, or national origin of the child or the prospective parent.

out-of-home care (OOHC): Care of a child outside the child's home, which may include formal foster care, residential care, care by relatives approved by DCBS, and informal care by friends and relatives.

permanency hearing: A special type of court proceeding designed to reach a decision concerning the permanent placement of a child and to provide the opportunity to determine what the permanency goal for a child should be.

permanent relative placement: A placement option when the goals of reunification, adoption, or legal guardianship by a relative are not in the child's best interests and there is reason to believe that relatives may be available and interested in providing a permanent home for the child.

planned permanent living arrangement: A scenario in which adoption or reunification with the birth family is not possible, and the caregiver and the Department for Community Based Services subsequently enter into a court-sanctioned written agreement regarding the department's intention for the child to remain with the caregiver to provide a permanent living arrangement for the child until age 18.

private foster care: Foster care in homes recruited, trained, and supported by a private agency.

Program Improvement Plan (PIP): In response to the Child and Family Services Review, a plan negotiated by a state with the Administration for Children and Families to address areas of nonconformity with federal targets.

recruitment and certification workers: The term for caseworkers who solely recruit, certify, and support foster homes.

residential care: Refers to all forms of nonfamily care, including group homes, residential treatment facilities, psychiatric residential treatment facilities, and psychiatric hospitals.

resource parents: The Department for Community Based Services term for foster parents recruited and certified by the state.

social service worker: 1) Defined at KRS 600.020(56) as “any employee of the cabinet or any private agency designated as such by the secretary of the cabinet or a social worker employed by a county or city who has been approved by the cabinet to provide, under its supervision, services to families and children”; 2) Also a position title (SSW I and SSW II) for some, but not all, social service workers.

status offender: Minor who engages in behaviors such as truancy that would not be offenses for an adult.

supervisor: A term used to refer to a family services office supervisor: the person who supervises a team of caseworkers.

Temporary Assistance for Needy Families (TANF): A federal block grant program created by the welfare reform law of 1996 that provides funding to states to provide assistance and work opportunities to families in need.

temporary removal hearing: An initial court proceeding in which the court determines whether the child is to be removed and grants the Department for Community Based Services or a relative temporary custody of a child.

termination of parental rights (TPR): The legal process (voluntary or involuntary) by which all of a parent’s rights regarding a child are terminated and the child becomes available for adoption.

The Workers Information SysTem (TWIST): A Department for Community Based Services computer system that stores information about adult and child protection cases.

therapeutic foster care: A care program for children and youth who need therapeutic intervention for behavioral or emotional issues in the least restrictive environment in which these needs can be met outside a residential or psychiatric treatment facility.

Title IV-B: A Title of the Social Security Act under which federal funds are provided largely for preventive services.

Title IV-E: A Title of the Social Security Act under which federal funds are provided for foster care maintenance made on behalf of specific children removed from welfare-eligible homes because of maltreatment.

Training Records Information System (TRIS): A database maintained by the Training Resource Center at Eastern Kentucky University. The database contains a record of all child welfare training received by Department for Community Based Services caseworkers, supervisors, and resource parents.

Chapter 1

An Overview of Foster Care

An Introduction to Foster Care

The child welfare system in Kentucky shares many problems with the nation as a whole. Reports of child maltreatment are increasing. Substantiated child maltreatment is increasing. Existing funds are focused on paying for foster care, but maltreatment prevention programs and services to keep children in their own homes receive far less funding. Caseloads for frontline caseworkers and the courts often are too high, and efforts to reduce them are struggling. The number of foster and adoptive homes seems to lag behind the need, and therapeutic care for children most in need is limited. Some youth remain in foster care until they turn 18, when they face life without a family to support them, and programs to assist former foster youth are limited.

Nevertheless, Kentucky and other states have made progress in a number of areas. Children who enter foster care are spending less time there, and those who return to their families are less likely to come back into care. Children in foster care are less likely to change foster homes. More children who cannot return home are adopted. The decision about permanency is being made in a timelier manner.

Foster Care Defined

Foster care is a system for keeping children safe until they can be reunited with their families. Many agencies and service providers are involved, making foster care a complex enterprise.

According to a 2001 report *Foster Care Fundamentals: An Overview of California's Foster Care System*:

The state child welfare services system is the safety net for children who have been abused and neglected. Foster care is a primary piece of the child welfare services system. It is defined as the 24-hour out-of-home care provided to children in need of temporary or long-term substitute parenting because their own families are unable or unwilling to care for them. The purpose of foster care is to keep children safe while child welfare services are provided so they can be reunited with their families. Due to its complexity and scope, foster care is generally referred to as a system (Foster 7).

“Foster Care” Limited to Foster Homes in This Study. For the purposes of this study, “foster care” was taken to be care in the home of a licensed foster parent, state or private. This report briefly discusses relative care and residential care but focuses primarily on care in foster homes.

Children in the Child Welfare System

Abuse, neglect, dependency, extraordinary needs, and status offenses are the reasons children may enter foster care. As of August 2006, there were 6,835 children in the custody of the state listed as in placements and 577 more whose placement status was not known.

Most children enter the child welfare system because someone reported they were neglected or abused. The allegation is investigated and, if substantiated and removal is deemed necessary, the child enters foster care.

In Kentucky and most states, the child welfare system also provides a safety net for children described as “dependent.” These are children whose parents have died or are otherwise unable to take care of them. Some children with extraordinary needs also are considered dependent and enter the child welfare system in order to obtain medical, emotional, or behavioral services.

Youth status offenders are a final group served by the Kentucky child welfare system. Status offenders are youth whose behavior would not be a crime for an adult but is an offense for a child, such as truancy or out of parental control. Some of these youth are removed from their homes and enter foster care. Juvenile public offenders (guilty of criminal acts) usually enter the juvenile justice system instead of the child welfare system.

As of August 2006, the Department for Community Based Services (DCBS) was working with approximately 19,600 children who were victims of maltreatment, were dependent, or had committed status offenses. Of this number, 6,835 were listed on the Children in Placement report as being in foster or residential care, and another 577 were listed as being in state custody but not having a known placement. More detailed information about children in care is in Chapter 5.

Caregivers in the Child Welfare System

Caregivers may be relatives, state foster parents, private foster parents, or private residential facilities.

Generally speaking, care in the child welfare system includes care by relatives, by foster parents, or in group homes and other residential settings. Federal standards do not consider placements with relatives as foster care, unless the state has custody of the child.

Foster parents may be recruited by the state or may work for private agencies. In Kentucky, state foster parents are called “resource parents.” Most private foster care is therapeutic foster care, meaning the foster parents work with children who have higher levels of need, as part of a behavioral, emotional, or medical treatment team. All prospective foster parents must receive training and pass background checks and home studies before being licensed. They must engage in continued training and recertification each year they are foster parents.

Description of This Study

How This Study Was Conducted

On December 8, 2005, the Program Review and Investigations Committee voted to initiate a study of the Kentucky foster care program.

This report covers the broad framework of foster care and identifies a number of issues needing further attention. The study did not examine adoption because three other agencies are reviewing adoption at this time.

This report describes Kentucky’s foster care program and reports certain findings and recommendations. The report generally limits its scope to the framework of foster care—legal, financial, workforce, and practice—and to care in licensed foster homes. This report also identifies and suggests numerous areas that deserve intensive focus for future study. In fact, perhaps the most important message in this report is that the foster care system is complex, involving many agencies and individuals, and many aspects of it deserve additional attention.

Although foster care adoptions have been controversial during the course of this study, staff decided not to examine adoption. At the time this report was written, there were at least three agencies separately examining adoptions. The Cabinet for Health and Family Service’s Office of Inspector General was conducting an investigation of alleged fast-tracking of adoptions. The Auditor of Public Accounts was conducting a performance audit of the cabinet’s adoption process. The cabinet’s Blue Ribbon Panel on Adoption was holding hearings to determine what problems might exist with adoptions in Kentucky.

In conducting the study, staff interviewed caseworkers, supervisors, service region administrators and their staffs, DCBS officials, court officials, Children’s Review Program staff, university researchers, child welfare advocates, foster parents, former foster children, foster care service providers, and national foster care experts. Staff conducted an anonymous survey of

DCBS caseworkers and supervisors. Staff conducted a limited survey of private foster care agencies. Staff reviewed federal and Kentucky statutes and regulations as well as the cabinet's standards of practice and the accreditation standards. Staff reviewed foster care literature and the practices of other states. Staff obtained and analyzed cabinet data and personnel data.

Organization of the Report

The remainder of Chapter 1 presents a history and overview of Kentucky's foster care system, describes the foster care agencies, discusses the foster care process, explains the role of relatives in informal and formal care giving, and introduces preventive programs and innovative practices.

Chapter 2 describes the legal framework of foster care in federal and state statutes and regulations and discusses the oversight and regulation of foster care in Kentucky. The chapter also covers information systems for tracking cases and measuring quality of care.

Chapter 3 profiles the multiple funding streams that finance foster care, discusses how the funds are spent, explores the impact of funding on policy decisions and service provision, and provides an overview of outside sources of income and resources.

Chapter 4 explores foster care workforce issues; caseloads; caseworker recruitment, turnover, morale, training, and qualifications; hiring and disciplinary processes; communication within DCBS; and the DCBS reorganization plan.

Chapter 5 discusses foster care practice, including recruitment, certification, and reimbursement of foster homes; quality and availability of foster care in Kentucky; quality and availability of services to foster children and birth families; and case planning.

Appendix A describes issues not covered in the report that deserve attention. Each of these issues could become a research study in its own right.

Appendix B provides a list of agencies that have some role in foster care.

Appendix C is an annotated list of Kentucky statutes and administrative regulations related to foster care.

Appendix D contains documents describing the issues of guardians *ad litem* and court-appointed counsel and recommendations on those issues.

Appendix E contains detailed information about Kentucky's Child and Family Services Review results, the Program Improvement Plan and its accomplishments, and the next round of Child and Family Services Reviews.

Appendix F contains detailed information about federal funding for foster care and related programs.

Appendix G contains a description of the new supervisory training series planned by the cabinet.

Appendix H contains documentation of foster care reimbursement rates nationally and the methodology for setting rates in Kentucky.

Appendix I describes the current status of Kentucky foster children placed in other states.

Appendix J contains a regional analysis of DCBS caseworker and supervisor survey responses about the quality and availability of services for foster children and birth families.

Appendix K contains a list of recommendations from previous studies and reports related to foster care, including a number of Legislative Research Commission studies.

Appendix L discusses the study methodology.

Appendix M contains the survey form completed online by DCBS supervisors and frequency tables of the results.

Appendix N contains the survey form completed online by DCBS caseworkers and frequency tables of the results.

Appendix O contains the survey form completed online by private foster care agencies.

Appendix P contains the DCBS response to this report.

Appendix Q contains the Administrative Office of the Courts' response to this report.

Major Conclusions

This study found that the Cabinet for Health and Family Services, the court system, the Finance and Administration Cabinet, other agencies, and others in the system have made commendable strides to ensure the safety of children and to expedite their return home or adoption. Many problems and much work remain, but overall, the dedication and good intentions of the people and agencies involved are not in question.

Improvements have been made in timeliness and stability of placements and reunification.

There have been measurable improvements in the past few years. Children who enter foster care are spending less time there and those who return to their families are less likely to come back into care. Children in foster care are less likely to change foster homes. More children who cannot return home are adopted. The decision about permanency is being made in a timelier manner.

The foster care system consists of many state agencies working together with many individuals and private agencies. The process of foster care has many steps involving case planning, case reviews, court hearings, permanency planning, and provision of services. There is no central coordination of agencies and services.

A statutory interagency committee was created to address foster care services, but it has not met for several years.

In 1998, the General Assembly established a Statewide Strategic Planning Committee for Children in Placement. The committee consisted of representatives of several executive branch agencies; the Administrative Office of the Courts; and representatives of foster parents, foster youth, and private agencies. The committee was empowered to promulgate regulations regarding services for children in placement. Staff found no firm evidence that the committee has met since 1999. Because of its interagency membership, broad mandate, and regulatory authority, the cabinet should reconvene this committee and the committee should actively carry out its duties. Staff also recommend that the committee review this report's list of issues for further study and initiate or support investigations into them.

There are several possible permanency outcomes, the most desirable of which are reunification, relative placement, and adoption. The number of children who need to be placed outside the home has increased. Of those children, more and more are being placed in the custody of relatives, but even so, the number of children in state custody has increased. There are about 4,000 maltreated children placed in the custody of relatives; however, statutes, regulations, and standards of practice are not clear on the subject of children in the custody of relatives. The cabinet's

information system does not adequately identify or track these children.

Federal laws provide the framework and guidelines for outcomes in foster care. Federal targets are driving states to make permanency decisions more quickly, reduce the number of foster care moves, improve the stability of reunifications, increase the percentage of adoptions when families cannot be reunified, and improve safety for children in care. Kentucky's statutes appear to be in conformity with federal law, but the statutes related to foster care are widely scattered. Administrative regulations and standards of practice appear to be in conformity with federal and state statutes and best practices but could be improved. There are many individuals, agencies, and bodies that review or oversee aspects of the foster care program. Most of them do a good job, but many face high caseloads, budget limitations, and inconsistency of performance. These obstacles are similar to those faced by the cabinet in the practice of foster care.

Kentucky was in conformity with 6 of 14 federal targets in the 2003 Child and Family Services Review. Penalties of more than \$1 million per year were suspended while a corrective plan was implemented. One target remains to be met.

In the federal Child and Family Services Review of 2003, Kentucky was in conformity on 6 of the 14 outcomes and systemic factors on which the state could be penalized. This was similar to the performance of surrounding states. Penalties could have been levied of more than \$1 million per year but were suspended because Kentucky undertook and completed a Program Improvement Plan. After completion of the plan, there were still deficiencies in one federal outcome, but Kentucky has been given until March 2007 to demonstrate further progress.

Kentucky faces another full federal review in 2008 or later. Staff found that the federal review process and the accreditation process as well require large mobilizations of a state's child welfare staff and take much time away from casework. Most of this time, effort, and associated cost would be made unnecessary if the reviews were conducted in a random, unannounced manner. The report also describes other critiques of the federal reviews.

The cabinet developed a Continuous Quality Improvement process as part of its original accreditation and used it to good advantage during the Program Improvement Plan. Although the cabinet has stated it no longer plans to use the process to monitor compliance with federal and state goals, staff recommend that it continue to do so.

The cabinet's information system, The Workers Information SysTem, or TWIST, is undergoing modernization. TWIST has

been very helpful in managing the child and adult protection systems, but it has some serious limitations and has not improved caseworker productivity. The system was not designed to track certain kinds of information that have turned out to be important. The modernization should be used as an opportunity to address these issues.

Many funding streams make administration burdensome. The cabinet has done a good job tapping into a variety of funds.

Funding for foster care involves so many funding streams that it creates an administrative burden for the cabinet. The cabinet has done a commendable job of maximizing federal funds and minimizing foster care costs. Federal funding goes primarily to foster care; funds available for prevention and aftercare are limited. The cabinet has found creative ways to tap into other federal funds, such as Temporary Assistance for Needy Families. Outside the cabinet, there are many other state and private agencies and individuals who contribute funds, services, and time to foster care.

The cabinet has kept caseworker and supervisor positions by shifting positions from other areas. Meanwhile, the number of cases has increased. Caseworker stress is high and morale is low.

The cabinet overall is losing positions but has shifted some positions so that the number of caseworkers and supervisors has increased slightly over the last 2 years. However, that increase is not proportional to the increase in cases. The cabinet is making progress in recruiting and retaining qualified caseworkers and supervisors via the Public Child Welfare Certification and the Master of Social Work Stipend programs. Hiring and disciplinary processes are difficult, time consuming, and in need of revision. Caseworker stress is high and morale is low. Both caseworkers and supervisors want increased support and appreciation from the cabinet. The establishment of a career ladder and additional incentives would increase job satisfaction and retention.

Many caseworkers and supervisors have a negative perception of the recent DCBS reorganization. Due to the relatively small number of caseworker positions created by the current reorganization plan, it is unlikely that caseloads will be significantly improved. Current methods for estimating caseload do not accurately represent the casework involved and should be revised.

The number of children in state custody has increased since 2004 to more than 7,400 in September 2006, but the average annual rate of increase has been less than 4 percent. Partly, this is due to the growing practice of placing children in the custody of relatives. Most children with substantiated maltreatment or dependency were found to be neglected, and nearly three-fourths of those were kept with their families or with relatives. Even so, neglected children represented over half of the children in foster care. African

Americans in Kentucky and across the nation are over represented in foster care.

The number of state foster homes has not grown as fast as the number of foster children. Some children remain hard to place, and the use of private foster care has increased.

Recruitment of foster parents has been and remains a difficult problem. The rate of growth in state resource homes has lagged behind the rate of increase of foster care children. More importantly, the number of foster homes willing to accept teens, sibling groups, and medically fragile children is not adequate. The lack of appropriate resource homes can lead to more frequent placement disruptions and greater use of private foster and residential care.

Reimbursement rates for state resource parents and private foster care agencies have not increased for several years. Both sets of rates will increase on July 1, 2007, by \$3 per day. The rate-setting method for resource parents using the currently published cost of caring for a child would increase the rate by \$4.43. Private foster parents are paid by the private agency and not by the state. They are expected to provide therapeutic services and generally are paid more than regular resource parents. However, there are some potential reimbursement inequities between specialized resource parents and private foster parents.

Foster parenting is difficult, even with specialized training. Caseworkers and foster youth have positive opinions of most foster parents. They expressed concern about some foster parents.

Foster parents face the challenge of parenting a child who has been taken from his or her parents and now is living in an unfamiliar home with strangers. The situation calls for foster parents to respond in ways that might not come naturally. Fortunately, foster parents receive training in these issues. Generally, foster parents must receive more training to provide more specialized care; however, staff found that regulations required less training for private foster parents than for their state counterparts. Regardless of training, it is difficult for anyone to set aside his or her habits and adopt new ones.

Although staff had hoped to assess the quality of care in foster homes and the overall quality of foster care practice and services, time and resources did not permit direct evaluation. Available measures of quality of care are indirect and often based on subjective opinions. Some results were reported in order to highlight possible issues and encourage further research. The study found that caseworkers and foster youth had positive opinions about most foster parents. There were significant concerns expressed about some foster parents. The rate of maltreatment by foster parents and residential staff was found to be lower than the maltreatment rate for Kentucky children generally and has

improved. Assessing the quality of foster home care remains an open issue and deserves further study.

Most services to foster children and birth parents are provided through community partners. Service availability and quality vary. Birth family case plans generally seem vague and not measurable.

The cabinet has done a commendable job of fulfilling its mandate to provide community-based services. The cabinet helps children and birth parents find needed services, many of which are paid for by Medicaid or by other outside resources. The cabinet also contracts for several kinds of services to children and their families. Nevertheless, there remain questions about regional variations in availability and quality of services, particularly the availability of services for birth families.

Staff found that typical case plan objectives were vague and unmeasurable. In addition, some evidence indicates that judges do not examine case plans critically. Casework practice was difficult to evaluate, but many caseworkers are dedicated and passionate about their work. Higher rates of turnover lead to higher percentages of less experienced caseworkers, which may result in poorer decision making and lower efficiency. Many caseworkers, however, utilize their supervisors and peers to assist in making case decisions; such a practice should improve decision making.

Statewide Strategic Planning Committee for Children in Placement

As described earlier in this chapter, staff found many issues related to foster care that deserve further study. Staff also found that a statute already exists to create a committee that would be ideally suited to addressing these issues.

Presumably as a result of a report by the LRC's 1996 Interim Membership Task Force on Children in Placement, KRS 194B.102 was enacted to create a Statewide Strategic Planning Committee for Children in Placement. The statute was reenacted without substantial change in the 2005 Session of the General Assembly as KRS 194A.146.

The interagency Statewide Strategic Planning Committee has not met for several years. It has the membership and the mandate to address many of the issues of the foster care system.

Staff were unable to find firm evidence that the committee has met since 1999. Officials at the cabinet and the Administrative Office of the Courts were unaware of the committee. The Secretary of State's office was unable to find any executive orders that might have altered this committee's name, duties, powers, or organization. Staff concluded that the committee has not met or performed its duties in over 6 years.

The committee was to include representatives of several agencies involved in care for children in the child welfare system, including

- Secretary of Health and Family Services
- Commissioner of Public Health
- Commissioner of Mental Health and Mental Retardation Services
- Commissioner of Medicaid Services
- Commissioner of Community Based Services
- Commissioner of Juvenile Justice
- Commissioner of Education
- Executive Director of the Administrative Office of the Courts
- A District Judge
- A foster parent
- A parent of a child in placement
- A youth in placement
- A private residential care agency representative

The statute attached the committee to the Department for Community Based Services for administrative purposes.

The committee had several statutory mandates, including

- developing and updating “a statewide strategic plan for the coordination and delivery of services to children in placement and their families;”
- establishing and updating a statewide facilities and services plan to identify the location of existing facilities and services, identify unmet needs, and develop strategies to meet the needs;
- planning for “the development or integration of information systems that will allow information to be shared across agencies and entities, so that relevant data will follow a child through the system;” and
- publishing an annual report.

The Statewide Strategic Planning Committee has the authority to promulgate regulations regarding the development of new foster care services.

In addition, the statute gave the committee the authority to promulgate administrative regulations to establish a process to review and approve or deny the development of new facilities and services and the expansion of existing facilities and services for children in placement. This process as described would be similar to the existing Certificate of Need process. A 1997 educational task force also recommended a procedure to ensure that educational services are adequate wherever new facilities were created (Commonwealth. Dept. of Education).

Because of the wide-ranging membership on the committee and the powers and duties granted to it, the committee could serve as

an ideal forum for examining many of the issues raised in this report that deserve further study, as listed in Appendix A. The committee also could serve its intended planning function to help determine the need for and location of facilities and services for children in placement. Several experts and officials told staff that the current system of residential facilities leaves many children in placements far from their homes and may leave Kentucky without adequate facilities for some children.

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.

A Brief History of Foster Care

In the 1950s, the notion of foster care as a temporary resource gave way to the reality of “foster care drift.” This phenomenon, documented by Maas and Engler, was characterized by foster children experiencing multiple placements and, in effect, languishing in foster care for many years (356-357).

Legislation in the 1980s and 1990s, particularly the Adoption and Safe Families Act (ASFA) in 1997, attempted to mitigate the foster care drift phenomenon so that children did not end up staying forever in the foster care system.

According to a 2003 article “Adoption and Safe Families Act: Has It Made a Difference?” ASFA provides federal assurance that a child’s safety and permanency remains the preeminent emphasis in the child welfare system. ASFA directs the state to initiate steps terminating parental rights for a child who has been removed from his or her home for 15 of the last 22 months. ASFA does allow the court the discretion to waive this requirement when it ascertains that this is not in the child’s best interest. It also identifies specific time frames for court review of the child’s case and the ability to bypass family reunification efforts for children in extraordinarily

high-risk situations, such as chronic abuse, torture, abandonment, or the death of a sibling because of parental abuse. ASFA also provides incentive payments to states to increase the number of adoptions and new funding with broad discretion for states to promote and support adoptions (Welte 1).

Organizational History of Kentucky Foster Care

In 1986 the Cabinet for Human Resources and the Department for Social Services (DSS) were established. Until 1996, DSS had responsibility for abused, neglected, and dependent children as well as juvenile offenders. In 1996, House Bill 117 created the Department of Juvenile Justice and assigned to it all juvenile offenders and all the state-run residential facilities. DSS changed its name in 2000 to the Department for Community Based Services, its current designation.

Overview of the Kentucky Foster Care System

The system of care for children in need is called a system because it involves numerous individuals and government agencies in all branches and levels of government. In this report, the discussion will focus on federal and state levels of government and on the executive and judicial branches. The role of the legislative branch in establishing the rules and providing the funds will be included when relevant.

Executive and Judicial Roles

Both the executive and judicial branches have important roles in foster care.

Statutes have established a division of labor between the executive and judicial branches in foster care. The executive branch, primarily the Department for Community Based Services, is responsible for investigating reports of child maltreatment and dependency, deciding whether such a report is substantiated based on a preponderance of the evidence, and recommending a course of action.

At this point, the pivotal role of the judiciary begins. If the caseworker and supervisor determine that a child should be removed from the home, a petition is filed with the court. The judge then decides whether to remove the child and who should have custody. Within 45 days, the court makes a legal determination (adjudication) of abuse, neglect, or dependency, and makes a decision about the course of action (disposition). The court may issue orders regarding many aspects of the case, including the services to be provided to the birth family.

Courts are responsible for all legal decisions in a foster care case. The Department for Community Based Services (DCBS) places the child and manages the services and progress of the case between court hearings.

Usually, the department has the discretion to provide services to the birth family and the child based on the caseworker's assessment of their needs. When the court commits the child to the cabinet at disposition, the court gives up day-to-day control over where the child is placed and the services the child receives. However, the court must approve the case permanency plan, and judicial review of the case is scheduled every 6 months. The court retains ultimate control over whether the child remains committed to the cabinet, is returned home, is placed in the custody of relatives, or is adopted.

Department for Community Based Services

The Cabinet for Health and Family Services houses many of the agencies involved in child welfare and foster care. The agency that directly provides child protection and out-of-home care services is the Department for Community Based Services. Some of the material in this section was taken from the DCBS Web site.

DCBS services are administered through service regions and county offices. Until September 15, 2006, there were 16 service regions; currently there are 9. Most of the information in this report is based on the 16-region organization.

DCBS maintains an office in every county and uses a network of contractors to deliver services, such as child support, child care, family preservation, private foster care, and other services. The department builds and maintains a close relationship with other service providers in the local community who assist with families and children involved in child protection and foster care. DCBS often refers to these providers as "community partners."

Within DCBS, the Division of Protection and Permanency provides consultative services and technical assistance to the service regions regarding issues of child and adult protection, guardianship, and permanency for children. Protection and Permanency also creates and monitors standards of practice and reviews legislation and regulations. It gathers data and creates reports to meet state and federal requirements and to track and monitor the cabinet's progress on the goals of safety, permanency, and well-being.

Within Protection and Permanency, the Out of Home Care Branch focuses on children placed out of their home of origin. Its goals are to ensure the safety, permanency, and well-being of children and families. The branch is responsible for state resource home care, private foster care and residential placements, relative placements,

and interstate placements. Additionally, the branch develops standards of practice and services to support the child and his or her family while placed in out-of-home care.

Other Kentucky Agencies Involved in Out-of-Home Care

Below is a list of some other entities involved with the Kentucky foster care system. Appendix B expands on this list.

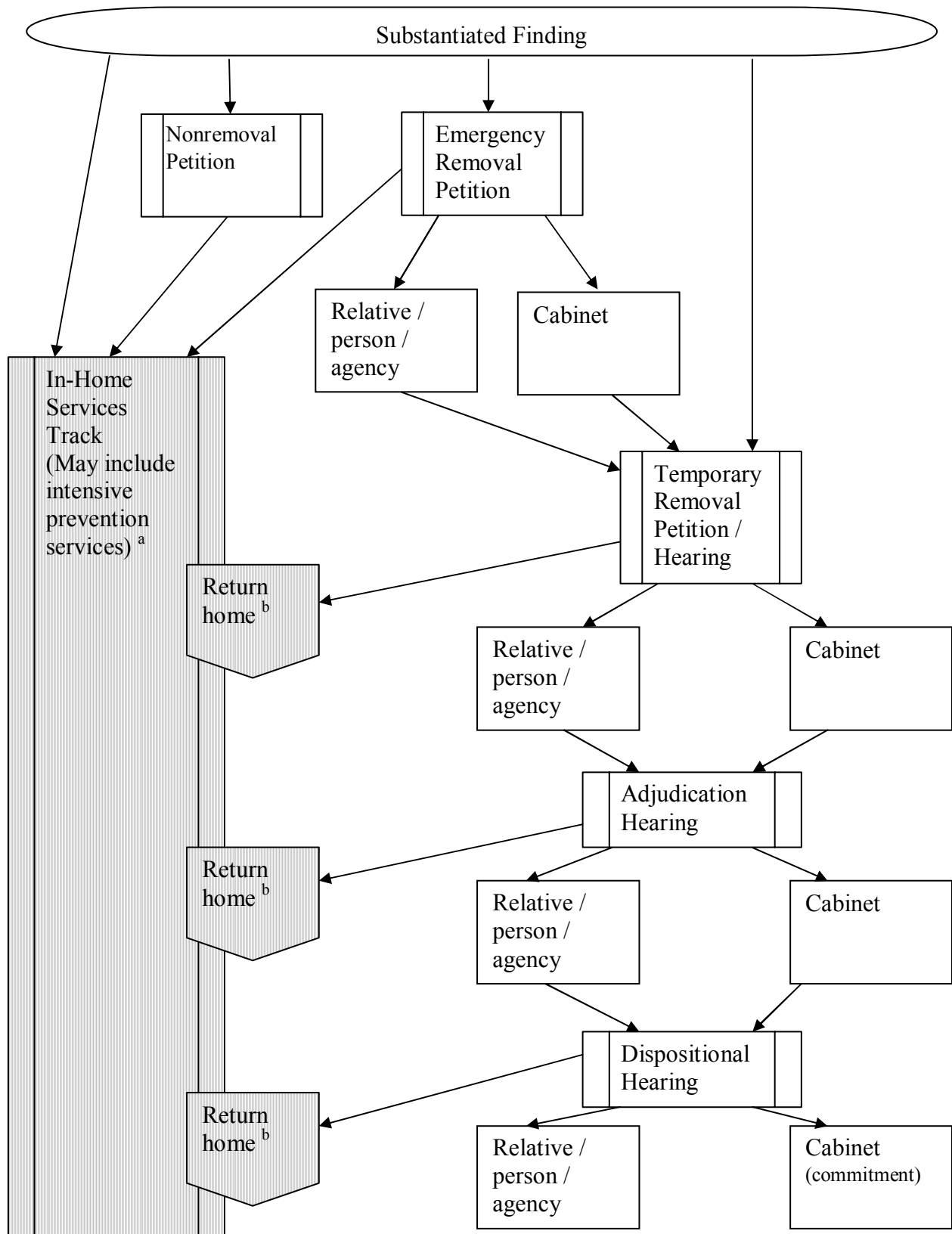
- Within the Cabinet for Health and Family Services
 - Department for Medicaid Services
 - Department for Mental Health and Mental Retardation
 - KY Council on Developmental Disabilities
 - Office of the Ombudsman
 - Office of the Inspector General
 - Division of Administrative Hearings
 - Office of Legal Services
- Administrative Office of the Courts
- Children's Review Program
- Court Appointed Special Advocates
- Citizen Foster Care Review Boards
- Citizen Review Panels
- County Attorneys
- Personnel Cabinet (Merit system and the hiring process for caseworkers)
- Kentucky Department of Education
- Finance and Administration Cabinet
- Department of Juvenile Justice
- Public universities
- Private contractors and service providers

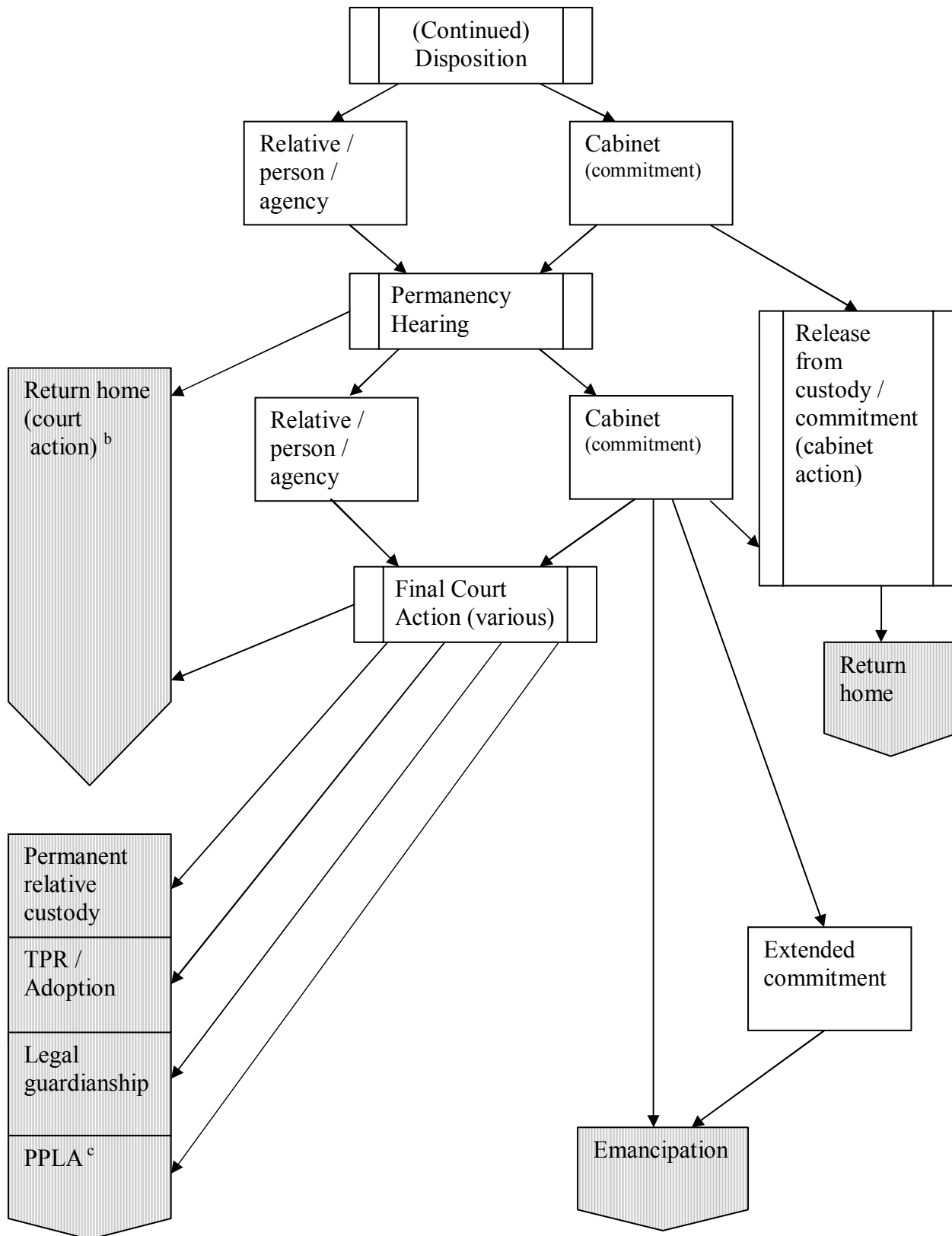
The Kentucky Foster Care Process

The foster care process is complicated and involved. From the moment a referral is called in to DCBS until a child either is returned to his or her birth family, is adopted, is placed in some other kind of permanent placement option, or ages out of the foster care system, there are multiple decisions and actors involved.

DCBS specifically produced for this report a document called "Steps From Entry Into OOHC to Permanency." Much of the material in this section is from that document or from the department's standards of practice. Figure 1.A presents a simplified flow chart of Kentucky's foster care process.

Figure 1.A
Kentucky's Foster Care Process





Notes:

^a In-home services may be provided regardless of whether the child is in the custody of the parents or the cabinet.

^b When the court returns custody to the parents, particularly when done against the cabinet's recommendation, the cabinet generally continues to provide services in the home.

^c PPLA = Planned permanent living arrangement.

Source: Program Review staff compilation of information from DCBS, the Administrative Office of the Courts, and Kentucky statutes.

A child typically enters care through an Emergency Custody Order (ECO), which is sought when a child is in imminent danger. If the child is not in imminent danger and the family fails to cooperate with the cabinet placing the child at risk of ongoing abuse, neglect or dependency, the caseworker files a Non-Removal Petition. Based on the facts presented at the court hearing, the custody of the child may be given to the cabinet by the court.

A temporary removal hearing may proceed with or without an Emergency Custody Order. Temporary custody is for a 45-day period.

After the cabinet obtains custody of a child through an ECO, a temporary removal hearing is held within 72 hours, exclusive of weekends and holidays. A temporary removal hearing also may be held without first obtaining an ECO. For removal cases, DCBS or a relative is granted temporary custody at this point, although the court may grant custody to any person or agency. A temporary custody order issued at this hearing is effective for no more than 45 days unless the court extends the period.

The typical permanency plan is to return the child to the parent. Concurrent planning includes reunification and adoption.

The 5-day conference family team meeting is held 5 days after the temporary removal hearing. The case plan goals, objectives, and tasks are discussed at this meeting. The goal is typically to return the child to the parent unless there are aggravated circumstances or parental circumstances negating the requirement for reasonable efforts to reunify the child with his or her family (KRS 600.020(2); KRS 610.127).

Concurrent planning was instituted to facilitate permanency "if the prognosis for reunification is poor" (DCBS SOP Definitions 8). Such planning includes goals both for reunification and for other permanency options. It may be considered at the initial family team meeting after consultation with the supervisor.

If the location of the other parent is unknown, an absent parent search is appropriately initiated at the time the child enters care or soon thereafter. If paternity has not been determined, action to establish paternity of the child is also initiated.

Within 45 days of the temporary removal hearing, the court should complete adjudication and disposition of the case (KRS 620.090(5)). The court, upon making a written finding, may extend the temporary

removal order and the time to disposition if it determines that there is a need for an extension and it is in the child's best interests to do so.

Adjudication determines the facts of the case. Disposition determines the actions to be taken. The hearings are held on different days. Sometimes there is a significant wait between them.

An adjudication hearing is held to determine whether the child is maltreated or dependent by a preponderance of the evidence. The caseworker requests the court begin an adjudication hearing no later than 10 calendar days prior to the 45-day maximum to provide time for notifications and other necessary actions.

Kentucky law specifies that the dispositional hearing be held at least a day after the adjudication hearing, except for certain special circumstances (KRS 610.080). The court determines whether the cabinet has made reasonable efforts to avoid the need for placement; what services are needed; and if the child will be committed to the cabinet, returned home, or if another placement option will be made, such as custody to a relative. The University of Kentucky College of Social Work's *Court Improvement Project Reassessment 2005* found that most respondents reported separate adjudication and dispositional hearings. Its analysis of court data showed the time between the two averaged 48 days in 2004 (50-51). Such a delay does not satisfy the intent of the statute.

If the child is committed to the cabinet, concurrent planning should again be considered at the 3-month family team meeting case review if the parents have made minimal or no progress on their case plan goals and objectives.

By 6 months after removal, all cases should convert to concurrent planning.

All out-of-home cases should be converted to concurrent planning no later than the 6-month family team meeting periodic review. This policy was developed per Kentucky's Program Improvement Plan to address deficiencies found in the 2003 Child and Family Services Review. The date for the 9-month periodic review is scheduled at this meeting. At the 9-month periodic review, the caseworker establishes the dates of the 12-month periodic review.

Permanency hearings are held after 12 months and every 12 months thereafter. The court reviews and approves permanency plans.

The court holds a permanency hearing no later than 12 months from the temporary removal hearing. Permanency hearings also are held every 12 months thereafter, as long as the child remains in care. The permanency hearing is a special type of proceeding that is designed to reach a decision concerning the permanent placement of a child and gives the opportunity to determine what the permanency goal for a child shall be. A permanency goal change can be done at the permanency hearing or earlier if warranted: if aggravated circumstances exist and/or reasonable efforts do not have to be made to reunify. However, the court must

ultimately approve all goal changes, and DCBS must provide necessary services to reunify the child with the birth parents unless the court has ruled that reasonable efforts do not have to be made. The caseworker sends a Permanency Hearing Notification to the court requesting a permanency hearing no later than 60 calendar days prior to the required due date.

The cabinet can return a child home with notice to the court but without court action. Other reviewers have recommended that the court have more notice and responsibility for returns home.

If it remains that the permanency goal is to return the child to his or her parent, the caseworker uses risk assessment guidelines outlined in the Continuous Quality Assessment to determine when a child can safely be returned home. When the cabinet plans to return a committed child to his or her home, the caseworker notifies the court 14 days prior to the planned reunification date. The court does not have to act but may choose to do so. The University of Kentucky College of Social Work's *Court Improvement Project Reassessment 2005* found that courts tend not to review the decision to return a child home. The reassessment report emphasized the importance of judicial review (132-133). Since 2001, every Citizen Foster Care Review Board annual report has recommended changing the statute to require a court order before the child can be returned and to extend the notice period from 14 to 45 days.

The caseworker provides in-home supportive services to help prevent placement disruption once a child has been returned home, including community partner support networks and services as appropriate such as parent support groups, respite care providers, mental health or family counselors, and other community providers.

Permanent relative custody is the preferred option if reunification is not possible. The Kinship Care Program provides support if the relative qualifies and wants to participate.

If a relative has custody or the child is placed with a relative, permanent relative custody may be considered. According to policy, it is preferable to adoption. This is similar to legal guardianship. Statutes, regulations, and standards of practice are inconsistent regarding relative caregivers outside the formal Kinship Care Program. However, staff are of the opinion that the same legal procedures are available whether or not the relative participates in the program.

By 6 months after placement, the relative can file a petition for permanent custody.¹ It was unclear to staff whether a relative with custody can file a petition earlier than that. Once the court grants permanent custody to the relative, the caseworker and relative

¹ SOP 7D.27(4)(e) and SOP 7E.1.7(D)(5)(d) specify that the caseworker asks for court action regarding permanent custody, but SOP 7E.1.7(D)(6)(b) and (c) appear to say that the relative files a petition for permanent custody.

develop an aftercare plan. The cabinet may then close the case. If the child was part of the Kinship Care Program, those payments continue until the child is 18 in most circumstances.

If the permanency goal is to become adoption, the caseworker requests that the cabinet's Office of Legal Services regional attorney set up a pre-permanency planning conference to review the prospect of involuntary termination of parental rights prior to the next family team meeting or permanency hearing. Prior to filing for involuntary termination of parental rights, the caseworker explores the possibility of seeking parental consent for a voluntary termination.

Termination of parental rights must be considered if a child has been in care for 15 of the past 22 months. Termination of parental rights must be sought unless there are compelling reasons not to.

Per the Adoption and Safe Families Act, for a child who will have been in care for 15 of the last 22 months, the cabinet determines if termination of parental rights is in the best interest of the child.

When a child has been abused or neglected and the family is unable or unwilling to meet the child's need for a permanent, safe, and nurturing home, the cabinet will consider an involuntary termination as a means to provide permanency. The caseworker considers if there are compelling reasons not to file for involuntary termination and documents any in the case record. Compelling reasons include but are not limited to the following:

- A relative is caring for the child and the plan is for permanent relative placement or guardianship;
- That termination would not be in the child's best interest and the case plan demonstrates the appropriateness of this decision; or
- Services deemed necessary for the safe return of the child have not been provided to the family within the time period specified in the case plan.

Involuntary termination of parental rights is a difficult and legally complex task. Assistance from the Office of Legal Services regional attorney begins with the pre-permanency planning conference and close communication is maintained throughout the case.

The Involuntary Termination of Parental Rights Hearing is a formal, private trial. The cabinet presents its evidence first, followed by the parents. Witnesses may be cross-examined. If contested, these hearings can be lengthy and demanding. The judge prepares the findings of fact and conclusion of law and enters a judgment, either affirming or dismissing the petition for termination. If affirmed, an order of termination is issued.

When a judge denies termination, the decision cannot be appealed (Court of Appeals 2005-CA-002022-ME). However, when a judge orders termination, either party may appeal the case to the Court of Appeals within 30 calendar days of the judge's decision, which can uphold or rescind the decision of the Circuit Court. These appeals can last for a year or more. When appropriate and in the child's best interest, the caseworker may continue providing services to the family during the appeals process. In some instances, the court may order or the cabinet may agree to continue visitation.

Within 10 working days of the receipt of an order terminating parental rights, the caseworker completes a Presentation Summary Packet (SOP 2.1.8). This packet contains a summary of information regarding the child and the child's history, as well as such documents as the birth certificate. The packet is forwarded to the DCBS central office Adoptions Branch.

If the child is not already in the proposed adoptive parents' home, then he or she should be introduced to them and preplacement visits should be initiated. When no potential adoptive family has been identified, the child should be referred to the Special Needs Adoption Program.

Other than adoption, several other permanency options exist.

If it is determined that neither a return to his or her parent nor adoption is in the child's best interest or achievable, the following goals may be considered:

- legal guardianship,
- permanent relative placement,
- planned permanent living arrangement, or
- emancipation.

Legal guardianship is considered appropriate when the cabinet determines that it is not in the best interest of the child to be reunified or adopted. A relative or other caregiver who becomes a legal guardian receives parental rights regarding the child's protection, education, care and control, custody, and decision making. This option is seldom used in Kentucky.

If a permanent relative placement is chosen, the caseworker verifies that the relative is suitable and interested in providing a permanent home for the child. This option is not considered if the relative is able to pursue other options, such as permanent relative custody or legal guardianship. Staff were unable to determine what legal procedure, if any, is associated with permanent relative placement.

A planned permanent living arrangement is the permanent continuation of a resource or private foster home placement. It is selected when other permanency goal options have been considered and are not appropriate due to the specific circumstances of the child. This arrangement may be appropriate if the child has formed psychological ties with those with whom the child lives and adoption and guardianship have been discussed with the caregiver but are not appropriate or viable alternatives. The decision must be reviewed and approved by the Service Region Administrator's office. There also must be a court determination that the arrangement is in the child's best interest.

The goal of emancipation is appropriate for a youth aged 16 or older for whom neither reunification with the family nor any other permanency goal is in the child's best interests. The caseworker refers each child with an emancipation goal to a DCBS-administered independent living program.

Family members are encouraged to continue participation in case conferences, reviews, and ongoing services even when the permanency goal is changed to planned permanent living arrangement or emancipation. The caseworker sends notification of case conferences and reviews to family members even when the family refuses to participate.

Aging Out of Foster Care

Youth who grow up in foster care are not as successful as other youth.

The Northwest Foster Care Alumni Study was a study of adults who had been in foster home care for at least 12 continuous months between the ages of 14 and 18. It found that 22 percent had experienced homelessness at least briefly after leaving care, 20 percent were unemployed at the time of the study, and 33 percent were living below the poverty level. Eighty-five percent had a high-school level certification, but over one-fourth of those were GED certificates; 16 percent had completed a vocational degree and fewer than 2 percent had completed a 4-year degree. The study found that over half had experienced a mental health problem in the past 12 months. The study found some connections between these outcomes and the respondents' foster care experience as youth (Pecora).

The plight of youth who remain in foster care until age 18 probably is worse than that shown by the Northwest Alumni study. Some reports have claimed that as many as 60 percent of homeless men are foster care alumni (Knapp). Youth who age out of foster care often do not have family with whom they can live and who will

Kentucky offers some supports for current and former foster youth, but availability for former foster youth is limited.

provide a safety net when they move out. The foster care system provides only limited resources to help.

Kentucky's Independent Living Program. Independent living services are mandated under the federal Chafee Independence Program for all children in care who are 12 or older. For children 12 to 15, foster parents are trained to work with the child in the home on such skills as anger management, problem solving, decision making, cooking, laundry, and money management. For youth 16 to 17, life skills classes are available in each service region. The classes include instruction on employment, money management, community resources, housing, and education.

When a youth in care reaches age 18, he or she may choose to extend commitment to age 21. The youth has 6 months after his or her 18th birthday to make the decision. Those who do are eligible for the tuition assistance program and additional life skills classes. Their Medicaid coverage continues only to age 19, however. There are a number of supported independent living facilities operated by private agencies. These facilities have limited capacity and are not available to every former foster youth.

All youth who were in foster care on their 18th birthday or were adopted from foster care are eligible for Kentucky's tuition and fee waiver program. The program provides a waiver of tuition and fees at any of Kentucky's public universities and community and technical colleges. Other forms of financial aid must be exhausted prior to using this waiver. As the statute is worded, children who left foster care for permanent relative custody are not eligible.

The Kentucky Organization for Foster Youth is a statewide group available to all current and former foster youth. It provides feedback to policymakers about the foster care system. The group recruits members to be part of a speaker's bureau to inform the public about foster care issues. The group runs a mentoring program for foster youth.

Removal Petitions May Be Filed by Anyone

Kentucky law allows any interested party to file a removal petition in district court (KRS 610.050; KRS 620.070(1)). It appears to be unusual for anyone other than the cabinet to do so, but it has happened. Staff heard of at least one county attorney who has filed removal petitions, and a cabinet document indicated that relatives also have filed removal petitions.

Staff's reading of the law suggests that if anyone has concerns sufficient to file a removal petition, that person would be obligated to report those concerns under KRS 620.030(1). The cabinet, upon receiving the report, would determine whether to investigate the allegations and could file its own removal petition if the caseworker substantiated maltreatment.

It seems likely that a removal petition is filed outside the cabinet most often after the cabinet has already received a report and has decided that the report does not meet criteria for investigation or that the allegations are unsubstantiated. At that point, someone—a relative or county attorney, for example, who disagrees with the decision of the cabinet—might file a removal petition independently.

Cabinet officials assured staff that if a court granted a removal petition not filed by the cabinet, the cabinet would conduct an investigation or reopen a prior investigation. However, they stated that the cabinet would not have an obligation to provide ongoing services unless the investigation substantiated maltreatment or the judge ordered services to be provided.

Dependent Children and Children Needing Extraordinary Services

Kentucky has a category of children needing extraordinary services. The cabinet and the courts are unable to say how many children are in that category.

KRS 600.020 defines a “dependent child” as
any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child.

In 1998, however, the General Assembly created another classification: a child needing extraordinary services (KRS 600.050). When a parent or guardian is genuinely unable to provide for a child who has need of extraordinary mental or emotional treatment, a court may commit the child to the cabinet and the cabinet may provide access to the needed treatment.

Although the statute also specified that the courts and DCBS should indicate in their files when a commitment was due to extraordinary needs, staff found that the documentation requirement probably is not being met. The adjudication hearing order form provided by the Administrative Office of the Courts (AOC-DNA-4) gives the judge the option of selecting “dependent” but does not contain an option for extraordinary services. The

disposition hearing order form (AOC-DNA-5) corresponds to the “order of commitment” mentioned in the statutes (KRS 600.050(2)), and the form does include a place for the judge to indicate extraordinary services. However, the courts currently are unable to track these children in their information system.

Similarly, the DCBS data system does not contain a data field that indicates extraordinary services. Cabinet officials acknowledged that they could not say how many children were committed for this reason. While it is likely that the case planning information in TWIST would imply extraordinary services, someone would have to read the information to find out.

The statute as written does not appear to require the courts and DCBS to maintain an electronic notation that a commitment was due to extraordinary services. However, without such a notation, it is virtually impossible to determine how many children fall into the category and to follow their progress.

The Program Review and Investigations Committee report on the IMPACT Plus program in 2001 made a recommendation that DCBS and the Administrative Office of the Courts improve their data and reporting regarding the reason for commitment, with particular attention to those committed for extraordinary services (Commonwealth. Legislative. Program. *Impact* 45). It does not appear that the 2001 recommendation has been followed. Staff urge the cabinet and the courts to follow the previous recommendation. Because the statute may be too vague to imply a tracking and reporting requirement, staff also make the following recommendation.

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.

Types of Caregivers

Relatives as well as licensed caregivers care for children in the child welfare system.

In addition to licensed foster care (resource homes and private care settings), a large number of children in need are living with relatives. Relatives and licensed caregivers become involved in a number of different ways and may or may not receive any compensation. Figure 1.B outlines the process by which children may enter various types of care when their parents are not able to care for them.

There are two basic reasons a parent may no longer be able to care for a child. In Figure 1.B, decision point 1 shows that the child may be dependent—the parents may die or the child may have extraordinary needs that the parents cannot meet without outside help—or the child may be maltreated and not safe with the parents at the time.

Whether a child is dependent or maltreated, the extended family may act without DCBS involvement, as shown in decision point 2 in the figure. If a report is made, however, DCBS may conduct an investigation, as shown in decision point 3.

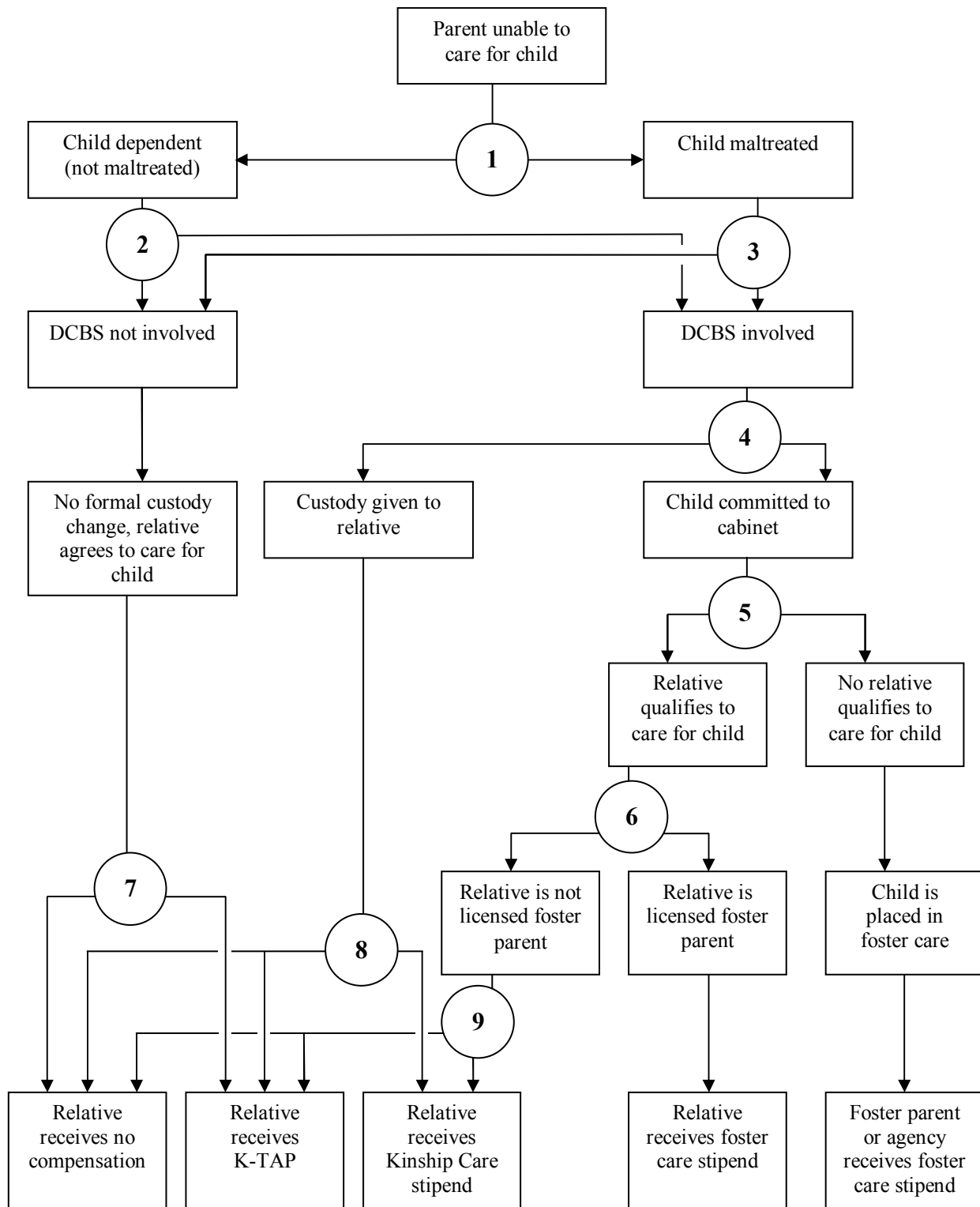
If DCBS is not involved, there is likely to be no formal custody change but a relative agrees to care for the child.² As shown at decision point 7, these caregivers will receive no compensation or will receive minimal assistance from the Kentucky Transitional Assistance Program (K-TAP).

If DCBS is involved, many of these families will be kept intact and the children will remain with their parents. However, if the child has to be removed, at decision point 4, custody will be given to a relative or to the cabinet. When a relative is the custodian, the relative may receive no compensation or may receive K-TAP or a stipend from the Kinship Care Program. This is shown at decision point 8.

When the cabinet has custody, DCBS may still choose to place the child with a willing and suitable relative. Decision point 5 determines whether the child stays with a relative or not. However, there remains a further distinction. Sometimes the relative may become or may already be a licensed foster parent. Decision point 6 distinguishes between relatives who are or are not foster parents.

² Some families informally may choose friends to help with their children. In Kentucky, the statutes also allow family friends and other individuals to be formal caregivers; such formal arrangements are rare. In this section, the term “relative” should be understood as including family friends and others.

Figure 1.B
Response of Kentucky's Child Welfare System
When Parents Are Unable To Care for Children



Source: Gibbs (437) modified for Kentucky by Program Review staff.

If the relative is not a licensed foster parent, he or she has the same reimbursement options as the relative who has custody. Decision point 9 shows that the relative may receive no compensation, minimal assistance from K-TAP, or a Kinship Care Program stipend.

When no relatives qualify or want to care for the child in the custody of the cabinet, the child will enter the formal foster care system, and the foster parent or private residential program will receive funds from the cabinet. Similarly, if the child is placed with a relative who is a foster parent, that relative receives the foster care reimbursement.

Informal Relative Caregivers

Relatives often care for children through informal arrangements. Some of these children may have been maltreated but may not have come to the attention of the cabinet. There is little financial assistance for these relatives.

Perhaps the best known form of relative care is the informal care provided when an extended family recognizes a problem and solves it without DCBS involvement, by having the children stay with a relative—frequently a grandparent. The actual number of such arrangements is unknown, but based on the 2000 census the U.S. Census Bureau estimated there were 35,818 grandparents in Kentucky who were responsible for their grandchildren. The needs of these relative caregivers were recognized in House Bill 45 passed by the 2006 General Assembly to create a support hotline and power of attorney for them (KRS 405.023; KRS 27A.095).

When DCBS is involved and child maltreatment or dependency is substantiated, the family may voluntarily send the child to live with a relative. Such an arrangement is another form of informal relative care. SOP 7B.1(19)(b) states that the caseworker should develop a prevention plan in these instances if there are concerns for the safety and well-being of the child. The cabinet has the option of developing an aftercare plan and closing the case. The cabinet also has the option of opening an ongoing case. However, there appears to be no statutory, regulatory, or practice requirement that the relative undergo a background check or home study. Staff note that Council on Accreditation standard S21.23-29 covers informal and formal “kinship care,” and the cabinet has acknowledged that these sections apply to Kentucky.

There is little financial assistance available for informal relative caregivers, although the child may qualify for K-TAP benefits. If so, the child also will receive Medicaid. The relative caregiver may qualify for child care assistance, depending on income.

A little-used avenue for obtaining more assistance is available. A relative concerned about the well-being of a child may petition the court directly for the child's removal. If the court agrees and gives the relative custody, then the cabinet should open an investigation. If the investigation substantiates any maltreatment, the cabinet could open an ongoing case and the relative could then apply for the Kinship Care Program. There is no requirement that the cabinet open an ongoing case in these situations, but it would be good practice to do so.

Formal Relative Caregivers

DCBS often asks the court to give custody of a maltreated child to a relative. The rules that apply to this arrangement are not well defined.

Relative With Custody. When DCBS has substantiated child maltreatment or dependency, the cabinet may seek a removal order, as described earlier. Information provided by caseworkers and others within the cabinet indicated that it is a common practice for the cabinet to recommend that the court give custody directly to a relative. In these cases, either the cabinet never has custody or only has custody for the 72-hour period of the Emergency Custody Order.

Program Review staff found and cabinet officials concurred that there is no statute, regulation, or standard of practice that governs this type of placement. There is no legal requirement that the cabinet conduct background checks or home studies of the relative caregivers, but cabinet officials expressed the belief that these are conducted in most cases. Interviews with cabinet caseworkers and supervisors also indicated that ongoing cases in which the relative has custody are treated in much the same way as those in which the cabinet has custody. Staff note that Council on Accreditation standard S21.23-29 covers informal and formal "kinship care," and the cabinet has acknowledged that these sections apply to Kentucky.

It is important to point out that the cabinet merely recommends a course of action to the court. A judge can disregard the recommendation and can give a relative custody even if no background check or home study has been done or even if the relative has failed these measures. Cabinet officials expressed the opinion that judges would seldom do so.

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.**

Placement with relatives nationally has been considered a best practice. There have been some concerns expressed in Kentucky.

National research has found that placement with relatives, especially as the first placement, has improved placement stability and permanency outcomes. The National Conference of State Legislatures reported that intensively seeking relatives for placement within 72 hours of removal was a best practice (*Kinship*). Cabinet officials, however, indicated there is evidence that an unexpected number of reports of maltreatment are being received regarding relative caregivers. Officials also indicated that there is evidence that children are being moved from one relative caregiver to another without a change of custody. The evidence, however, is weak because the DCBS data system, TWIST, does not have reliable information about these children.

A relevant comment from the Program Review survey of caseworkers is:

Kinship Care needs to be much more closely followed. There is no oversight after the relative gets permanent custody. This office has experienced time and again the relative getting permanent custody of a child and letting the child return to the parent, while the relative continues to draw Kinship Care funds. No agency follows up. If reported, the relative makes the child return home for a few days and then allows the child to go back with the parent

again. It becomes a game with them, with DCBS caught in the middle.

When the cabinet has custody of a child, the child may be placed with a relative who is not a licensed foster parent. This is the preferred placement option.

Cabinet With Custody. When the court gives custody to the cabinet, the cabinet may place the child with a relative. According to standard of practice 7E.1.1(3)(b), a suitable, willing relative is the preferred placement option. The caseworker should make an effort to locate relatives of both the custodial and noncustodial parents and determine paternity if there is a question. This kind of placement is covered by statute, regulation, and standard of practice. Background checks, home studies, permanency plans, and services to the birth family and the child are required. Such a placement, however, is not considered foster care, so the relative is not eligible for foster care reimbursement. See Figure 1.B, decision point 9.

The Kinship Care Program assists when a relative has custody or a child has been placed with a relative. The relative must seek permanent custody within 12 months. The benefits can continue until the child is 18.

Permanent Relative Custody and the Kinship Care Program. A formal relative caregiver has the option of seeking permanent custody. With permanent custody, the parents' rights are not terminated, but the actual custody of the child stays with the relative permanently.

If the court has given custody to a relative or the cabinet has placed a child with a relative, the relative has one assistance option in addition to those available to an informal relative caregiver. The child may be eligible for the cabinet's Kinship Care Program. In order to qualify for the program, the relative has to agree to seek permanent custody within 12 months if the child is not returned home.

The Kinship Care Program provides more money than K-TAP but less than the state provides to licensed resource homes. The program's support includes a one-time expense payment of up to \$500 per child and a monthly payment of \$300 per child. In most situations, the payments continue until the child is 18. In addition, the child automatically qualifies for Medicaid. A barrier for some relatives is that the program requires the relative to cooperate in finding an absent parent. Some families do not want the absent parent to be found and so refuse the program.³

Kinship Care Program recipients are tracked using the Kentucky Automated Management and Eligibility System. Table 1.1 shows

³ Because the Kinship Care Program uses federal Temporary Assistance for Needy Families (TANF) funds, it must follow the TANF absent parent requirement. The requirement also applies to K-TAP, if the relative applies for that assistance.

the count of children in the Kinship Care Program according to that system. The numbers in Table 1.1 include both children with active child protection cases and those whose cases have been closed but who are still receiving benefits. The data system cannot distinguish these two types of children, nor can it show which were in the custody of relatives and which were in the custody of the cabinet. Similarly, TWIST does not have reliable information about participation in the program, and so it cannot provide a breakdown. The growth of the program is compounded by the fact that many of these children probably have closed child protection cases but will continue to receive benefits until age 18.

Table 1.1
Children Receiving Kinship
Care Program Payments

February of Year	Children*	Percent Increase
2002	4,103	N/A
2003	4,697	12.6%
2004	5,368	12.5%
2005	6,165	14.8%

* These numbers include children with open and closed child protection cases and children in the custody of relatives and in the custody of the cabinet.
Source: Staff compilation of information from DCBS.

Information About Relative Caregivers Is Inadequate

The DCBS data system, TWIST, treats children in the custody of relatives in two different ways. If the child is not part of the Kinship Care Program, the child should be coded the same way as children residing with their parents—that is, all such cases are in the “in-home” category. Although this is consistent with the federal definition of care outside the home, it is not consistent with the real demands placed on caseworkers when the child is not actually living with the parents. On the other hand, if the child is part of the Kinship Care Program, TWIST is supposed to show the case as an “out-of-home” case. The level of care code for the child is a special one that prevents the child from being included on the management reports for care outside the home because the federal definition does not include any children in the custody of relatives.

The codes in TWIST that allow the caseworker to indicate a child’s status are as follows.

- “dcbs has responsibility”—the child is in the custody of the cabinet and is in the Kinship Care Program.

- “relative placement”—the child is in the custody of the cabinet and is not in the Kinship Care Program.
- “relative has custody”—the child is in the custody of a relative and is in the Kinship Care Program.

There is no TWIST code to indicate a child is in the custody of a relative but not in the Kinship Care Program. Because these codes do not mention the Kinship Care Program and their meaning is not obvious, it seems likely that caseworkers have not used them consistently.

Further, TWIST staff explained that for a child to have one of these codes, the caseworker must create a placement record for the child. Placement records were intended to apply only to children in the custody of the cabinet. In the case of Kinship Care Program children in the custody of relatives, this procedure is an attempt to force the system to store information it was not designed to store. As a result, caseworkers are confused and management reports have been modified to exclude these pseudoplacements.

Cabinet officials acknowledged that TWIST cannot readily identify the children who are in the custody of relatives nor determine where they are residing. Officials also stated that the system cannot reliably show which children are in the Kinship Care Program, and attempts to match TWIST children with the children shown in the K-TAP system have been only partially successful so far.

Licensed Relative Caregivers

A relative can become a licensed foster parent. If so, the relative receives the full foster care reimbursement.

The least used relative care option is the relative as licensed resource parent. Such a relative must complete all the training required of resource parents, as well as the background checks and home study. Once licensed, the relative would receive the usual foster care reimbursement of \$600-\$660 per month depending on the age of the child. Additional funds would be available for advanced levels of care and for extra expenses. Children in foster care automatically qualify for Medicaid and free school lunches.

Resource Parents

In Kentucky, foster parents who are recruited, trained, and licensed by the cabinet are called “resource parents.” As described in Chapter 5, these parents open their homes to foster children on a temporary basis and often adopt children in their care. Resource parents receive a reimbursement of \$600-\$660 per month

depending on the age of the child. Resource parents who receive additional training and certification may provide advanced levels of care and receive greater reimbursement.

Private Foster Parents

A number of private agencies in Kentucky, both nonprofit and for-profit, recruit and train foster parents to provide a special kind of foster care. Private agencies provide therapeutic foster care, which includes emotional and behavioral health treatment as well as 24-hour care in the foster home. Private foster parents work closely with the private agency's therapist and case manager to carry out a treatment plan in the foster home. The private agency receives a payment from the cabinet based on the level of care that the child needs, and the agency then pays the foster parents. Therapeutic foster parents receive a larger payment than resource parents do.

Private Residential Care

Some children may require more structure and security than can be provided in a home environment. All foster children in Kentucky who require residential care live in facilities run by private agencies. The private agency receives a payment from the cabinet based on the level of care that the child needs. Private residential care is outside the scope of this study. Staff suggest, however, that it be considered for future study.

Children in Ongoing Child Protection Cases

The Workers Information SysTem (TWIST) showed 19,600 children for whom caseworkers are responsible. Most of these are not in the custody of the cabinet but are living with their parents or with relatives.

Staff examined the reasons children enter the child protection system (CPS) and how those reasons relate to entering foster care. On August 4, 2006, TWIST staff extracted a list of children who were in ongoing CPS cases and who had one or more substantiated findings in the child's most recent active referral. Ongoing cases include both in-home and out-of-home care; and the child may be in the custody of parents, relatives, or the cabinet. There were about 19,600 children on the list.

The extract found about 12,900 children listed as in the home and about 6,700 children listed as out of home.⁴ However, a large proportion of "in-home" children actually are living with relatives. Another, smaller group is still in state custody but no current

⁴ Later review showed that the extract missed some children. Although the exact number was not determined, no more than 230 children were missed: 80 out of home and 150 in home.

placement is listed. Because TWIST does not have a reliable way to flag children who are not in state custody but are living with relatives, staff conducted a child location survey to estimate how many children are doing so. A summary of the results is shown in Table 1.2.

Table 1.2
Estimated Number of In-home Children
by Custody and Living Arrangement

Custody and Living Arrangement	Estimate*
Custody of birth parents	8,100
Living with birth parents	7,500
Living with relatives	300
Other arrangement	200
Living in foster or residential care	100
Custody of relatives	4,100
Living with relatives	3,700
Other arrangement	200
Living with birth parents	100
Trial home visit	100
Living in foster or residential care	100
Custody of cabinet	400
Other custody arrangement	400
Total shown as in-home in TWIST	12,900

*Detail numbers may not add to totals because of rounding.

Source: Program Review staff survey of DCBS caseworkers regarding a sample of children shown in TWIST as in-home.

The number of children either in the custody of relatives or living with relatives was about 4,000 to 4,100. The number either in the custody of birth parents or living with birth parents was 7,600 to 8,200. Parents or relatives may place children in private foster or residential care. Staff note that children in the custody of relatives should not be living with the birth parents or be on a trial home visit, and children listed in TWIST as in-home should not be in the custody of the cabinet. These categories probably represent misunderstandings on the part of the caseworker respondents, incorrect information in TWIST, or some other anomaly.

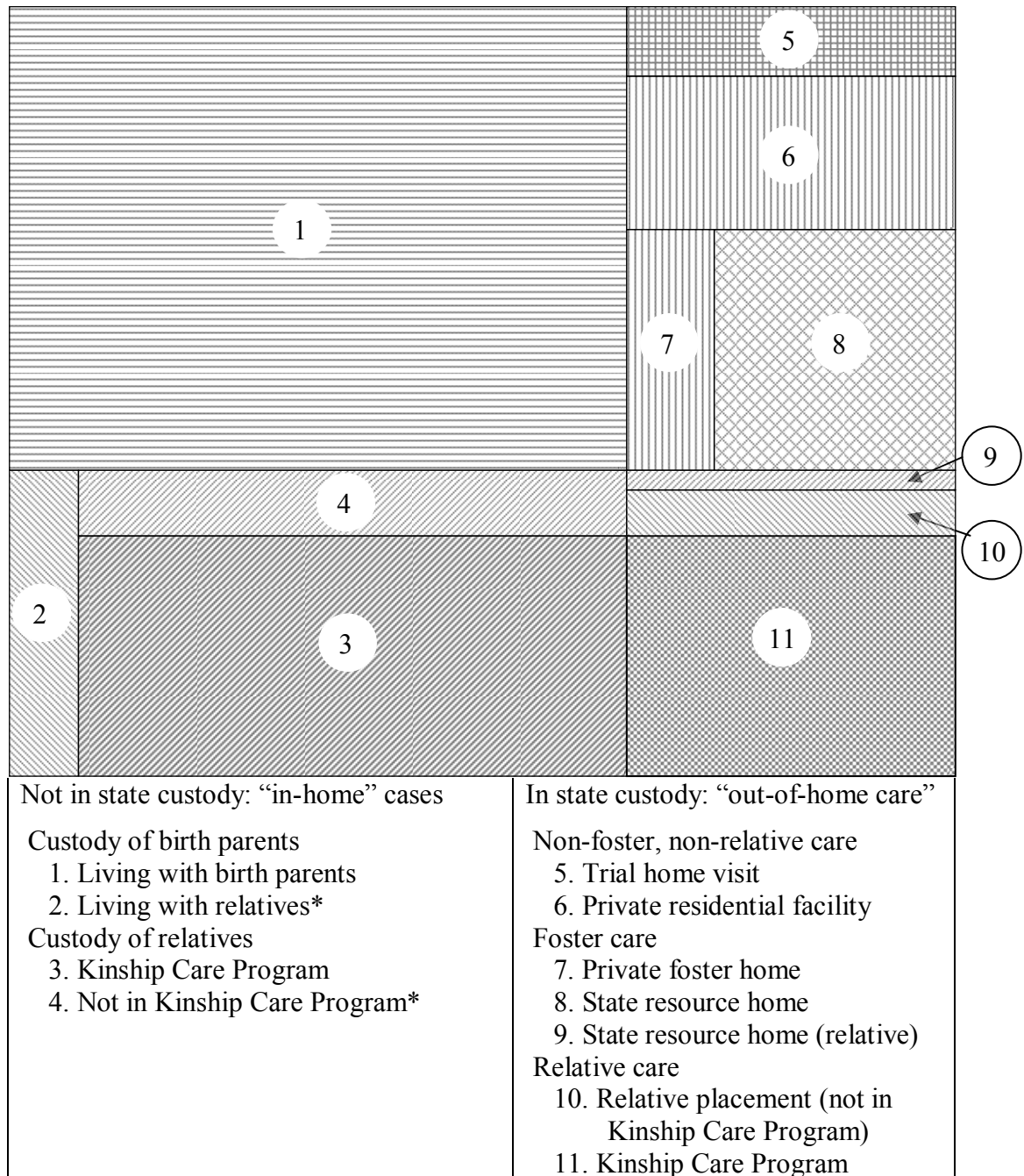
The number shown as being in the custody of relatives is smaller than the Kinship Care Program count, probably because the program's count includes many children who no longer have open child protection cases. In fact, it is likely that a significant minority of the roughly 4,100 children in the custody of relatives are not

receiving Kinship Care Program benefits. Unfortunately, the survey did not ask this question and none of the cabinet's data systems can provide the answer.

To visually represent the numerous settings and custody arrangements in which children might be found, staff prepared Figure 1.C. Although the various sections of the diagram are not to scale, and it is not possible even to determine the correct size of some of them, their sizes do give a rough idea of the number of children in each. The right side of the diagram shows children who are in official foster care: those in the custody of the cabinet. The left side shows the other children who are in open, ongoing child protection cases. The bottom portion of the diagram comprises the many situations in which children are living with or in the custody of relatives.

The cases on the left side of the figure collectively are considered "in-home" cases in policy and in TWIST. Most of these children do reside with their parents, but a significant portion is in the custody of or is living with relatives or in some other setting, as shown in Table 1.2. The cases on the right side of the figure are children in the custody of the cabinet. The cases on the bottom of the figure are children living with relatives. Sections 3 and 11 together represent the Kinship Care Program. Sections 7, 8, and 9 represent foster care in state and private agency homes, which is the focus of this study.

Figure 1.C
Custody Arrangements and Placement Settings
for Children in Open, Ongoing Child Protection Cases



*Includes living arrangements other than living with the legal custodian.

Source: Program Review staff interpretation of DCBS documentation and interviews with DCBS officials.

Prevention and In-home Services

Prevention of Child Abuse, Neglect, and Status Offenses

Preventing children from being maltreated or committing status offenses is the first line of prevention. Several programs exist but funding is limited.

Much has been written about preventing child abuse and neglect. Chapter 3 of this report briefly examines the funding issues that direct funds away from prevention programs. Nevertheless, Kentucky has a number of prevention programs. These could be expanded if there were more funding. It should be noted that several observers, including a few DCBS service region administrators, a prominent behavioral health services provider, and several DCBS caseworkers and supervisors, mentioned in interviews with Program Review staff that more emphasis on and funding for prevention efforts would be desirable.

Substance abuse prevention also would reduce child maltreatment and entry into foster care. Many children enter the child protection system because of parental substance abuse. Increased resources applied to substance abuse prevention might serve to prevent some child abuse and neglect. This notion is supported by Program Review staff interviews with service region administrators and other entities involved with the state foster care system.

Drug courts have received praise for keeping families together by keeping the parents clean and out of jail while they receive treatment for their addiction. Unfortunately, many drug courts are grant funded, and permanent funding is not available. In Kentucky, the Jefferson County Drug Court recently ran out of funds and DCBS agreed to provide emergency funding to keep the court operating.

Fayette County DCBS participates in a program to try to reduce truancy, which also reduces children entering the system because of educational neglect and probably reduces future truancy charges. This grant-funded program is limited to the 40505 zip code. This kind of program would be welcome in Jefferson County, as several frontline caseworkers and supervisors mentioned in interviews with Program Review staff that there are more than a few children entering foster care due to educational neglect.

Prevention of Removal From the Home

Keeping maltreated children in their homes is second line of prevention. These programs also have limited funding.

Once child maltreatment has been reported and substantiated, the caseworker and supervisor must decide whether to recommend removal of the child. Nonremoval options do exist and are utilized

for a significant portion of cases. In-home cases may receive preventive services through the caseworker, through the Family Preservation Program, or through intensive diversion programs. Two such diversion programs are being piloted this year, in the Northern Kentucky and Fayette County service regions. IMPACT and IMPACT Plus also may be used to provide services if the child has qualifying behavioral and emotional needs.

According to KRS 200.580(1), family preservation services were to be available to at least 40 percent of the children at imminent risk of removal by 1995 with a goal of serving all cases “eventually.” In 1995, family preservation served 1,875 children (Commonwealth. Legislative. Program. *Cabinet for Human Resources Family* 72). While it is not possible to know how many children entered care that year (an estimate of those at imminent risk), the number served probably was between 30 and 40 percent of the children at risk. In 2005, according to cabinet officials, family preservation served fewer children, 1,598, which staff determined to be about 19 percent of children who could have received the services. This represents approximately half of the percentage that were served 10 years earlier under the statute.

Other concerns have been expressed about the Family Preservation Program, including that children referred to the program might not actually be at imminent risk of removal. Some observers suggested that families are referred when a caseworker believes they will benefit from the services, rather than when the children are at imminent risk. Another concern raised was whether family preservation providers were screening out cases with higher risk factors.

IMPACT Plus is available to Medicaid-eligible children who have severe emotional disturbances. The program attempts to support families to keep the child in the birth home or the foster home and out of residential levels of care.

IMPACT is a separate program, the original intensive service coordination program that continues to serve children with severe emotional disturbances. The cabinet provided data about the children served by IMPACT over the past 15 years. Although the number of children is thought to be inaccurate, the portion of those served who were involved with child protection over the past 5 years has ranged from a quarter to a third of IMPACT children. Cabinet officials also reported that IMPACT assists many children in the care of relatives.

The Family to Family projects in the Jefferson County and Northern Kentucky service regions attempt to use community resources to prevent child maltreatment and to avoid removal when maltreatment occurs. If removal is necessary, the neighborhood-based projects attempt to recruit relatives and foster parents in the same neighborhoods and school districts as the children. These projects are funded by the Annie E. Casey Foundation.

Community Partnerships for Protecting Children also have been piloted in Jefferson and Fayette Counties. These projects attempt to involve citizens and service providers in preventive efforts. These projects are funded by the Edna McConnell Clark Foundation.

The Community Collaboration for Children is the Cabinet for Health and Family Services' implementation of the federal Community Based Child Abuse Prevention grant. The initiative has funded prevention and reunification support programs for at least a decade. According to a University of Louisville evaluation, in recent years the cabinet has taken a more focused approach and has funded fewer programs. This focus has resulted in better data and has made better evaluation possible (Barber 11). The programs currently funded include

- supervised visitation,
- family team meeting facilitation,
- intensive in-home services,
- child and adolescent mental health screening,
- adult mental health and substance abuse screening,
- substance abuse case management (Jefferson County), and
- community networking services (Northern Kentucky).

Innovative Means of Keeping Families Together

Outside Kentucky, a number of innovations have been tried, some of which may be worth further consideration:

- Youth villages, a private agency in Tennessee, provides intensive in-home services to families with children at risk of removal. The program uses Multi-Systemic Therapy, a treatment method developed at the University of South Carolina.
- "Shared family care" is a model in which the entire birth family moves in with a foster family. It has been used in at least 10 states (Bower).
- There are whole-family substance abuse treatment centers in which the entire birth family stays at the center during treatment. Chrysalis House in Lexington is an example,

although like most such programs, it admits only women and their children.

- England and Australia have used whole-family parenting assessment and skills development facilities into which the entire birth family moves. The family can be monitored 24 hours a day.

Staff did not attempt to evaluate the availability and quality of preventive programs or the outcomes and feasibility of alternative models. Staff commend the cabinet for its current efforts at evaluating preventive programs and urge it to increase efforts and to use the results to guide program choices. Staff suggest that preventive services be studied in their own right.

Chapter 2

Legal Framework and Oversight of Foster Care

This chapter provides a summary of the legal framework of foster care, starting with federal laws and proceeding to Kentucky laws, regulations, and standards of practice. Legal liability and the role of the courts are reviewed. Oversight also is discussed, including the role of federal reviews, accreditation, and the many bodies that review and make decisions about foster care. Finally, the information systems that make it possible to manage the foster care system are listed and the cabinet's data system is critiqued.

Federal Statutes Related to Foster Care

Foster care is administered at the state level, but by defining key terms and by placing conditions on federal grants to the states, federal law determines the shape and structure of foster care.

Child Abuse Prevention and Treatment Act

The Child Abuse Prevention and Treatment Act (CAPTA) establishes broad requirements for state child welfare programs and provides some grants.

The broadest, oldest, and most significant federal law affecting foster care is the Child Abuse Prevention and Treatment Act (CAPTA), enacted in 1974 and amended most recently in 2003. CAPTA established the Office of Child Abuse and Neglect in the Department of Health and Human Services and gives that office authority to execute and oversee CAPTA's other provisions.

CAPTA mandates the establishment of a "national clearinghouse for information relating to child abuse" that will compile and analyze statistics on child abuse, develop best practices guidelines for the improvement of child protective services, keep information on training programs for those involved in the child welfare system, and maintain and disseminate "information on all effective programs, including private and community-based programs, that show promise of success" (42 USC 5104). CAPTA also mandates a research program devoted to a similar range of topics and requires that reports of research findings be submitted to Congress. Public comment periods are required to evaluate the subjects being researched. The Act also authorizes the creation of grants in order to further the statutorily established research goals.

Grants to states are created under CAPTA in order to fund programs in training caseworkers; to improve case handling; and to

improve state programs' investigative, legal, managerial, technological, and educational capabilities. In order to qualify for these grants, however, each state must submit a plan every 5 years to the secretary of Health and Human Services detailing how the programs that will be put in place will improve child welfare services in the specific categories delineated in statute. The plan must outline the state's compliance with a number of different requirements:

- The state must maintain a system for reporting known or suspected instances of child neglect. It must have in place procedures to protect children in danger of abuse or neglect and to provide for their placement in a safe environment.
- Specific procedures must exist to address the needs of newborns suffering the effects of prenatal drug exposure, including immediate screening, investigation, and placement in safe care.
- The state must require health care facilities to report suspected cases of medical neglect and must grant the child protective services system the authority to initiate legal proceedings to prevent the withholding of needed treatment from disabled infants with life-threatening conditions.
- Procedures must exist that provide for expedited termination of parental rights in cases of abandoned infants.
- Findings of abuse or neglect must be subject to appeal.
- Records must be kept confidential and accessible only to the individuals involved, review panels, and government agencies. The state must require disclosure of information to any federal, state, or local government agency that needs the information to fulfill its legal responsibility to protect children. Policies must also be in place that allow public disclosure of information relating to "a child fatality or near fatality."
- Those who, in good faith, report child abuse and neglect must be immune from prosecution.
- Procedures must be in place to allow the expungement of any publicly accessible file, such as those used for background checks, in unsubstantiated cases.
- A guardian *ad litem* must be appointed to obtain an understanding of, and to represent, the best interests of the child in any case that results in a judicial proceeding. A guardian *ad litem* can be an attorney or a court-appointed special advocate but must be appropriately trained in either case.
- Criminal background checks are required for foster and adoptive parents and for other adults in the home.
- Caseworkers in child protective services must be trained in relevant areas of the law in order to fulfill their legal duties. A

CAPTA requires properly trained guardians *ad litem*.

representative of child protective services must inform an individual under investigation for suspected child abuse or neglect.

- The state cannot require reunification with a parent convicted of murder, voluntary manslaughter, or felony assault against another child. It must consider conviction for such a crime to constitute grounds for termination of parental rights.
- The state must establish citizen review panels.

CAPTA requires Citizen Review Panels.

Each state receiving a grant under CAPTA must establish at least one citizen review panel; each state receiving more than the minimum amount of \$175,000 must establish at least three. These panels must meet every 3 months and are charged with evaluating the state's compliance with the requirements of CAPTA, with the state's plan, and with other standards. States receiving grants must file yearly statistical reports with the secretary of Health and Human Services, who must then release annual reports reflecting the states' data.

States receiving grants for the improvement of case handling must establish a task force to evaluate and report on the state's investigative, administrative, and judicial procedures; to recommend reforms in state law; and to suggest trial or demonstration programs for the improvement of administrative and judicial proceedings. Prior to receiving grant funding under CAPTA, a state must adopt the recommendations of the task force, or satisfy the secretary of Health and Human Services that the state has adopted other policies furthering the goals set forth in statute.

Adoption and Safe Families Act

The Adoption and Safe Families Act creates safety and permanency targets for states that are tied to significant federal funding streams.

In 1997, in an effort to promote adoption of children in foster care, Congress passed the Adoption and Safe Families Act (ASFA). ASFA amended Title IV-E of the Social Security Act, placing a number of requirements on states receiving Title IV-E funding.

The Act requires a state to file a petition for termination of parental rights when a child is determined to have been abandoned; when a child has been in foster care for 15 of the last 22 months; or when a parent is convicted of murder, voluntary manslaughter, or felony assault against a child. If such conditions are met, "reasonable efforts" need not be made to reunite the child and parents. However, if the state has not provided the family with necessary services, if the child is placed with a relative, or if the state finds a compelling reason that reunification should be the permanency plan, it is not mandatory that the state file a petition for termination

of parental rights. The state also may file a petition for termination of parental rights at any time if it is determined to be in the best interests of the child.

Requirements and procedures for criminal background checks are spelled out more clearly in ASFA than in CAPTA. Prospective foster or adoptive parents of a child on whose behalf payments have been made under the Social Security Act are to be given background checks. Any finding of a felony conviction for child abuse or neglect; spousal abuse; child pornography or any crime against children; or a violent crime including rape, sexual assault, or homicide will result in a denial of placement with that individual. Additionally, a felony conviction for a drug-related crime, physical assault, or battery that occurred within the past 5 years would also result in a denial of placement. States, however, retain the ability to opt out of these requirements.

States are required under ASFA to document efforts to place children whose permanency plan is adoption or permanent placement. Adoption incentive payments to the states are established. These payments must be spent for delivering services defined under Title IV-B or IV-E of the Social Security Act to children or families and may not be counted as a state expenditure for purposes of calculating federal matching funds.

The Act also establishes family reunification services, which include counseling, substance abuse treatment, and services related to mental health and domestic violence, as a category of programs for which federal funds may be used. Family reunification services extend to 15 months after a child enters foster care.

Multiethnic Placement Act

Enacted as part of the Improving America's Schools Act of 1994, the Multiethnic Placement Act was intended to prevent discrimination in foster care and adoption, to improve recruitment of foster and adoptive families, and to decrease the time that children wait to be adopted. The Act prohibits any agency that receives federal assistance from rejecting a prospective foster or adoptive parent, from delaying or denying placement, or from otherwise discriminating in a placement decision based solely on race, color, or national origin. Such factors, however, may be considered among other factors in determining the best interests of the child.

Failure to comply with the Act is considered a violation of Title VI of the Civil Rights Act of 1964. The Multiethnic Placement Act authorizes individuals to file suit in United States District Court.

Finally, the Act requires that a state plan for child welfare services, filed under Title IV-B of the Social Security Act, must provide for recruitment of diverse foster and adoptive parents in order to meet the needs of the state's population.

Individuals with Disabilities Education Act

In 1991, a section of the U.S. Code was amended and renamed the Individuals with Disabilities Education Act (IDEA). This law specifies that children with special educational needs should have an Individual Education Plan developed by an Admissions and Release Committee. The committee consists of the child, the parents, school officials, and other interested parties. Over half of the children in the custody of the cabinet receive special education services under the Act.

Under IDEA, the consent of a parent is necessary for an evaluation to determine whether a child has a disability, or to begin providing services under an Individual Education Plan. For children in foster care or who are wards of the state, IDEA mandates alternate procedures for providing consent and representing the interests of the child.

The Act defines "parent" to include

- natural, adoptive, or foster parents;
- legal guardians other than the state;
- relatives acting as parents; or
- "surrogate parents" appointed by a state agency, a local agency, or by a judge, to represent the interests of the child.

In the case of a child who has been placed with foster parents or in the care of relatives, IDEA authorizes the foster parent or relative acting as parent to make decisions and grant consent regarding special education.

A surrogate parent must be appointed when no parent can be found or when a child is a ward of the state and does not have a foster parent. Under IDEA, a child in the custody of the state, but not in the care of a relative or foster parent, is considered a ward of the state. This applies when a foster child is in a residential placement. A cabinet representative, including the caseworker, cannot act as a surrogate parent for the purposes of IDEA. Federal and state

regulations derived from IDEA state that a surrogate parent must be appointed who does not work for the state or for local schools and who has no conflict of interest.

The cabinet's standard of practice related to Individuals with Disabilities Education Act may be based on a misunderstanding of the law and may create unnecessary complications.

The cabinet's standard of practice regarding IDEA states that the birth parents' consent is required for special educational services. This practice creates unnecessary complications in obtaining educational services for foster children and is inconsistent with staff's interpretation of the law. Staff urge the cabinet to reexamine its understanding of IDEA in the context of foster care and to ensure that its standard of practice is consistent with IDEA.

Kentucky Statutes and Regulations

Kentucky statutes appear to be consistent with federal law regarding the role of the courts, but a broader examination would be merited. Some statutory changes might be beneficial.

Staff did not conduct a thorough comparison of Kentucky statutes and regulations with federal law and regulation, but no instances of conflict between them came to the attention of staff. Staff did compile a list of Kentucky statutes and regulations that are related in some way to child maltreatment and dependency. The list is in Appendix C.

The UK College of Social Work's *Court Improvement Project Reassessment 2005* examined the conformity of Kentucky statutes with federal law and standards regarding the role of the courts in child maltreatment and dependency cases. The conclusion was that "Kentucky statute is in compliance with federal requirements, and in a number of ways meets best practice guidelines to which it was compared" (127). The report, however, also stated that statutory revision based on recommendations of the National Council on Juvenile and Family Court Judges, the American Bar Association and other sources should not be ruled out as a strategy for addressing areas identified as needing improvement... (127).

Staff found Kentucky statutes related to child maltreatment and dependency among numerous chapters of the Kentucky Revised Statutes, which might create difficulties in keeping the statutes consistent. Possible inconsistencies were found within the statutes. As an example, there are three statutory definitions of a "private child-caring agency" (one that provides residential care), all of which seem compatible but only one of which requires the agency to be accredited.¹ There also seems to be no requirement for accreditation of a "private child-placing agency" (one that provides

¹ KRS 199.011(6) requires accreditation; KRS 199.641(1)(b) and KRS 600.020(9) do not mention accreditation.

private foster care only). Another example is that KRS Chapter 610 generally provides for juvenile procedures of all types but often contains exceptions for certain classes of children. It might be clearer if the chapter contained only provisions that apply to all juvenile cases and if other provisions were moved to the chapters dealing with specific kinds of cases.

Staff also found that the statutory caseload standard, KRS 199.461, is out of date. Since it was enacted, the standard caseload number has fallen and best practices have changed from average to maximum caseloads. This is the subject of Recommendation 4.7.

Commission of Health Economics Control

Since 1980, Kentucky has required a Certificate of Need for developing or expanding hospitals, nursing homes, residential psychiatric treatment, and other facilities. This process is peripheral to the foster care system because it regulates residential psychiatric treatment facilities that treat youth in care. Certificates of Need were to be issued by the Commission of Health Economics Control, which remains in statute at KRS 216B.025-030. The commission is referenced in the following regulations:

- 907 KAR 1:054
- 922 KAR 20:009
- 922 KAR 20:021
- 922 KAR 20:031
- 922 KAR 20:046
- 922 KAR 20:054
- 922 KAR 20:056
- 922 KAR 20:101
- 922 KAR 20:170
- 922 KAR 20:230
- 922 KAR 20:260
- 922 KAR 20:310

Staff found that the statutes no longer contain any powers or duties of the commission, but rather have devolved these powers and duties to the Office of Health Policy (KRS 194A.030(6)). The Office the Secretary of State found a series of executive orders since June 1992 that showed the evolution of the current Office of Health Policy, Division of Certificate of Need:

- June 1992-October 1994, Interim Office of Health Planning and Certification, Executive Orders 92-311, 92-327, 92-419, 92-540;
- October 1994-July 1996, Health Policy Board, Executive Orders 93-294, 93-505, 94-346, 94-653, 94-1174;

- July 1996-July 2005, Office of Certificate of Need, Executive Order 96-862; and
- July 2005 onward, Office of Health Policy, Division of Certificate of Need, Executive Order 2005-779.

Staff suggest that the cabinet propose legislation to remove statutory references to the Commission on Health Economics Control in KRS Chapter 216B and, if deemed necessary, to include references to the Office of Health Policy. Staff also suggest that the cabinet revise its regulations to refer to the correct agency and statute.

Administrative Regulations Related to Foster Care

A comprehensive review of administrative regulations related to child welfare might be beneficial.

Staff found that there were a number of instances in which the cabinet's administrative regulations could be improved. The following are a few examples:

- 922 KAR 1:350 §8 defines a "Specialized Medically-fragile Resource Home" in a manner that is essentially identical to that of a regular "Medically-fragile Resource Home" (§6). There is a definition of "specialized medically-fragile child" at §1(10) that might remedy the problem, but §8 should be consistent with the definition.
- 922 KAR 1:310 §4(3)(h) and (j) do not specify how a private foster care agency is to verify the income of the prospective resource family. Failure to verify this information independently of the family's own statement appears to have contributed to a foster care death in Ohio in August 2006 (McLaughlin).
- Comparison of 922 KAR 1:310 §5 and 922 KAR 1:350 §9 suggests that the requirements for orientation and preparation of private foster parents are less stringent than those for regular state resource parents. Because most private foster homes will provide therapeutic care, their requirements should be more stringent than those for even the most specialized resource homes.

Program review staff suggest that a comprehensive review of Kentucky statutes and regulations related to child maltreatment and dependency be conducted.

Liability Issues

Legal liability might arise regarding the actions of caseworkers, the outcomes of cases, and the policies of the cabinet. These will be considered briefly in turn.

Liability for Actions of Caseworkers

If a caseworker is acting in an official capacity and within the scope of his or her duties, sovereign immunity applies. Because social work involves professional judgment, caseworkers are given a broadly construed immunity in exercising that judgment. However, if there is a question whether the actions were within the scope of official duties and practice, a lawsuit might proceed. If so, the cabinet decides, based on the situation, whether to allow the caseworker to continue performing his or her duties and whether to pursue disciplinary action.

When a caseworker faces criminal charges or is sued for acting outside the scope of his or her duties, the cabinet will not represent that caseworker. When a caseworker faces contempt charges, the cabinet determines on a case-by-case basis whether the caseworker was acting within the scope of his or her duties. According to cabinet officials, a Jefferson County caseworker who was jailed for contempt in December 2005 was acting outside the scope of her duties, but the cabinet did put her in contact with an attorney who offered to represent her for a reduced fee.

The cabinet also is protected by sovereign immunity. Only claims of negligence may be filed, and those must be through the Board of Claims under KRS Chapter 44. The cabinet has, in the past, paid judgments against it in the Board of Claims, usually due to harm or damage caused by a foster child.

Liability for Case Outcomes and Policy

The cabinet is facing a number of state whistleblower lawsuits in northern Kentucky in which former employees claim they faced retribution for attempting to correct problems in the foster care system. In addition, the same plaintiffs have filed some related claims in federal court. All these lawsuits have been filed through one attorney. According to cabinet officials, this is a unique occurrence. The cabinet has retained outside counsel in these cases.

Cabinet officials reported that the typical lawsuit against the cabinet is a federal civil rights claim under the Civil Rights Act of 1871 (42 USC 1983) asserting that the child should not have been removed. The officials stated that these cases usually are dismissed and none has resulted in judgment against the cabinet. Currently there are two or three such cases pending.

Other states have faced lawsuits in federal court regarding the quality of their child protection and foster care services. Several states are operating under court-ordered settlements, including Washington, New Jersey, Utah, and Georgia. Program Review staff and cabinet officials are not aware of any plans for any entity to sue Kentucky in this manner.

Statutorily Required Reports

The cabinet and other agencies are statutorily required to provide reports to the Legislative Research Commission (LRC). Some of these reports identified by staff are shown in Table 2.1.

Statute requires many evaluations and reports. Some reports appear to be overdue; some appear to overlap with federal reporting requirements.

As noted in Chapter 1, the strategic report required by KRS 194A.146 has not been produced because the responsible committee has not existed for several years. LRC Health and Welfare Committee staff stated they have no record of receiving a foster care reimbursement rate report or a Court Appointed Special Advocate report. A Citizen Foster Care Review Board report for 2005 has been published, but the Health and Welfare Committee staff had no record of receiving it.

The statute that requires an evaluation of family preservation does not explicitly state that a report should be produced or that such a report should be provided to LRC or to any other entity. To the knowledge of one cabinet official, no such evaluations have been done in the past several years. Although they are outside the scope of this study but because of the importance of family preservation services, staff recommend that the cabinet conduct the required evaluation on an annual basis and urges the cabinet to provide a report of the results to the LRC Health and Welfare Committee.

Table 2.1
Statutory Reports Related to Foster Care

KRS	Report Contents	Frequency and Due Date	Last Done or Received
164.2847	Children participating in the Tuition Waiver Program	Annually on October 1	1/13/2006
164.2847	Graduation rates of participants in the Tuition Waiver Program	Annually on November 30	1/13/2006
194A.146	Strategic data on children in placement	Annually by December 1	1999?
194A.365	Children in custody of the cabinet	Annually by December 1	2005
199.461	Caseload in excess of 25	Anytime the average caseload exceeds 25 for 90 consecutive days	N/A*
199.565	Swift adoption status	Quarterly	2006
200.600	Evaluation of family preservation	None specified	Unknown**
211.684	Child fatality review	Annually by November 1	9/1/2005
605.120	Foster care reimbursement rates	Biennially in October of odd-numbered years	No record
620.320	Citizen Foster Care Review Board activities and recommendations***	Annually	2005
620.535	Court Appointed Special Advocates Association assessment and recommendations***	Biennially by February 1 of odd-numbered years	No record

* This report has not been required for several years because average caseloads have not exceeded 25.

** Statute requires the secretary of the cabinet to conduct the evaluation but does not require a report be provided.

*** These reports are the responsibility of the agency listed, not the cabinet.

Source: Program Review staff review of statutes and survey of other LRC committees.

These statutory reports are numerous and require significant resources to produce and to interpret once received. The cabinet also has to produce reports for the federal government. It appears that federally required reports include some, perhaps most, of the information required by Kentucky's statutory reports. Staff recommends that the cabinet propose ways to consolidate the many required reports, perhaps substituting some of the federally required reports for state reports.

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.

Foster Care Standards of Practice

The cabinet's standards of practice appear generally to conform to statutes, regulations, and best practices. Some improvements could be made.

The Division of Protection and Permanency maintains extensive Standards of Practice that guide caseworkers, supervisors, and regional office staff in the performance of their duties. The standards are based on and attempt to be in conformity with federal laws and regulations, Kentucky laws and regulations, Council on Accreditation standards, and best practices in child welfare. Although staff did not conduct a thorough review of the standards of practice, staff found that the standards appear comprehensive and generally in conformity with statutes, regulations, and outside standards.

Staff did find a number of possible improvements to the Standards of Practice, including but not limited to

- SOP 2.2(4) erroneously employs the terms “private child-caring” and “PCC.” It should be “private child-placing” and “PCP” throughout the section.
- SOP 3A.1(13) does not specify how the caseworker is to verify the income of the prospective resource family. Failure to verify this information independently of the family’s own statement appears to have contributed to the foster care death in Ohio in August 2006.²
- SOP 3A.3(5) uses a generic term “community facilities” but does not operationally define what the term refers to.
- SOP 3B.7(4) states that specialized medically-fragile resource homes are eligible for three additional respite days per month for a total of four, but 922 KAR 1:350 §13(5)(c) specifies a total of three.
- SOP 7D.19(3) incorrectly states the timeframes given for adjudication and disposition. Both must be completed within 45 days of the temporary removal hearing, regardless of who has custody.
- SOP 7E.1.14(4) appears to require all visits between a child and parents or siblings to be supervised, but SOP 7E.1.14(9) indicates that some visits might not be supervised.
- SOP 7E.3.4 does not indicate a corresponding Council on Accreditation standard, but staff found that council standards S21.4.02 and S21.4.03 should apply.
- SOP 7E.5.6 implies that the birth parents’ consent is required for special educational decisions. Staff interpretation of federal law suggests that foster parents have the authority to consent

² Staff noted that 922 KAR 1:310 §4(3)(h) and (j) also do not specify how the income of a private foster parent should be verified.

for these services. Staff also found other inaccuracies in this standard of practice.

Staff urge the cabinet to review its standards of practice in order to correct inconsistencies and ensure that all its practices meet best practice standards.

Oversight of Kentucky's Child Protection System

The child protection system, including foster care, is subject to oversight from a number of bodies. Table 2.2 lists many of these bodies and their roles. This section describes some of the oversight bodies in more detail.

Types of Courts and Their Roles

As described in Chapter 1, the courts play a pivotal role in making decisions about children as they enter, remain in, and leave foster care. Most decisions regarding foster care either are made by the courts or are subject to review by the courts. This section briefly discusses the types of courts and their specific roles.

District Court. Traditionally, child maltreatment and dependency cases have been brought in the juvenile division of District Court. In counties without a Family Court, this remains true today. Judges in a district conduct all of the hearings until the child's case is closed or termination of parental rights is sought. They take the dependency, neglect, and abuse docket in rotation, but generally the same judge conducts all the hearings for each child (University of Ky. College. Training. *Court* 86).

Circuit Court. Traditionally, the Circuit Court has become involved in child maltreatment and dependency cases when the cabinet sought termination of parental rights and finalization of adoption. The Circuit Court also hears appeals of decisions made by the District Court (KRS 620.155). In counties without a Family Court, this remains true. Judges in Circuit Court usually do not have prior knowledge of the cases coming before them.

Table 2.2
Bodies Overseeing Foster Care in Kentucky

Oversight Body	Role
Courts	Make all legal determinations of child maltreatment and dependency. Make all determinations of custody. Approve all permanency plans. Decide all terminations of parental rights. Decide all adoption finalizations.
Court Improvement Project	Improve court performance in child welfare cases.
Guardians <i>ad litem</i> and court-appointed counsel	Represent the best interests of the child and parents, respectively, in court.
County Attorneys	Represent the cabinet in court in most cases until termination of parental rights. Pursues child support. May initiate removal petitions.
Court Appointed Special Advocates	Conduct in-depth review of a child's situation and make recommendations to the court.
Citizen Foster Care Review Boards	Local: Review every foster care case at least every 6 months. State: Compile information regarding foster care and make recommendations regarding the system.
Interested Party Reviews pilot project	Review case documentation and conduct interviews with case members, caseworkers, and other parties involved in the case.
Council on Accreditation	Voluntary on the part of Kentucky. Periodically certify that Kentucky meets the standards of the council regarding child protection and foster care.
Federal Administration for Children and Families/Children's Bureau	Ensure that federal targets are being met for safety and stability. Conduct periodic Child and Family Services Reviews. Oversee states' Program Improvement Plans.
Continuous Quality Improvement	Internal DCBS process to improve casework quality.
Citizen Review Panels	Conduct wide-ranging reviews of the foster care system and make recommendations.
Office of the Ombudsman	Receive and handle general complaints, service complaints, and service appeals.
Division of Administrative Hearings	Conduct hearings regarding services and treatment.
Office of Inspector General	Investigate allegations of improper conduct.
Division of Regulated Child Care	License private foster care and residential care agencies. Investigate complaints against such agencies.
Children's Review Program	Monitor the services provided by private foster care and residential care agencies. Determine level of care for each child for private agency reimbursement.
Independent child welfare researcher	Measure foster care outcomes and connect outcomes to standards of practice and services provided. Assist in developing good ways to track foster children and the services provided through casework.

Source: Compiled by Program Review staff.

Family Courts appear to have better outcomes than District Courts do in child maltreatment and dependency cases. The court system plans to expand Family Courts to all counties.

Family Court. In recent years, more Family Courts have been created in Kentucky. The first pilot Family Court began in Jefferson County in 1991. Now the Family Court is a division of the Circuit Court and is embodied in Section 112 of the Kentucky Constitution via a constitutional amendment passed in 2002. Its jurisdiction is defined in KRS 23A.100 to encompass the District and Circuit Court responsibilities in child protection as well as other areas of family jurisprudence.

Child welfare cases brought in Family Court can be heard by the same judge from removal through permanency. The UK College of Social Work's *Court Improvement Project Reassessment 2005* report stated:

The balance of the data suggests that jurisdictions with family courts generally perform better than those without on numerous indicators, including comprehensiveness of the Court's approach to cases, preparation and accessibility of professionals, and the thoroughness of judicial review of the implementation and outcomes of services to families and children (129).

According to the Child Protection 2006 Conference presentation materials, "As of June 2006, family courts exist in 43 counties, with 17 counties to be added in January 2007 and 11 counties later in 2007" (Commonwealth. Administrative. Kentucky 39). There are plans to have them eventually for all counties.

Appeals Court. The Court of Appeals is available to hear appeals of lower court decisions, including child maltreatment and dependency cases. Frequently, orders for involuntary termination of parental rights are appealed.

Closed Versus Open Hearings. Closed child maltreatment court proceedings are the law in Kentucky and the norm in the nation. However, as many as 11 states hold child maltreatment and dependency hearings in open court (KidsCounsel 1). In a Minnesota pilot study of open child welfare proceedings, the National Center for State Courts found benefits such as:

enhanced professional accountability, increased public and media attention to child protection issues, increased participation by the extended family, foster parents and service providers in child protection proceedings, and openness of judicial proceedings in a free society (viii).

Court Improvement Project Findings. The UK College of Social Work's *Court Improvement Project Reassessment 2005* reported that the court system has created an expedited appeals process that has improved permanency timeframes. At the same time, the report cited some evidence of inconsistency in following statutory procedures and insufficient time and lack of rigor in permanency hearings and other contested hearings. The reassessment also found a lack of active court oversight in some areas of the state, particularly those without Family Courts. The report suggested additional training as a way to alleviate some of these problems where they exist. The report found that courts tend not to review decisions to return the child home. The report also found that judges and clerks reported having too many cases to handle effectively.

Program Review staff support the Administrative Office of the Courts in continuing the Court Improvement Project to address these areas of concern. Staff also encourage the courts to provide the General Assembly with suggested actions that might help the court process.

County Attorneys

County attorneys represent the Commonwealth in court for the hearings prior to termination of parental rights.³ The county attorney has an independent prosecutorial role, however, and does not represent the cabinet *per se*. According to the Administrative Office of the Courts, the county attorney "is obligated to seek the truth as well as to uphold the statutes" regardless of the opinions of others in the case (Commonwealth. Administrative. Kentucky 31). For example, the county attorney may petition the court for removal if he or she does not agree with the cabinet's decision. County attorneys also represent the Commonwealth in child support actions, including those involving foster children.

The UK College of Social Work's *Court Improvement Project Reassessment 2005* raised some concerns about the level of involvement and motivation of some county attorneys. Staff note the reassessment's suggestion that the Administrative Office of the Courts consider targeting county attorneys for training on their role.

³ For the termination of parental rights and adoption hearings, the cabinet's own attorneys usually are used.

Legal Counsel for Children and Parents

Many issues have been raised regarding guardians *ad litem*. The fee structure, quality of representation, and training have been questioned.

An attorney appointed to represent the best interests of the child is known as a guardian *ad litem*. KRS 620.100 requires an attorney to be appointed for the child in all dependency, neglect, and abuse cases. It also specifies that the maximum fee allowed for the attorney is \$250 if the final disposition is in District Court and \$500 if the final disposition is in Circuit Court (or Family Court).

An attorney also must be appointed to represent the child's parent if the family cannot afford counsel, and the statute allows the court to appoint counsel for a nonparent who exercises custodial control or supervision of the child (KRS 620.100(1)(b)). In these situations, the maximum fee allowed for the attorney is the same as for the child's counsel.

Many questions have been raised regarding the qualifications, performance, and reimbursement of court-appointed counsel in these cases.

The UK College of Social Work's *Court Improvement Project Reassessment 2005* issued this finding regarding counsel for children:

Guardian *ad litem* [GAL] practice remains an important area in need of focus. Despite the availability of GAL training through [the Administrative Office of the Courts], more than half [of the] responding judges do not require any experience or training of attorneys they appoint as ... guardians. Further, concerns regarding the functioning of GALs were clearly identified in both quantitative and qualitative data. Respondents report a perception that in general they do not gather appropriate information before the day of court. A substantial number of respondents indicated that GALs do not perform important activities such as reading the Cabinet record, and talking to the worker, child or foster parents (131).

The training of guardians *ad litem* is a matter of compliance with federal statutes. The Child Abuse Prevention and Treatment Act requires a state to certify that all the attorneys appointed in child protection cases have received training as guardians *ad litem*. Although the funding impact would be small, it is possible that some federal funding would be jeopardized by having untrained attorneys appointed. Staff interviews with persons involved in the courts suggested that there are not enough trained attorneys in

some parts of the state, so judges are forced to appoint untrained counsel.

Some interviewees also pointed to the low fee structure as a possible reason for the shortage of guardians *ad litem*. The Finance and Administration Cabinet provided a memorandum outlining the issues related to reimbursement. The memo is reproduced in Appendix D. In addition to the low fee structure, the Finance and Administration Cabinet reported that for the past several fiscal years the General Assembly has allocated insufficient funds for payment of court-appointed counsel in child protection cases.

In 1997, the Citizen Foster Care Review Board recommended that guardians *ad litem* be paid an hourly fee and be retained from the beginning of the case through termination of parental rights (Commonwealth. Administrative. Citizen. *Mandated*). A special commission on guardians *ad litem* issued a number of recommendations in 1999. The commission's report is included in Appendix D.

Staff urge that further study be done on the quality and reimbursement of court-appointed counsel for children and families.

Court Appointed Special Advocates

According to the National CASA Association Web site:

in 1977, a Seattle judge conceived the idea of using trained community volunteers to speak for the best interests of abused and neglected children in court. So successful was this program that soon judges across the country began utilizing citizen advocates. In 1990, the U.S. Congress encouraged the expansion of CASA programs with passage of the Victims of Child Abuse Act.

CASA volunteers are appointed members of the court. The volunteers usually have much more contact with the child and other involved parties than does the guardian *ad litem* or even the caseworker. Judges take seriously the information CASA volunteers present to them (University of Ky. College. Training. *Court* 91).

CASA volunteers sometimes assist with transporting the child to various venues, such as sibling visitation. Volunteers can uncover child behavioral and mental health problems, so they provide valuable information to foster parents, caseworkers, and judges.

Some research has shown that the use of CASA volunteers has resulted in fewer reentries into care and a higher rate of adoption (Piraino).

According to Kentucky CASA officials, it is difficult to get people to serve as CASA volunteers. Early in 2006, there were 517 volunteers in Kentucky. Volunteers have a 1-year commitment but can stay longer. By the end of 2006, the officials said they plan to have 23 programs serving 30 counties. Ideally CASA would like to have a one-to-one correspondence between volunteers and children. The cost per child is about \$710 per year, but CASA receives no state funding. CASA officials assert that they save the state money.

Citizen Foster Care Review Boards

Review boards provide important case information to the courts and produce an annual report with recommendations for improving the foster care system.

Citizen Foster Care Review Boards are mandated by KRS 620.270(1) to perform case reviews on the files of all children who are committed to the cabinet in order to ensure their permanency. Case files must be reviewed once every 6 months until permanency is achieved. The boards send their findings and recommendations to the judge assigned to the case and to the cabinet.

The Administrative Office of the Courts has administered the boards since 1987. One hundred forty-two boards operate in all 120 Kentucky counties, with more than 750 volunteers serving. Volunteers are certified and must maintain a minimum of six continuing education credit hours per year. During FY 2004, the boards conducted 23,133 case reviews of 8,333 children.

A state foster care review board oversees the activities of the local boards, publishes an annual report on the effectiveness of the boards, and makes annual recommendations regarding the foster care system. Recent annual reports are available at the Kentucky Court of Justice Web site.

Interested Party Reviews Pilot Project

Interested Party Reviews are the only extensive oversight review that includes all the parties involved in a case.

The Administrative Office of the Courts began a pilot project in 2004 to conduct more in-depth foster care case reviews than the Citizen Foster Care Review Boards. Interested Party Reviews are conducted by trained volunteers from the review board membership. The reviewers use the case documentation to conduct interviews with parties having a role in the case, such as

- parents of children in the case,
- attorneys representing the parents,

- guardians *ad litem*,
- Cabinet for Health and Family Services caseworkers and supervisors,
- mental health professionals involved in the case,
- Court Appointed Special Advocates, and
- foster parents.

Although these reviews are more time consuming than those conducted by the review boards, they are the only independent forum outside the courts at which many points of view can be heard and clarified in person. Staff encourage the Administrative Office of the Courts to follow up with an evaluation of the Interested Party Reviews and to make recommendations on how they can best be used to enhance the quality of foster care.

Kentucky's Accreditation

Kentucky is one of only four states with accredited child welfare agencies. Overall, accreditation seems to have helped Kentucky.

Since 2002, Kentucky's child protection system has been accredited by the Council on Accreditation. Kentucky, Illinois, Louisiana, and Arkansas are the only states so far to have agencies accredited by the council (Council. *Public*). In 2005 and 2006, the council returned to Kentucky for a reaccreditation review. As of this writing, the results of that review are unknown.

Staff found that accreditation has provided a helpful incentive to the cabinet to improve the system. Some significant improvements required by the council are

- caseload limits for different kinds of cases,
- Continuous Quality Improvement process,
- routine surveys to obtain feedback from clients and participants, and
- training standards for caseworkers.

The Child and Family Services Review

The Child and Family Services Reviews (CFSRs) determine whether a state conforms with federal guidelines. States that fail to conform face monetary penalties.

With the advent of the Adoption and Safe Families Act in 1997, states were required to participate in Child and Family Services Reviews (CFSRs). The CFSR is designed to monitor and help states' abilities to achieve positive outcomes for children and families in out-of-home-care. The Administration for Children and Families (ACF) conducted the on-site case review in Kentucky in March 2003. ACF published its final report on the review in June 2003. The Key Findings Report for Kentucky is reproduced in Appendix E.

The review was based on the following informational sources:

- the Statewide Assessment prepared by the Cabinet for Families and Children;
- the State Data Profile prepared by the Children's Bureau of ACF;
- reviews of 50 cases in total, divided among three sites throughout the state; and
- interviews or focus groups (conducted at the three sites and at the state level) with stakeholders including but not limited to children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, and attorneys (U.S. Dept. Administration. Children's. *Final 1*).

ACF found some deficiencies in the state foster care system as a result of its case review. Only 7.1 percent of the cases reviewed were rated as having substantially achieved permanency and stability for children. Areas needing improvement included adoption, permanency goal and reunification, guardianship, and placement with relatives. Agency and court-related barriers to achieving permanency appear to be operating, according to ACF interviews with system stakeholders. Some examples of court-related barriers are court appearances, length of termination of parental rights appeals, and the reluctance of the courts and attorneys to pursue nonreunification permanency goals. An example of an agency-related barrier is caseworker failure to submit necessary court paperwork in a timely manner (U.S. Dept. Administration. Children's. *Final 1*).

The ACF case review study also found some foster care system strengths. These were reducing risk of harm to children, ensuring permanency for children, placing children close to parents or relatives, and meeting children's educational and physical health services needs. The study also found that the percentage of children reunified in federal FY 2000 who were reunified within 12 months of entry into foster care met the national standard (U.S. Dept. Administration. Children's. *Final 2*).

Even with these strengths, Kentucky was found not to be in substantial conformity with six of the seven child and family outcomes. Additionally, Kentucky did not meet the national standards on five outcome measures: recurrence of substantiated child maltreatment within 6 months of a prior substantiated maltreatment, incidence of maltreatment of children in foster care, rate of foster care reentries within 12 months of discharge from a previous foster care episode, percentage of finalized adoptions

occurring within 24 months of a child's entry into foster care, and percentage of children experiencing no more than two placements during the first 12 months in foster care (U.S. Dept. Administration. Children's. *Final 2*).

No state was found to be in full conformity in the first round of CFSRs.

How Other States Fared on Child and Family Services

Reviews. According to a *USA Today* article, all 50 states failed to conform fully with all the CFSR standards. One important standard, stating that children in foster homes should have "permanency and stability in their living situations," was not met by any of the states (Koch 1).

Table 2.3 shows how Kentucky and neighboring states performed on the seven safety, permanency, and well-being outcomes; the seven systemic factors; and the six national standards.

Table 2.3
Performance of Kentucky and Neighboring States
on Child and Family Services Reviews

State	Outcomes (out of 7)	Systemic Factors (out of 7)	National Standards* (out of 6)
Kentucky	1	5	1
Missouri	0	5	1
Illinois	0	5	1
Ohio	0	6	0
West Virginia	0	6	4
Tennessee	0	4	1

*States were not penalized for failing to meet national standards.

Source: Program Review staff compilation of information from U.S. Dept. Administration. Children's. *Child and Family Services Reviews State*.

As can be seen, Kentucky performed about as well as the neighboring states. All these states have plenty of work to do in order to meet national standards and to improve conformity on outcomes and systemic factors associated with the CFSR.

Kentucky faced substantial penalties in 2003, but they were suspended pending completion of a Program Improvement Plan.

CFSR Financial Penalties for Noncompliance. The federal government has devised a plan to impose monetary penalties on states that are found to be not in conformity with the CFSR standards. Specifically, the plan calls for "withholding federal funds due to failure to achieve substantial conformity or failure to successfully complete a program improvement plan" (45 CFR 1355.36). Thus far, no states have been assessed any financial penalties.

CFSR penalty calculations are based on the following formula:

- A portion of the state's Title IV-B and IV-E funds will be withheld by ACF for the year under review and for each succeeding year until the state either successfully completes a program improvement plan or is found to be operating in substantial conformity.
- The penalty pool (the amount subject to penalties) for each federal fiscal year is the state's allotment of Title IV-B funds plus 10 percent of the state's federal claims for Title IV-E foster care administrative costs for that year.
- For each of the seven CFSR outcome factors and for each of the seven CFSR systemic factors with which a state is not in substantial compliance, a percentage of the penalty pool will be withheld. The percentage increases with each CFSR review. Table 2.4 shows the percentages for each factor and the maximum for each review.

Table 2.4
Child and Family Services Review Penalties
To Be Withheld From a State's Penalty Pool

Number of Reviews at Which the State Failed To Comply on a Given Factor	Per CFSR Factor	Maximum Penalty
One review	1%	14%
Two reviews	2%	28%
Three or more reviews	3%	42%

The penalty is applied separately for each factor. The penalty is calculated from the first review in which a state is not in conformity with that factor, and increments are added if the state remains continuously out of conformity in subsequent reviews.

Source: Staff compilation of information from 45 CFR 1355.36.

The cabinet provided an estimate of the penalties that might have been levied against Kentucky in federal FY 2003. Because Kentucky was not in substantial conformity for 8 of the 14 CFSR factors, the penalties would have been 8 percent of the penalty pool. Table 2.5 shows the calculation. If the penalties had been assessed, the bottom line amount in subsequent years would have been higher because increases in federal funding would have led to a larger penalty pool.

Table 2.5
Estimate of Child and Family Services Review Penalties
Applicable to Kentucky (Federal FY 2003)

Title IV-B Funds	\$11,375,817
Title IV-E Admin Funds (\$12,844,784 @ 10%)	\$1,284,478
Total Penalty Pool	\$12,660,295
Applicable Factors (8 @ 1%)	x 0.08
Total Possible Penalty	\$1,012,824

Source: Staff compilation of information provided by DCBS.

Because Kentucky undertook and successfully completed a Program Improvement Plan, the Administration for Children and Families suspended the penalties against Kentucky. If Kentucky is not in substantial conformity on these measures in the next CFSR, back penalties could be applied with interest.

Staff noted that the federal penalty calculation appears to have been designed to minimize the impact of penalties on the funding of foster care. As a result, however, the bulk of the penalties are assessed on preventive services funding, which already was low in comparison.

Program Improvement Plan. In response to CFSR in 2003, the cabinet developed a Program Improvement Plan (PIP) to address areas of nonconformity. In January 2006, the cabinet published the *Program Improvement Plan Final Report*. According to the report, Kentucky has made improvements over the past 3 years as listed in Table 2.6.

Table 2.6
Kentucky's Program Improvement Plan: Overview of Progress and Initiatives

Achievement	Strategies for Success
<i>Safety Indicator 1: Children are first and foremost protected from abuse and neglect.</i>	
Recurrence of child abuse and neglect reduced from 8.6% to 7.0%.	Made commitment to change: examining and understanding the causes, coaching and mentoring throughout the agency, the Continuous Quality Improvement System.
	Family team meetings: increased for in-home cases from 31.2% to 43.4% in last year of PIP.
	In-home contacts with parents: increased from 69.4% to 82.5% of all cases having a regular visit in-home (once in 3-month period).
	Quality Case Work: improved practices related to preventing repeat maltreatment from 64.2% to 78.9%.
	Visits to families for in-home cases improved from 69.4% to 82.5%.
	Improved training: coaching, mentoring, Court Improvement Project.
<i>Safety Indicator 2: Children are safely maintained in their home whenever possible and appropriate.</i>	
Improved the overall quality of casework from 76.9% to 82.8% compliance with best practice standards.	Family team meetings: increased for in-home cases from 31.2% to 43.4% in last year of PIP.
	Improved quality of casework for services provided to families to prevent removal from 72.2% to 84.7% compliance with best practices.
	Diversion programs in two regions using private providers: especially effective with providers that had a strong clinical base and service delivery system.
<i>Permanency Indicator 1: Children have permanency and stability in their living situation.</i>	
Reentry into foster care in 12 months or less reduced from 11.2% to 10.2%.	Made commitment to change: examining and understanding the causes and barriers in two age groups (10 and younger and 10 and older at first entry into foster care), coaching and mentoring throughout the agency, the Continuous Quality Improvement System.
	Court Improvement Project to sensitize judges to child/family needs and improve collaboration.
	Extend services after reunification to stabilize family.
	Training: enhanced safety and permanency.
	Family team meetings for exits and reentries increased 5-7% in the last year of the PIP.
	Improved face-to-face contacts with parents of children in care from 62.1% to 68.3% of compliance.

Continued on next page

Achievement	Strategies for Success
Placement Stability: improved rate of children with 2 or fewer placements from 76.7% to 87.8%.	Family team meetings for children in care increased from 40.7% of cases to 45.3% of cases.
	Diligent recruitment to more closely match child needs with family skills and abilities.
	Improved rate of visits to children in DCBS and private child care placements.
	Improvement in use of best practices for ensuring stability in care from 74.7% to 78.1%.
	Increased the number of DCBS foster homes by 79 homes while closing homes and improving match of homes with child needs.
Adoption in 24 months or less from most recent entry into care: increased from baseline of 16.2% to 29%	Permanency teams in every region to streamline and simplify the adoption process.
	Court Improvement Project initiatives begun including Adoption Days.
	ASFA exception report tracked quarterly by service region administrators with reasons for exceptions and plan for correction.
	Target recruitment to match children with adoptive homes.
	Improve court/agency understanding and collaboration.
	Engage community partners in helping to find adoptive homes.
	Track times and implement actions to shave off time at each step toward adoption.
<i>Permanency Indicator 2: Maintaining continuity in relationships.</i>	
Improved through first year of PIP to achieve significant progress, but progress declined in second year.	Enhanced safety and permanency classes.
	Placement with siblings and relatives increased initially, but then leveled off or declined.
<i>Well Being Indicator 1: Families have an increased capacity to provide for their children's needs.</i>	
Improved case work quality and use of best practices from 66.1% to 69.4%.	Family team meetings at key points in ongoing cases for children in care improved from 40.7% of cases to 45.3% of cases that had at least one such meeting in the life of the case.
	Improved quality of case work around providing for family services and needs from 72.5% to 79.3%.
	Improved best practices of engaging the family and youth in case planning from 61.6% to 67.5%
<i>Well Being Indicator 3: Children receive adequate services to meet their needs.</i>	
Flat to inconsistent performance on overall casework.	Improvement in providing mental health services from 69.2% to 82.6%.

Source: Compiled by Program Review staff from DCBS document (Commonwealth. Cabinet. Dept. *Program* 16-18)

Rather than waiting 2 or more years for the federal compilation of state data, Kentucky decided to develop a data system to provide immediate feedback on progress toward PIP goals. The federal government has agreed to accept information from the Kentucky PIP data system as evidence of the program's progress. All states report PIP data to the federal government. Few other states have such a PIP data system.

According to cabinet officials, for most PIP indicators, the federal numbers from March 2003 are used as the baseline. Some items were added after a year to track certain factors, and these were approved by the federal government. One change was splitting the reentry into care measure into two measures by age: those age 11 and younger and those older than 11.

Cabinet officials reported that the quality of adoption casework has shown tremendous improvement. The original federal review of 50 cases found no children who were adopted within 24 months, which was the lowest in the country. Now the figures are far above the PIP target but still below the 32 percent federal goal. Twelve states have achieved the 32 percent level, and Kentucky continues to improve. Cabinet officials stated that finalizing adoptions within 24 months implies that the system has demonstrated vitality and the ability to meet the significant needs of foster children and to provide the necessary services. The federal government has verified the Kentucky data.

Cabinet officials indicated that another PIP benchmark measure is the percentage of children who have been in care more than 12 months who still have a goal of reunification with their birth families. The goal is to decrease this percentage. ASFA requires that termination of parental rights be considered in the 15- to 22-month range and the state must explain why termination of rights is not an option.

The Administration for Children and Families notified the cabinet about Kentucky's progress in completing the action steps associated with the outcome and systemic factors on the PIP in a March 2006 letter to the secretary. The letter congratulated the cabinet on completing all work associated with the 100 action steps in the outcome areas of safety, permanency, and well-being; the 23 action steps in the systemic areas of case review and service array; and the 40 action steps associated with five initiatives of the PIP: continuous quality improvement process; Kentucky CFSR; coaching, mentoring, and monitoring; family team meetings; and court improvement project.

Kentucky reached or exceeded the agreed amount of improvement on three of four national PIP standards: foster care reentries, stability of placement, and adoption. Kentucky did not reach the improvement goal for recurrence of maltreatment.

Kentucky met its improvement goals toward six of seven PIP indicators: repeat maltreatment; foster care reentries; adoption; preserving connections; needs and services of children, parents, and foster parents; and worker visits with child. The state did not meet the improvement goal with regard to the timeliness of investigations.

ACF noted that Kentucky has been less than successful in sustaining performance levels in areas of adoption, preserving connections, and worker visits with child.

ACF did have some words of praise for Kentucky:

The State is to be commended on its implementation of several different strategies and the positive outcomes seen both in PIP implementation and program improvement. During PIP implementation, Kentucky placed a high priority on research and provided training to State Office and field personnel on the interpretation and utilization of data. It has also developed the *Data at a Glance* system which is reported to be an extremely effective tool for staff. The University Training Consortium appears to be a strong partner with the agency helping to establish effective training programs and curricula for staff. Additionally, the State has demonstrated its commitment to collaborative relationships with a number of community partners, as well as worked to enhance relationships between the agency and the courts. The State was able to establish an additional family court in the State during the implementation period and plans to add more during the coming years (U.S. Dept. Administration. Letter 2).

Kentucky's Program Improvement Plan was successful on all but one federal outcome. A 1-year extension was granted until March 2007 to resolve that issue.

ACF also indicated that:

Kentucky will be required to enter into a one-year period of non-overlapping data to track progress in meeting the goals for Safety Outcome 1 related to Recurrence of Maltreatment and Timeliness of Investigations. Penalties associated with Safety Outcome 1 will continue to be held in abeyance during this period which will begin on April 1, 2006 and end March 31, 2007 (2).

ACF suggested that Kentucky seek appropriate technical assistance in working toward better addressing the safety needs of foster children in the state. ACF also indicated that it is interested in actual outcomes in terms of changing foster care practice and improving outcomes for children and families. The entire letter is reproduced in Appendix E.

Caseworker and supervisor survey comments about PIP also were mixed. Some felt the process yielded positive changes for Kentucky's foster care system and others felt that some deleterious effects flowed from it, such as damaging caseworker morale.

Below are two quotes that capture these sentiments.

Interesting process! Beneficial/positive changes have occurred due to the PIP.

The Federal expectations are also too high considering there are not additional resources given to meet them. While there were several positive changes made as a result of the PIP, it also reinforces all the things the frontline worker is not doing. This severely damages morale and the worker's ability to feel like they are making a difference.

New CFSR Standards. The Administration for Children and Families has developed a new set of CFSR standards for the second round of reviews. Targets for states have been raised. The new CFSR standards include both old and new elements. They continue to use the same state reporting data sets, keep the same outcomes and systemic factors, and retain the same basic state performance review structure, but they refine the process and generate Permanency One outcome composite scores based on analysis of existing data. For additional details about the calculations, measurements, and methodology supporting the new CFSR standards, see Appendix E.

Case Reviews in Preparation for CFSR. A cabinet official described a review process that Kentucky performs based on the CFSR protocols. Six cases are randomly selected from each service region annually (twice a year for KIPDA Jefferson service region). Each case is reviewed on-site in depth, including interviews with the parties and community partners involved. Information from various reviews is provided to the field supervisors and caseworkers. With the reduction in regions from 16 to 9, it is not clear whether the number of reviews will be reduced. Staff encourage the cabinet to continue to conduct the same number of reviews overall by distributing them among the new regions.

Validity of Accreditation and Federal Reviews

The U.S. Government Accountability Office and others have criticized the CFSR process.

Critique of the Child and Family Services Review Process. It should be noted that the Child and Family Services Review process is not without its critics. Questions have been raised about its methodology.

An official of the Government Accountability Office (GAO) testified in May 2004 to Congress about the limitations of the CFSR process and methodology. She stated that ACF and many state officials believe that CFSR is a valuable process. She also noted that some child welfare experts indicated that data enhancements could improve its reliability. She noted that the state officials and child welfare experts in the five states that GAO had visited said there were inaccuracies in the data they submitted to ACF that were used to establish national standards and to determine if states are in substantial conformity with those standards. Therefore, several state officials and child welfare experts questioned data accuracy as it related to compiling state profiles and establishing national standards (Ashby 5, 9). Other concerns expressed by officials and experts were that existing child welfare practices might conflict with steps required to reach the national standards, that the 50-case sample review is too small to provide an accurate assessment of statewide performance, and that sometimes only one or two cases were used to evaluate states' performance on a CFSR item because not every case is applicable to each item measured (10).

To address the issue of whether or not a 50-case sample review would produce reliable results, GAO performed some calculations in which they assumed that the attribute of interest occurred in approximately 50 percent of the cases. GAO determined that a sample size of 50 cases would produce a margin of error of plus or minus 14 percentage points at the 95 percent confidence level, suggesting that the sample size of 50 cases is inadequate for CFSRs (10). Because some items had only one or two applicable cases, the margin of error would increase dramatically. For instance, Program Review staff calculated that the margin of error for an item score based on a sample of two cases would be approximately 69 percent, which renders the result statistically meaningless.

The National Coalition for Child Protection Reform published a critique of the CFSR in 2003. Its critique also found that the sample size was too small and that the sample was not entirely random. Three hundred cases are identified by the Department of

Health and Human Services for potential review, but the state agency selects the final 50 cases from the initial 300. Additionally, the final 50 cases are identified well in advance of the actual federal review (2). The coalition also noted several other potential problems with the CFSR methodology and procedures.

Qualitative analysis of comments about the CFSR process from the Program Review survey of caseworkers and supervisors revealed mixed opinions about its efficacy and utility. Some think it helped Kentucky improve the quality of foster care; others approached it with a fair amount of skepticism, feeling that it was a waste of time, depriving them of time and energy they could have used to help children and families.

Below are some quotes about the CFSR process from both caseworkers and supervisors.

Has anybody ever done a cost analysis on what it has cost to meet these standards as opposed to what we would have to pay back for not meeting them?

Good process to insure that we are meeting the needs of the families we work with.

What can we say? Out of fifty states, how many passed the original CFSR? I believe the answer is zero. Talking about setting states up to fail.

All states will undergo another CFSR starting in 2007. Kentucky's is not scheduled until 2008 or later.

Accreditation and federal reviews raise procedural concerns that could be addressed by random, unannounced visits.

Accreditation and Federal Reviews Could Be Improved.

Program Review staff looked at the review procedures used for the CFSR and Council on Accreditation and found that both review procedures may raise concerns. If sites, visit dates, interviewees, and cases to be reviewed are known in advance, a strong incentive may be created for states to focus resources on those review areas. Some responses to the survey of caseworkers and supervisors suggested that in some local offices, the results of the reviews may not have reflected usual practice. These procedural concerns apply to all states undergoing these reviews.

Random, unannounced review procedures have been adopted by The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations.) Its stated objective is to encourage "each organization to be in compliance with 100 percent of the standards 100 percent of the time." As noted by

cabinet officials, caseworkers, and supervisors, preparation for reviews is time-consuming and expensive. The Joint Commission stated that random, unannounced reviews should eliminate the preparation process and therefore greatly reduce the cost of reviews.

To address these concerns, staff recommend that the cabinet and the General Assembly enlist the assistance of national organizations to influence the federal government and the Council on Accreditation to adopt the following procedures:

- Site selection should be random and unannounced.
- Site visits should be random and unannounced.
- Interviewee selection should be random and unannounced.
- Case selection for review should be random and unannounced.

In summary, random unannounced reviews accomplish three important objectives:

- ensure that the reviewers have a reliable view of typical child welfare practice,
- save the child welfare agency the time and money applied to preparing for reviews, and
- motivate the child welfare agency to ensure that practice meets standards everywhere all the time.

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.

Continuous Quality Improvement Process

The Continuous Quality Improvement (CQI) process was used to verify compliance with standards and federal outcomes. Now the cabinet is using it to mentor and coach caseworkers.

The Continuous Quality Improvement (CQI) process was implemented first as a requirement of the Council on Accreditation and became a major source of information for the Program Improvement Plan. Now that the Program Improvement Plan has been completed, the CQI remains in place. Recently, the cabinet has indicated that CQI is intended as a means to provide feedback to caseworkers so they can improve their practice, not to determine compliance with federal and Kentucky standards.

According to the PIP final report:

The CQI structure in Kentucky was the foundation of all change for the PIP. It is supported upon a strong partnership between the state central office staff and regional offices; the CQI process is the conduit for getting information to the field. Each of Kentucky's 16 service regions had a PIP steering committee that included the regional CQI specialist and other regional leadership. They were responsible for examining practices and results in each service region and guiding change to improve PIP outcomes. The CQI process was enhanced by expectations that each PIP CQI meeting would focus on specific outcomes and develop action steps to improve progress in PIP outcomes. The statewide PIP team met regularly with each service region to share data, teach skills in program analysis, support understanding of the PIP, and guide the CQI progress. The regional PIP teams are strong and have markedly improved in their ability to examine barriers to progress, understand data and outcomes, and group data with strategies for analysis of what works. The CQI process was extended to foster parents as a way to discuss and resolve issues in each region (Commonwealth. Cabinet. Dept. *Program 6*).

The CQI process is described in SOP 1.4.1. Each field supervisor reviews four randomly selected cases each month. From those, the service region randomly selects cases for a second-level review at the regional office. The reviews look for quality of practices on several measures in each of the 29 federal outcome categories. These are the categories on which the federal Children's Bureau evaluates states. Data from the second-level reviews are sent to Frankfort and compiled into the PIP review tool. Central office staff pulls a random sample of these and double-checks the case reviews, but information from this third level of review is not

included in the PIP system. The CQI database is maintained by the University of Louisville.

The value of CQI for caseworkers is questionable.

Caseworkers and supervisors surveyed by Program Review staff expressed a poor opinion of the usefulness of CQI for improving casework. Supervisors had slightly better opinions of CQI than did caseworkers. Table 2.7 shows the results.

Table 2.7
DCBS Caseworker and Supervisor Opinions
of Continuous Quality Improvement Process

	Caseworker	Supervisor
Average rating of helpfulness*	2.0	2.4
Percent saying "Very much"	5%	10%
Percent saying "Somewhat"	43%	50%
Percent saying "Not at all"	55%	40%

*Rated on a scale of 1="Not at all," 3="Somewhat," 5="Very much"

Source: Program Review staff survey of caseworkers and supervisors.

Many DCBS caseworkers and supervisors indicated their displeasure with the process in interviews and open-ended survey responses. One supervisor stated emphatically that caseworkers already know what their deficiencies are, but they have not been able to address them because of their caseload and other demands on their time. A few caseworkers and supervisors praised the review process. Some representative quotes are listed below.

The case review process is good for the workers and supervisors to let them know what standard of casework is being completed and what needs to be done to improve their cases.

The CQI case review process is a useful tool; however, workers don't have time to go back and make corrections.

I understand the purpose of the CQI case review process but it just adds additional burdens to frontline staff with no direct benefit. It also doesn't truly benefit the families because they would rather get their calls returned than be told their case is in good shape.

It is time consuming and painful to answer approximately 200 questions about a case. Workers never have the time to go back to the case and make the corrections because they are putting out another fire.

The CQI process still appears to elicit valuable information to manage compliance with standards and federal outcomes and should be used accordingly.

Staff found that the CQI case reviews contain information that is not available in the cabinet's data system. Therefore, CQI can provide invaluable information about the quality of casework and documentation statewide. Such information could be used to identify strengths as well as weaknesses that need to be addressed systematically. Staff found that as such a tool, the CQI process should be used to supplement management reporting for statewide or regional quality improvement and conformity with federal targets.

Program Review staff also found evidence that some supervisors give caseworkers advance notice of the cases to be reviewed so that the casework and documentation can be brought up to date. If CQI information is to be used to track casework quality and conformity, steps should be taken to discourage this practice.

Staff found that CQI does not appear to have great value as a coaching tool for individual caseworkers and that it may be counterproductive as part of performance evaluations. The use of CQI reviews in performance evaluations is discussed in Chapter 4.

Staff recommend that the cabinet consider reemphasizing the value of CQI as a means of tracking conformity with standards of practice and federal targets. The tracking and assessment process at the DCBS central office should continue. Staff also recommend that the cabinet prohibit the use of CQI scores for performance evaluation, use the information only in aggregate, and explain this process to caseworkers and supervisors.

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.

Citizen Review Panels

Citizen Review Panels (CRPs) were formed in response to the greater scrutiny of the child welfare system by the federal government. States were mandated by the Child Abuse and Prevention Treatment Act to create at least three CRPs by July 1999. In response, Kentucky established CRPs in Lexington,

Louisville, and Mayfield. Subsequently, the state formed panels in the Big Sandy and Gateway Buffalo Trace regions. The panels consist of volunteers from the general public. Cabinet employees and others who might have a conflict of interest may not serve.

CRPs evaluate the cabinet by examining how it adheres to its standards of practice, how well the foster care and adoption systems are working, and how well the cabinet coordinates with community partners. They also look at other system issues such as staff training, staff attrition, and child fatalities.

Panels differ somewhat in how they go about evaluating the cabinet. Each year, each panel decides on a focus and method for its evaluation. Typical activities include case reviews, focus groups with cabinet staff and community agencies, and evaluation of foster care practice. CRPs submit an annual report to the cabinet that includes the panel's findings and recommendation and the cabinet's response. Recommendations from recent reports are included in Appendix K.

Independent Child Welfare Researcher

Kentucky's independent child welfare researcher is a valuable asset, and the cabinet should continue to fund and support this innovation.

Only a handful of states have an independent child welfare research position in house. Kentucky is a leader in this innovation. The child welfare researcher has played a central role in the Program Improvement Plan and the Continuous Quality Improvement process. The position has produced some original research regarding foster care practice and outcomes. Staff urge the cabinet to continue to fund and support an independent, contracted child welfare research position in the central office.

Information Systems for Management and Tracking of Foster Care

A number of computer systems contain information related to foster care. These information systems provide management reporting, case information, and tracking of children through the system. Table 2.8 lists some of those systems.

Table 2.8
Information Systems Related to Foster Care

System	Agency	Description
The Workers Information SysTem (TWIST)	DCBS	Electronically stores information about adult and child protection cases. Produces management reports. Provides background checks. Tracks the location of families, children, and caseworkers.
Training Records Information System (TRIS and FAP-TRIS)	DCBS via Training Resource Center at Eastern Kentucky University	TRIS for caseworkers records all training provided to caseworkers and supervisors by the ECU Training Resource Center and the DCBS Training Branch, as well as their educational background, current position held, and demographic data.
		TRIS for foster and adoptive parents (FAP-TRIS) records all training provided to that group by the Training Resource Center and by the cabinet's Recruitment and Certification caseworkers.
Kentucky Automated Management and Eligibility System (KAMES)	DCBS	Case information for public assistance programs such as the Kinship Care Program.
Kentucky Automated Support and Enforcement System (KASES)	DCBS	Information about child support orders and payments. (Child support is used to defray the costs of foster care.)
Children's Review Private Child Care Database	DCBS via Children's Review Program	Information about private foster and residential care agencies and the children they serve.
Children's Automated Tracking System (CATS)	Administrative Office of the Courts	Information about children in foster care and Citizen Foster Care Review Board reviews of those children.

Source: Compiled by Program Review staff.

The Workers Information SysTem

TWIST improved knowledge of cases and management. It was an innovative system in its time.

The federal government requires states to build a Statewide Automated Child Welfare Information System. In Kentucky, that system is called The Workers Information SysTem (TWIST). Built between 1994 and 1996, the system has become the backbone for managing Kentucky's child and adult protection programs. Among many other benefits, TWIST has made it possible to have much better knowledge of the status and location of children and their families, to conduct child abuse and neglect background checks, and to provide management information to the cabinet and federal government.

Staff recognize and commend the foresight and effort that went into developing and improving TWIST over the past decade. TWIST was a good system for its time and has served well. Many of the needs of children, families, and the cabinet could not have been met without TWIST. The critique presented here should be seen as an effort to ensure even better results in the future.

TWIST Management Reports Are Inconsistent and Poorly Documented

The consistency and supporting documentation of TWIST reports should be improved.

Cabinet officials have stated that TWIST management reports were developed and have changed over time in response to specific management needs. There does not appear to have been a review process to ensure that information was consistent across reports or that the most effective use was made of programming and system resources.

Staff found that although each report is useful, there is a great deal of unnecessary duplication of information and resultant difficulty interpreting the reports for policy purposes. Staff also found that the names of the reports were misleading, and documentation explaining how data are selected and summarized on the reports was often outdated and incomplete.

Examples of Inconsistent Reports. There are two reports related to entry to and/or exit from care. The TWS-M045YS report is titled “Enter Exit Statistics Summary” and shows the number of times children entered and exited care during the preceding 12 months. Children may be counted multiple times if they exited and reentered care during the period. The TWS-M050 is titled “Exit OOHHC [for specified period]” and lists all the exits from care for each child during the report period. Based on the report titles, it would appear that these two reports should be based on the same information. The report’s documentation does not indicate any difference. When run for the same period, however, these two reports show different numbers of exits. TWIST staff explained that the M045YS report excludes exits of children who were 18 or older at the time the report was run, but the M050 report does not.

From another perspective, the Enter-Exit report for state fiscal year 2006 showed 6,591 entries into care and 5,454 exits from care, which would be a net increase of 1,137 children (TWS-M045YS report dated July 20, 2006).⁴ The Children in Care reports for the

⁴ This would be true even though some children may enter or exit multiple times during the year and some children may remain in care the entire time and never appear on the report.

same period showed only an increase of around 340 (TWS-W058). The difference probably is explained by the exclusion of entries and exits for children who turned 18 during the period. However, an entry-exit report should show everyone who entered or exited care for any reason, including age and should therefore show the correct net increase or decrease of children in care.

The Contacts report (TWS-M206) includes a count of children involved in every case. On July 20, 2006, the Contacts report showed 7,094 children in placement. This number differs considerably from the number shown on the Children in Placement report (TWS-W058) from three days later—6,856 (or 7,446 including those with no specific placement). Similarly, the Contacts report showed 15,180 children who were involved in cases but were not in out-of-home care. This number included children in the custody of relatives, as well as children who were not considered the direct victims of maltreatment. A custom query performed for staff showed 12,900 children who were maltreatment victims.

Examples of Poor Report Documentation. The report description for the M045YS was out of date and incomplete. It did not mention the source of the information on the report nor did it describe the process by which the information was selected or excluded. The report description for the M050 report was more detailed but also was out of date and incomplete. It included reference to obsolete values for some fields and failed to document the most recent four columns of the report. The report layout section failed to show the most recent two columns of the report.

Another example of inaccurate documentation is a report central to foster care, the Children in Placement report. The documentation for this report also was out of date. It lacked detailed information on the source of information for at least 45 of the report's 75 columns. The file layout was out of date, both because it included some columns that were no longer present and because it lacked some columns that were present. It lacked any information about the source of some of the more recent columns, in particular about the column that indicates children who are shown as in care but do not have a current placement.

Staff recommend that the department implement an enterprise report management process requiring all formal report requests to be approved by a panel that includes management, research, policy, and technical staff. The panel should

- review the management and policy reporting needs for the department as a whole and restructure the current reports to reflect those needs most effectively; and
- for new report requests, consider the implications to other users and determine whether the request requires a new report or can be met by modifying an existing report (for example, by adding a subtotal line for a certain subset of children).

In addition, the department should consider implementing a data warehouse with user-friendly ad hoc query and reporting so that supervisors, administrators, and policy staff can obtain summary information quickly about specific questions. In the current system, such questions often have to go through TWIST programmers.

The department should implement and enforce strict documentation of TWIST reports. Documentation should be up to date and should specify how each item is selected or counted and what each distinct value means. The explanations should be clear enough so that the report could be reproduced without reference to the existing report program and so that an administrative user can understand the meaning and limitations of the information on the report.

Another documentation problem is that codes in TWIST are arcane and need to be explained in report documentation. For instance, the code value “dcbs has responsibility” means that the child is in the custody of the cabinet and has been placed with a relative in the Kinship Care Program; but the code “relative placement” means that the child is in the custody of the cabinet and has been placed with a relative not in the Kinship Care Program. The meaning of these codes is unclear and there are many others like them. The TWIST database needs to have more meaningful code values and needs to include an extended description of each code. There should be a table-driven method that ties TWIST codes dynamically to report columns, and the documentation of the reports automatically should include the mapping of codes to report column values.

TWIST Codes and Screens Can Be Confusing

The TWIST user interface can be confusing and difficult to learn. The TWIST II modernization is an opportunity for improvement.

Staff review of the TWIST screens was limited, but the screens appeared to require an excessive amount of training or practice time to learn. This view was supported by comments from caseworkers.

TWIST codes, such as type of placement or court order, that are unclear or counterintuitive make it difficult for caseworkers to enter the correct information. This problem contributes to the acknowledged data integrity problems in TWIST. Staff understand that part of the TWIST II modernization will be updating the codes in the database. Staff suggest that the process be done carefully and that extended descriptions of the codes be added to the database. Also, staff suggest that a procedure be put in place so that new codes are added only upon review by a panel or designated individuals who should determine whether they are clear, meaningful, and necessary.

There seems to be a lack of clarity about the connections among intakes, investigations, cases, and the relationships of the individuals involved in them. The process of displaying these relationships and historical information about the case is cumbersome. In particular, the entry and maintenance of relationships among the individuals is inefficient and may be a source of error. Improvement in these areas could be made.

Assignments of Cases to Counties

TWIST's assignment of a county to a case can be problematic. In TWIST, a caseworker is assigned to a county. Each case is assigned to a caseworker. The case inherits its county from the caseworker. Problems can arise when

- the birth family moves to another county and the case has not been reassigned to a caseworker in the new county,
- the caseworker is assigned to one county but routinely handles cases in another county, or
- the caseworker is transferred to another county but the cases have not been reassigned to a caseworker in the original county.

Staff suggest that it is important to know the administrative location of the case, the actual location of the birth family, and the actual location of each child. The department should 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.

TWIST Reporting Depends on Caseworker Accuracy and System Usability

The TWIST database contains a rich collection of informational fields. However, the information recorded in those fields often is of poor quality or is incomplete. Cabinet officials and staff stated that when the system allows the caseworker to leave a field blank, often it is left blank even when there is information available. Fields that the system requires will be filled in, but sometimes the information entered is not correct. The accuracy of the information probably suffers because the system presents long lists of poorly worded choices, some of them obsolete; it depends on the caseworker's entering all the relevant relationships between persons involved in a case; and in some situations it depends on the caseworker's remembering to perform several steps to make all the information consistent.

An example is the reporting of child maltreatment while in foster care. For the system to show an alleged perpetrator as a foster parent, the caseworker has to remember to add the foster parent relationship code to the pair of persons (child and foster parent). If the alleged perpetrator is a residential facility staff member, there is a different kind of relationship altogether that the caseworker must remember to enter. In addition, the caseworker has a number of other relationships to enter for every referral. It would be easy for caseworkers to forget to enter the key information showing that the referral involved an out-of-home caregiver.

Another example is exiting a child from care. In order to exit a child from care, the caseworker must remember to perform two steps: exiting the child from his or her current placement, such as a resource home, and then exiting the child from out-of-home status. Failure to complete this sequence accounts for some of the inaccuracies in the Children in Placement report.

TWIST May Have Reduced Some Kinds of Productivity

Information systems sometimes reduce productivity for certain kinds of work. Caseworker productivity may have suffered as a result of TWIST.

Studies across many organizations have shown that information systems provide important benefits, many of them otherwise unavailable or prohibitive. For instance, TWIST quickly can generate a list of all the children flagged in out-of-home care. However, information systems also can require more time from the users who perform the work that the systems track. For instance, the list of children is accurate only if all the caseworkers have entered all the information in a process that is time-consuming and tedious. Professions that require large amounts of paperwork suffer

greatly from this information systems “productivity paradox” (Macdonald). Caseworkers in particular take notes about their home visits, case planning meetings, and court appearances. Court orders, school records, and other documents are gathered. Before there were information systems, these paper notes and documents were the only documentation of the case. Now, much of the information from these paper sources has to be typed into TWIST.

Below are some caseworker quotes that speak to this issue.

Paperwork has gotten us to the point that we spend less time with families and more time with TWIST. This has been detrimental to our kids and families...

I suppose in theory TWIST is a good idea. It should speed up the work process and make our job run more efficiently. In reality though, it has only created more work and less time to complete that work.

Social workers are not data entry clerks. With the implementation of TWIST they also began taking away our clerical staff who should be completing most of the data entry.

A good social worker is a good therapist, a good attorney, a good coach, a good teacher, a good facilitator, a good manager, a good judge, and has a minute to change those roles every day. Notice I did not put typist or secretary in the list.

While it is likely that TWIST has actually reduced the productivity of caseworkers in documenting cases, any other system using the technology of the time would have had the same problem. Today’s technology may have a chance to reverse the productivity paradox and actually make caseworkers more efficient in documentation than they would be with paper alone. The full benefits of a system such as TWIST in the field can be realized when caseworkers can eliminate the intermediate step of writing on paper. Some enhancements that are possible today and could improve productivity include

- carrying TWIST into the field and the courthouse on laptops or notebook computers, so that notes can be typed directly into the system;
- automatically filling fields for which information already exists in the database; and
- scanning documents and using optical character recognition on them so they can be indexed and searched.

Improvements Suggested by Caseworkers and Supervisors

Caseworkers and supervisors were surveyed about improvements to TWIST. Caseworkers rated making TWIST faster as the top improvement. Second was reducing redundancy and third was providing remote access to TWIST. Supervisors said reducing redundancy would be the top improvement, followed by making TWIST faster and providing remote access. Comments from caseworkers in interviews and the survey indicated that many believe TWIST provides searching and reporting capability that is valuable and was not available prior to TWIST. However, there were many comments that TWIST does not work well with the computers they use; that TWIST crashes frequently, causing them to lose work; and that entering case plans and contact notes into TWIST often requires writing and/or typing the same information multiple times.

TWIST Modernization Is Underway

The tools used to build and maintain TWIST have become obsolete. The cabinet plans to rebuild TWIST using current tools and improve its functionality.

The department has embarked on the development of a new TWIST interface. The modernization was necessary because the software on which the current system is based is obsolete and no longer supported. Modules will be released in phases to implement the new technology. The announced completion date for all modules of the modernized TWIST is June 2008. The total cost of the system was estimated at \$13.6 million over 3 years, of which the federal government would pay half.

In its advance planning document for the TWIST modernization, the department concluded that a Web-based architecture would be the preferred approach for providing TWIST functions to the users. Staff agree that this likely is a good approach. The department further concluded that benefits of the system will include reduced costs due to

- more effective means to decrease time spent in foster care, diverting children from foster care, and decreasing the rate of reentry into foster care;
- improved communication and data sharing with other agencies;
- better assessments and targeting of services;
- availability of the system to caseworkers off-site—for example, while waiting at court; and
- electronic billing and remittance verification.

The department's cost/benefit analysis included cost avoidance measures that would continue with the new TWIST at the same

rate as the current system. The total continuing cost avoidance over 3 years was estimated as \$34.4 million, including

- payment error reduction,
- private agency payment accuracy,
- collections of child support to defray foster care expenses,
- identification of Supplemental Security Income benefits for children in foster care,
- expedited removal from K-TAP of children in foster care, and
- more timely adoptions.

Although continued cost avoidance is good, it does not represent new savings due to modernization of TWIST. The department did not quantify cost savings that would result from improved functioning of a modernized TWIST. Staff concur that it is not possible to place a dollar figure on any improvements in productivity or cost avoidance that might result. Staff also concur that TWIST needs to be modernized.

The modernization is an opportunity to enhance the TWIST database design. The cabinet should make as many improvements as possible.

Staff have a concern that there was no plan presented to modernize the database structure. The TWIST database design has many good features, but it also has limitations, which include that

- the audit trail only tracks the most recent change to certain key fields and does not always track the before and after values, and
- codes used in certain fields are ambiguous, and the system does not provide an extended definition feature for the codes.

The department should review the database design and include as many improvements as feasible during the TWIST modernization.

The cabinet should involve caseworkers and supervisors closely in the design of the new TWIST.

Staff reviewed the project management plan for TWIST modernization and found that the plan as written contains too little emphasis on user (caseworker and supervisor) involvement in the design and development process. The department should involve caseworkers and supervisors extensively in the design and development of the new TWIST modules. The system design team should

- include caseworkers and supervisors in the design process,
- study in detail how caseworkers and supervisors actually use TWIST,
- address problems identified by caseworkers and supervisors,
- consider improvements suggested by caseworkers and supervisors,
- present proposals for the new modules to caseworkers and supervisors and solicit feedback prior to coding the modules, and

- field-test the modules and incorporate testing feedback into the design prior to releasing the modules.

Staff did not see any evidence that the cabinet considered a third-party vendor to provide Kentucky's child welfare information system. Other states, including Ohio, West Virginia, Colorado, Indiana, Wisconsin, and Maine, have systems provided by vendors. When future revisions of TWIST are required, the cabinet should consider a vendor solution as an option.

The new TWIST will be a Web-based system that can be accessed from any computer using an Internet browser. Security will be ensured using encrypted connections and passwords so that the application will not be available to unauthorized users.

There are potential security issues with a Web-based TWIST. Some productivity problems might remain as well.

Staff are concerned, however, that the system might be accessible from unsecured computers such as caseworkers' home computers or public-use computers in libraries, airports, hotels, or other locations. Such computers might be compromised by hacking software. For instance, without the knowledge of the caseworker, a computer could contain a hacker's key logger that can record the caseworker's user identification and password. Such a hacker could then log on and access confidential information about families and children in the child protection system. Even without the password, hacking software could copy the case information displayed on the screen and make it available to a hacker. Furthermore, state-owned and managed computers are not immune to attacks by hackers, particularly laptops used outside the office. To address security issues, the cabinet should restrict TWIST access to state-owned workstations and laptops, enforce antivirus and firewall software updates on those computers, and implement a two-factor authentication system.⁵

Staff are concerned that as a Web-based system, the new TWIST will fail to address a significant productivity issue for caseworkers. As mentioned above, requiring caseworkers to document their activity in TWIST actually creates more work unless the caseworker can type notes directly into the system while visiting homes and in other places. Obtaining a wireless Web connection in a courthouse or other public building may be likely, but it is unlikely that a Web connection will be available in many of the

⁵ An example is the SecurID product by RSA Security. A SecurID user carries a credit-card size device that displays a security code. The code changes every minute, synchronized with a security device at the central server. In order to log in, the user must provide a personal password plus the currently displayed security code. The password and the security code are the two factors.

homes caseworkers visit, especially in rural areas. Even if the Internet is available in a home, it may be considered impolite to ask to use that service. Staff recommend that the department consider solutions to this fundamental productivity issue.

Some alternatives for field access to TWIST exist. A laptop can have Web access based on cellular phone service in addition to wireless. In many rural locations, however, there is no cell service and the caseworker would have to write notes on paper and transfer them to TWIST later.

Another alternative is to build a software package for the field laptop that allows the caseworker to enter notes and other information into screens without accessing the Internet. Later, the laptop could upload the information to TWIST automatically. Such an approach would be more expensive to build and require more maintenance, but it might result in significant productivity gains in the field as well as improved accuracy and timeliness. Keeping such a laptop package up to date would be relatively easy because the central TWIST application could automatically download any new versions to the laptop.

Recommendation 2.4 is on the following page.

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.**

Chapter 3

Financing Foster Care in Kentucky

Complicated funding streams make administering the foster care budget difficult and burdensome.

Funding for Kentucky's foster care system is provided through a myriad of resources including state, federal, and agency funds. Foster care funding is extremely complex due to the number of federal programs that provide resources and the differing requirements and restrictions related to each federal program. Because of the complicated rules and restrictions related to federal funding, DCBS must review and assess the placement and financial circumstances for each foster child each month to determine the appropriate funding source. Depending on the circumstances of the child, funding sources can change on a monthly basis.

This chapter profiles the multiple funding streams that finance foster care, discusses how the funds are spent, identifies other expenditures that support the foster care system, and explores how funding mandates drive policy decisions and service provision. Because of the complexity of this topic, staff suggest that funding of the child welfare system be studied in its own right.

Budget Overview

It was not possible to isolate funding for foster care in all cases. Some of the amounts in this chapter include funding for other programs.

The primary budget unit for foster care and related services within DCBS is Alternatives for Children. The Alternatives for Children budget subprogram covers expenditures for family foster care, private foster and residential care, adoption, intensive family-based support services, and clinical services. Staff attempted as far as possible to identify only expenses associated with foster care. However, some of the amounts given in this chapter unavoidably include funds for other programs.

Total expenditures related to foster care were about \$184 million in FY 2004 and \$190 million in FY 2005.

Total expenditures related to foster care in the Alternatives for Children subprogram were \$184 million in FY 2004 and \$190 million in FY 2005. This includes both state and federal funds. Actual expenditures related to foster care by program and fund source for FY 2004 and FY 2005 are illustrated in the table below. It is not possible to separate the expenditures on foster home care from those on residential care, so they are included together in the table.

Table 3.1
Alternatives for Children Budget Related to Foster Care
(State Fiscal Years 2004 and 2005)

State Fiscal Year 2004				
Expenditure Area	General Fund	Restricted Funds^a	Federal Funds	Total
Foster Care (DCBS)	\$23,941,097	\$10,086,025	\$26,549,347	\$60,576,469
Foster Parent Training	\$396,126	-	\$1,440,275	\$1,836,401
Private Agency Care	\$54,940,708	\$33,578,940	\$18,377,939	\$106,897,587
Independent Living ^b	\$380,140	-	\$1,760,372	\$2,140,512
Training	\$1,420,000	\$7,595,338	\$3,979,711	\$12,995,049
Total	\$81,078,071	\$51,260,303	\$52,107,645	\$184,446,019
State Fiscal Year 2005				
Expenditure Area	General Fund	Restricted Funds	Federal Funds	Total
Foster Care (DCBS)	\$22,286,784	\$6,580,996	\$32,150,868	\$61,018,648
Foster Parent Training	\$331,088	-	\$993,314	\$1,324,402
Private Agency Care	\$52,716,294	\$33,882,606	\$27,947,700	\$114,546,600
Independent Living	\$359,417	-	\$1,866,671	\$2,226,088
Training	\$1,723,114	\$5,386,849	\$4,475,303	\$11,585,266
Total	\$77,416,696	\$45,850,451	\$67,433,857	\$190,701,004

^a Restricted funds may be spent only as allowed by statute. They include federal as well as state funds. In the Alternatives for Children budget, they come primarily from child support and Supplemental Security Income payments received by DCBS on behalf of specific children that must be expended for the care of those children and Medicaid payments received by the cabinet as a provider of services to children in the custody of the cabinet.

^b Independent living expenditures include former as well as current foster children.

Source: Staff compilation of information provided by DCBS.

The primary funding sources for foster care include the state general fund, child support payments (restricted), and the following federal sources:

- Title IV-E of the Social Security Act,
- Title IV-B Subpart I of the Social Security Act,
- Chafee Independence Program,
- Chafee Education and Training Vouchers Program,
- Temporary Assistance for Needy Families,
- Medicaid for targeted case management (restricted), and
- Supplemental Security Income to the child (restricted).

Primary Federal Programs Funding Foster Care

A brief overview of each of the federal programs providing significant foster care funding is provided below. Appendix F provides more information, including a table illustrating state and federal expenditures for each program.

Title IV-E Foster Care

Title IV-E of the Social Security Act is the largest source of federal funding for foster care. It pays a portion of expenses for all qualifying children and is not capped.

The largest source of federal funding for foster care is Title IV-E of the Social Security Act. It was established as part of Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980. Nationally, \$4.6 billion was allocated under Title IV-E for federal fiscal year 2006. Title IV-E provides federal payments to states on behalf of children removed from welfare-eligible homes because of maltreatment. The state receives funds for all children who qualify. Approximately 60 percent of children in foster care in Kentucky are eligible.

There are four categories of Title IV-E foster care expenditures, all with different matching rates. In addition, there are several eligibility rules that a child must meet to qualify for reimbursement. Some rules apply at the time a child enters foster care, while others must be reevaluated and documented on a monthly basis. The cabinet must perform all these determinations for each child each month. Additional details about Title IV-E eligibility are provided in Appendix F.

Title IV-E Chafee Independence Program

The Chafee Independence Program (42 USC 671) provides funding to assist current and former foster youth in transitioning to self-sufficiency. It is a capped federal funding source. Funds provided through this program may be used for foster youth likely to remain in care until age 18 and former foster youth younger than age 21. Payments may be made for basic living expenses, skills training, education, employment initiatives, substance abuse prevention, and health activities. A maximum of 30 percent may be used for the housing of youth between the ages of 18 and 20. The program requires a 20 percent nonfederal match.

The Chafee Independence Program also includes the Education and Training Vouchers Program, which is discussed in further detail later in this chapter.

Title IV-B Subpart I—Child Welfare Services State Grants

To be eligible for funds under this subpart, the state must have a plan for child welfare services meeting certain federal requirements (42 USC 622). Funds may be used to pay personnel costs to provide protective services to children; the licensing of and standard-setting for private residential care agencies; and assisting with the cost of homemaker services, return of runaway children, and prevention and reunification services. Limited amounts may be used for foster care, day care, and adoption assistance. This program is capped and requires a 25 percent state match.

Kentucky uses Title IV-B Subpart I funding to pay personnel costs, to provide protective services for children, and to pay limited amounts for non-Title IV-E eligible foster care maintenance and administrative costs.

Temporary Assistance for Needy Families

Kentucky has been able to tap significant funds from the Temporary Assistance for Needy Families program to support foster care and relative care.

Temporary Assistance for Needy Families (TANF) is a block grant program that was created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193). TANF replaced the Aid to Families with Dependent Children and the Job Opportunities and Basic Skills programs. States are required to add state dollars to this program according to a complex formula. In general, TANF provides funding to states for financial assistance and work opportunities to families in need. However, states have a great deal of flexibility on how TANF funds are spent.

Since 2005, Kentucky has used funds from TANF to support children in foster care who are not Title IV-E eligible. Kentucky can use these funds for foster care because of an emergency program it operated prior to 1996 that was grandfathered as part of TANF. Approximately 30 percent of the children in foster care who are not eligible for Title IV-E funding qualify for funding under TANF. Kentucky also uses TANF funds to support its Kinship Care Program.

As a block grant, federal TANF funds are capped. There is no federal limit on the portion of TANF funds that Kentucky can use to support foster care, but the state must make trade-offs with other TANF-funded programs, notably the Kentucky Transitional Assistance Program.

Medicaid

Medicaid contributes in several ways to the foster care budget.

Medicaid funds to support foster care are obtained by DCBS and the Department of Juvenile Justice through a Title V agreement with the Department for Medicaid Services.¹ Medicaid funds are used for targeted case management and rehabilitation services for child protection, adult protection, and adult guardianship services. Kentucky started claiming targeted case management services against Medicaid in 1996. DCBS is considered a service provider, so the Medicaid funds come as restricted funds assigned to each child receiving the services. The use of Medicaid funds to support targeted case management is currently at risk because of changes in federal law.

Federal Medicaid requires a state match for all expenditures. Kentucky Medicaid has agreed to cover the state match for the first \$36 million of DCBS and Juvenile Justice billings. For any billings over \$36 million, DCBS and Juvenile Justice are required to repay the state portion of the billed services. The cabinet netted \$73 million in FY 2004 and \$65 million in FY 2005 from Medicaid for targeted case management.

Medicaid rehabilitation funds are used for a portion of the per diem paid to private foster care and residential care agencies. The per diem includes treatment and rehabilitative services provided by the agencies that would be covered by Medicaid if they had been provided in the community. The Medicaid rate is established annually based on a time study and cost reports submitted by the private agencies. DCBS determines the portion of the cost for care and maintenance and assigns the remaining cost to treatment and rehabilitation for Medicaid payment.

Restricted Funding Sources for Foster Care

Restricted funds must be spent on specific children or for specific purposes.

Several other sources provide funding to foster care that is limited to specific children or specific purposes. They are described briefly here.

Child Support Payments

DCBS receives funds on behalf of specific children through child support payments. Child support referrals are automatically processed for each child entering care if an order does not already exist. If a support order already exists, a change of payee is

¹ The Department of Juvenile Justice houses some of its youth in private foster homes.

requested. If DCBS collects child support payments on behalf of a child, those payments are maintained in a separate account for that child. If the child is also Title IV-E eligible, DCBS reimburses the federal government on a quarterly basis to the extent that child support payments have been received for that child's care.

Supplemental Security Income

Supplemental Security Income (SSI) is available to low-income children who are blind or disabled. DCBS uses SSI available for eligible children in foster care to provide for the child's basic needs. DCBS cannot receive SSI and Title IV-E reimbursement for the same child. DCBS therefore determines which funding source provides the most benefit for the child.

Adoption Fees

DCBS receives \$150 with each application to place a child for adoption. The fee, paid by the applicant, is used to subsidize adoptive parents for suitable care of a special needs child.

Other Expenditures That Affect the Foster Care Budget

There are expenditures made through other programs that have a direct impact on foster care primarily because the programs offer services and support that help to reduce the number of children entering or remaining in the foster care system. These programs are listed here and explained in more detail in Appendix F:

- Title IV-E Adoption Payments
- Title IV-E Chafee Education and Training Vouchers Program
- Kinship Care Program
- Title IV-B Subpart II-Promoting Safe and Stable Families
- Family preservation and reunification services in general
- Child Abuse and Neglect State Grants
- Community-Based Child Abuse Prevention Grants
- Children's Justice Act
- Tuition Assistance Program

Although there are many programs that provide funding to prevent child abuse and neglect, to promote family preservation and reunification, or to improve the system for foster children and their families, the amounts available under these programs pale in comparison to the funds available to support foster care. The fact that funding is provided under so many separate programs with differing requirements makes it difficult for the cabinet to administer and use the funds effectively.

Issues and Discussion

Adequacy of Funding

The cabinet indicated a budget shortfall in FY 2006.

The budget request submitted for Alternatives for Children for the 2006-2008 biennium identified an anticipated funding deficit of \$14.9 million in FY 2006 (Commonwealth Cabinet, *FY 223*). The shortfall is attributable to several factors. Continuing annual increases in the number of children entering out-of-home care, an overall increase in the level of care required by many of the children entering the system, and an increase in the number of adoptions qualifying for adoption subsidy payments have resulted in greater overall costs.

These cost increases are coupled with decreases in baseline funding of \$81 million since 2002. In the budget request submitted to the Governor, DCBS asked for an additional \$17 million in General Fund appropriations in FY 2007 and \$28 million in additional General Fund appropriations for FY 2008 to address costs associated with the anticipated growth of the number of children in foster care. In his proposed budget, the Governor requested \$14.7 million less over the biennium than the DCBS request presented to him. The General Assembly did provide the requested growth funding as well as additional funding during the biennium for the following:

- Additional federal funds of \$8.6 million were included in the budget for FY 2006 to reflect an anticipated increase in the number of foster children;²
- Additional general funds of \$1 million in each year of the biennium were provided to increase transitional assistance provided to youth aging out of the foster care system;
- Additional general funds of \$4.8 million and federal funds of \$3.99 million were provided in FY 2008 to increase foster parent and adoption assistance daily rates by \$3 per day beginning on July 1, 2007;³
- Additional general funds of \$2.9 million and federal funds of \$540,000 were provided in FY 2008 to increase the reimbursement rate paid to private childcare providers by \$3 per day beginning on July 1, 2007; and

² Although the budget is thought of as the biennial budget for FY 2007 and FY 2008, some items in the budget applied to FY 2006.

³ When these increases go into effect in FY 2008, Kentucky's basic rate will remain below the most recent U.S. Department of Agriculture's most recent cost of caring for a child in the urban South. See Chapter 5 and Appendix H for more details.

- Additional general funds of \$961,200 and federal funds of \$181,600 were provided in FY 2008 to create performance incentives for private childcare facilities that serve hard-to-place youth.

The General Assembly also directed that \$1,253,200 in general funds and \$323,200 in federal funds be used in each fiscal year to provide technology improvements, printers, and digital cameras for staff; however, the directive did not include any new funding.

Staffing shortages and increasing numbers and levels of care of children were not fully addressed in the 2006-2008 budget.

The additional funding provided by the General Assembly during the 2006-2008 biennium did not address staffing shortages and did not fully address the projected increase in the number of children entering foster care or the enhanced levels of care that many of those children may require.

One way the cabinet has adapted to budget challenges is by reducing and reallocating staff. Because of government-wide personnel reductions and budget reduction measures imposed over the past 6 years, the out-of-home care component of DCBS is 561 positions down from staffing levels in FY 2002, according to a cabinet official. In the meantime, the number of children in care has increased from 5,748 in June of 2001 to 6,856 in July of 2006 (Commonwealth. Cabinet. *FY 223*; TWS-W058 report July 2, 2006). These numbers do not include children in the Kinship Care Program or other children categorized as receiving in-home services who also require case management services. As of August 2006, there were roughly 12,900 children living with their parents or with relatives and who qualified for in-home case management services.

Federal Funding Limitations

Title IV-E focuses on foster care, not on prevention. Its eligibility rules are complex and based on 1996 costs. The main alternative being discussed is a block grant.

Because federal funds make up a significant portion of the resources available to assist families and children, limitations on the use of those funds in large part determines the mix of services provided by states. A review of the total federal funds devoted to supporting children and families reveals that most of the federal resources are spent on foster care rather than on family preservation and reunification. The issue is succinctly described by one commentator as follows:

Although states can generally spend their own funds as they see fit, the largest single source of federal funding dedicated to child welfare is an open-ended entitlement that can only be used for costs relating to foster care. This source, the Title IV-E foster care program, accounted for

\$4.5 billion in spending during federal fiscal year (FFY) 2004 ... At the same time, federal funding dedicated exclusively to child abuse prevention and other services intended to keep kids out of foster care (Title IV-B) is currently budgeted at less than \$790 million. ... Under IV-E, states lose federal funds when they reduce reliance on foster care by helping families safely care for their own children. It may even create an incentive to place children in foster care (Christian. “Foster” 34).

The Title IV-E program also has been criticized for its complexity, which requires states to devote substantial administrative resources toward compliance with program eligibility requirements, rather than using those resources to better assist children and their families (University of Illinois; U.S. Dept. “Federal”; Christian. “Foster”).

In addition to the lack of flexibility and administrative burdens associated with Title IV-E funding, there are other concerns. Children qualify for foster care funding under Title IV-E based on welfare income eligibility standards as of July 16, 1996. Those standards have not increased with the cost of living, so the number of children qualifying for Title IV-E has been decreasing. In order to provide the same level of services, the state general fund has had to make up the difference, and this trend is expected to continue.

The solution discussed most often involves changing Title IV-E from an open-ended matching program to a more flexible and less administratively burdensome block grant, which would establish fixed caps on the amount of money each state can receive. If Title IV-E were to be capped, states would not be entitled to additional federal funds for increases in the foster or adoptive care population. Kentucky stands to lose more than many other states because the foster care population in Kentucky has grown more rapidly than the foster care population nationally. (U.S. Dept. Administration. Children’s. *Foster*)

Other Issues Related to Future Funding

There are some additional issues that may affect future funding or expenses of foster care:

- Increased adoptions
- Possible reductions in Medicaid case management funding
- Possible obligation of cabinet to pay for services to birth parents

Some other issues that could impact funding for DCBS in the future are discussed below.

Increased Adoptions. States have been required to focus on and encourage the adoption of foster children by the Adoption and Safe Families Act. In 2001, adoption subsidies were provided to support 2,297 adoptive placements. In 2005, that number had grown to

4,427 (Commonwealth. Cabinet. *FY 224*). Although increased adoptions lead to permanency for children, which is one of the primary goals of the out-of-home care system, they also lead to increased costs for the maintenance of those children in adoptive homes generally until the children turn 18. Therefore, it can be expected that if the state continues to encourage and support increased numbers of foster care adoptions, the adoption subsidy program will grow each year for several years before it levels out.

Targeted Case Management Medicaid Funding. Kentucky currently bills Medicaid for targeted case management to provide support and services for children who have been abused or neglected. This service helps to improve access to necessary medical, social, educational, and other services. Changes enacted as part of the Deficit Reduction Omnibus Reconciliation Act of 2005 put the use of Medicaid to support targeted case management in jeopardy. However, federal regulations have not yet been issued and until they are, states can continue to make claims for targeted case management in foster care. Kentucky could lose \$17.5 million in annual Medicaid receipts if the federal regulators interpret the law as not allowing targeted case management in foster care. If these funds are lost, funding to provide a comparable level of services would have to come from the state general fund.

Payment for Services for Parents. In the 2004 case of *Cabinet for Health and Family Services v. Evans*, the Fayette Family Court ordered the cabinet to pay for counseling for a parent whose child had been removed. The court found that because the cabinet's case plan included a substance abuse and mental health evaluation and compliance with recommended treatment and because the parent was unable to pay for such treatment, the cabinet should pay for the counseling. The cabinet appealed and the Court of Appeals affirmed the decision of the lower court. Ultimately, the Kentucky Supreme Court declined to review the decision but ordered that the lower court opinion not be published. Therefore, the cabinet had to comply with the original order, but the case cannot be cited as precedent by other courts to force the cabinet to pay for treatment. However, the same legal argument could be used again. A cabinet official stated that if such orders became commonplace, a significant increase in the DCBS budget would be required (James. "FW").

Contributory Foster Care Funding

State agencies outside DCBS contribute to foster care. Private contributions throughout the program also help support foster care.

In addition to the official resources discussed above, there are myriad resources that contribute to foster care but do not appear in the foster care budget. State agencies other than DCBS expend significant funds to support the foster care system. Outside contributions in several forms also support the system. The total dollar value of these various financial, service, and volunteer contributions is unknown but substantial.

Other State Agency Funds

Functions performed by other state agencies result in support for foster children and their families. These are included in the overall cost of foster care to the state but usually are not mentioned. Here are some examples:

- Foster children receive medical benefits from Medicaid, and those in resource homes also receive mental health benefits. That coverage is accounted for in the Medicaid budget rather than the DCBS budget.⁴
- Some birth parents receive Medicaid benefits that pay for some of the services they are required to seek as part of their case plans.
- The judiciary expends significant resources to hear child maltreatment and dependency cases.
- County attorneys represent the Commonwealth in all child maltreatment and dependency cases.
- The Finance and Administration Cabinet pays fees to guardians *ad litem* and court-appointed counsel to represent the interests of maltreated children and their parents in court.

Private Contributions

Many private foster and residential care providers are not-for-profit entities who receive partial support and subsidy from churches or who receive donations from other sources. The Children's Alliance reported its private agency members raise about \$18 million a year in donations for this purpose.

Birth parents in many cases have to pay for services themselves.

Court-appointed attorneys who represent foster children and their parents argue that the value of their services far exceeds the fees they are paid by the state.

⁴ This contribution is not the Medicaid Title V reimbursement discussed earlier.

Volunteers devote many hours to foster care:

- Citizen Foster Care Review Boards review foster care files.
- Citizen Review Panels examine foster care practice and advise the cabinet on policies and processes.
- Court Appointed Special Advocates get to know foster children and provide an additional voice in court.

Foster parents themselves arguably are volunteers because the reimbursement they receive is intended only to cover the cost of maintaining the foster children in their homes, not to pay for their services. Staff did not attempt to estimate of the value of the services foster parents provide.

Relatives who take custody of maltreated or dependent children also relieve the system of costs. While the cabinet provides similar services in these cases, the relatives at best receive less than half the reimbursement of foster parents. Some relatives in these cases may receive no additional assistance.

Chapter 4

Workforce, Organizational, and Systemic Issues in Foster Care

This chapter describes the primary organizational concerns within foster care and the steps, if any, the Cabinet for Health and Family Services is currently taking to address those concerns. The cabinet's effort to increase recruitment and retention of qualified caseworkers and supervisors using partnerships with undergraduate and graduate programs throughout the state has been successful. Overall, the cabinet has been able to increase slightly the number of caseworker and supervisory positions in the past 2 years. However, the number of cases has increased at a faster rate, which has resulted in higher caseloads. The cabinet's reorganization will have little impact on caseloads due to the relatively small number of additional frontline positions in the plan and the likely increase in cases. Also, the cabinet's caseload goal and calculation formula are inconsistent with best practices and should be revised.

Organizational policies and procedures for hiring and discipline are cumbersome and time consuming for supervisors. These processes need to be streamlined for efficiency and effectiveness. Supervisors and caseworkers report high levels of stress and low morale. The recent reorganization appears to have reduced morale further. Frontline staff need additional support from central and regional management. Increased incentive and appreciation programs, as well as the establishment of a clear career ladder, would increase job satisfaction and retention.

Caseworker Training, Evaluation, and Supervision

Accountability through evaluation and supervision is key to providing quality services.

The quality of services received by children in foster care depends on the ability and effort of the caseworker. The necessity for qualified and well-trained caseworkers is obvious, but accountability through evaluation and supervision is also key to the provision of quality service.

Caseworker Training

According to staff analysis of data from the Training Record Information System, 98 percent of caseworkers have a bachelor's degree and 16 percent have a master's degree. Of those caseworkers with bachelor's degrees, 46 percent of the degrees are in social work and 13 percent in sociology. Of those with master's

degrees, 68 percent specialized in social work and 3 percent in sociology. Those without a bachelor's degree make up less than 2 percent of the caseworker population.

According to *Kentucky's Degree Institutionalization Plan*, the state is implementing several strategies for increasing bachelor-level staff and the number of supervisors with appropriate master-level human service degrees. In addition to the three programs discussed below, the plan cites the use of hiring practices and master's-level consultation as strategies for improving the availability of qualified caseworkers and supervisors (Commonwealth. Cabinet. Dept. *Kentucky's*).

DCBS and eight Kentucky universities created a consortium to increase the number of qualified child welfare caseworkers in rural areas of the state.

Commonwealth's University Consortium. The department and eight Kentucky universities created this consortium in order to increase access to undergraduate- and graduate-level social work programs in underserved areas. Through partnerships with Western Kentucky University and the University of Kentucky, courses in social work are being offered at small colleges and universities in far eastern and western Kentucky. Some of these courses are being offered via satellite technology. The intended result of this program is to increase the number of professional social work staff in rural portions of the state. Western Kentucky University graduated its first 50 Master of Social Work students in May 2005. Data regarding participation in other consortium courses and programs were unavailable.

Public Child Welfare Certification Program. This program is intended to increase the availability of qualified caseworkers and improve retention. This program is implemented by DCBS and 10 Bachelor of Social Work programs. The goal of the program is to graduate well-trained caseworkers who can provide high-quality services immediately upon employment.

Juniors and seniors working toward their Bachelor of Social Work at participating universities are given the opportunity to participate in the program. Those who do so receive the same training and information that is supplied in the first 6 months of employment with the cabinet, along with their academic program. The students are provided full in-state tuition and a \$1,300 per semester stipend for books, living expenses, and travel. If the participants complete the program, they are given priority for employment with the cabinet. In return for program participation, students make a 2-year employment commitment.

Supervisors indicated that Public Child Welfare Certification Program (PCWCP) graduates are well prepared for job duties.

As of May 2006, 412 students have participated in the Public Child Welfare Certification Program (PCWCP). The University of Louisville Evaluation Team conducted an evaluation of the program in May 2006. The report showed that both supervisors and graduates felt the program prepared students well for job duties (Hall 2). Interview and survey responses from the current foster care study are consistent with these findings. Both graduates and supervisors made positive comments about the program.

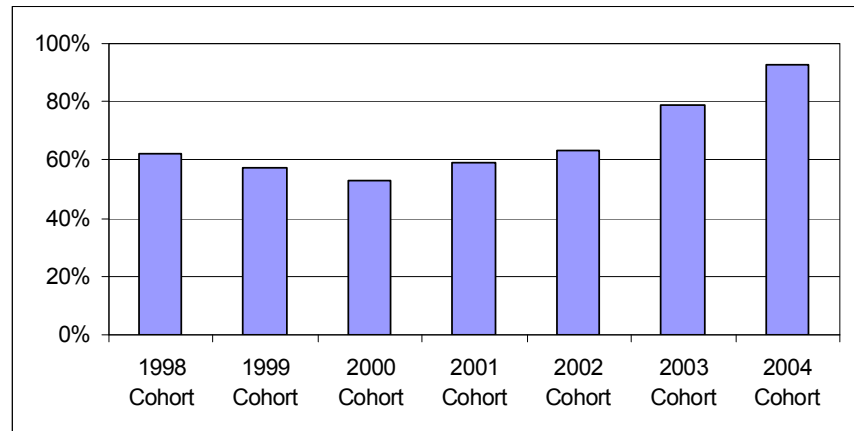
A supplemental study conducted by the cabinet measured differences in child welfare outcomes of safety, permanency, and well-being between program graduates and nongraduates. Compared to those who did not participate in the program, results from this study indicated a consistent pattern that program graduates tended to

- intervene more aggressively in cases and provided more services in cases;
- use practices more consistent with the rating of risk in cases;
- place more children with relatives, fewer children in private child care facilities, more in adoptive homes, and fewer in emergency shelter placements;
- visit children in out-of-home care more regularly;
- provide more satisfactory visits to children in out-of-home care, as rated by foster parents;
- complete past due referrals in a significantly shorter time period; and
- establish a permanency goal more often.

PCWCP graduates produce more positive case outcomes and stay with the cabinet longer than other caseworkers.

Evaluation of program data also indicate that retention rates are higher for PCWCP graduates (Barbee 47). At the time of the evaluation, 251 graduates had been out of the program for 2 years or more. Eighty-six percent, 215, of those were still with the cabinet. A random sample of other caseworkers from the same time period showed a 54 percent retention rate. Figure 4.A shows PCWCP retention rates as far as 8 years out. These results indicate that the 8-year retention rates for PCWCP graduates were higher than the 2-year rates for non-PCWCP caseworkers.

Figure 4.A
Public Child Welfare Certification Program
Graduate Retention by Cohort
(1998 to 2004)



Source: Barbee.

In interviews and survey responses, non-PCWCP caseworkers said they believed that PCWCP graduates have an unfair advantage in hiring and promotional opportunities. This perception may damage the morale and motivation of non-PCWCP caseworkers. The cabinet should take action to address these negative perceptions.

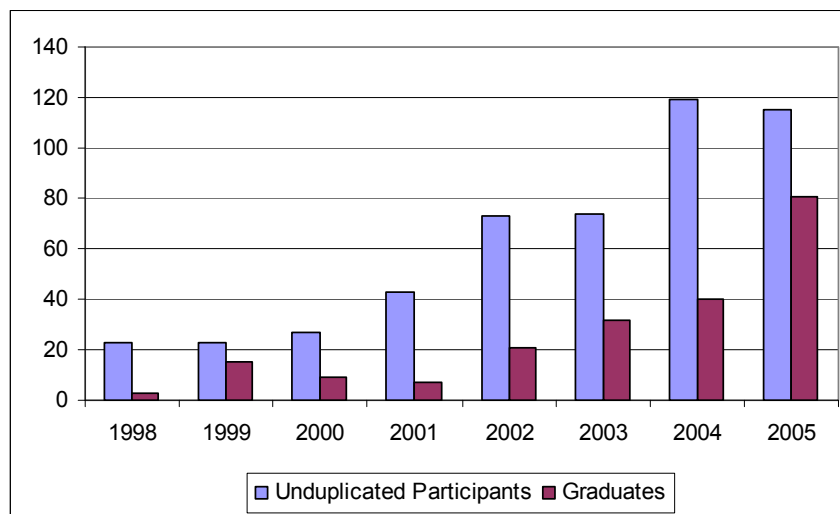
Master of Social Work Stipend Program. The original program started in the 1960s and provided full salary as well as 2 years of educational leave to complete the graduate degree. That program was discontinued in 1981. A 1996 survey revealed low numbers of caseworkers with Master of Social Work degrees in the entire family services field operations, which cabinet representatives attributed to the removal of the incentive program. The program was reestablished that year.

The Master of Social Work Stipend Program is intended to increase the number of caseworkers with graduate degrees. Since 1998, more than 250 program participants have obtained their degrees.

The current Master of Social Work Stipend Program is intended to increase the number of supervisors and caseworkers with graduate degrees. Participants in the program receive full tuition, flexible work schedules, and \$600 stipends for educational expenses. Students have 3 years to complete the program, during which a student practicum must be arranged with a child welfare unit under the control of the cabinet. Upon successful completion of degree requirements, the service commitment to the cabinet is based on 1 full year for each year of participation in the stipend program.

Since 1998, more than 550 caseworkers have participated and 256 had graduated as of May 2006. As shown in Figure 4.B, the number of participants and graduates has increased every year since 1998.

Figure 4.B
Master of Social Work Stipend Program
Participants and Graduates
(State Fiscal Years 1998 to 2005)



Source: Commonwealth. Cabinet. Dept. *Kentucky's*.

The retention rate of program graduates beyond their commitment to the cabinet is 82 percent. Retention rates for a comparable group of nonparticipants are not available. Staff suggest that the cabinet collect objective data regarding success and retention of a comparable group caseworkers not involved in the program for comparison and evaluation.

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.

The probationary period for caseworkers should be extended beyond the training period to allow supervisors adequate time to evaluate new caseworkers because so much time is spent in training, not in frontline practice.

Academy Training. Caseworkers enter the training academy at Eastern Kentucky University immediately after being hired. The academy consists of three courses for which caseworkers earn university credit and receive course grades. Course learning also is evaluated using tests of social work knowledge before and after training. Analysis of 4 years of pre- and post-test data by the University of Louisville Evaluation Team show significant increases in trainee knowledge after training (Hall). Caseworkers typically complete academy training within the first 6 months of employment, while also working in the field.

Due to privacy restrictions, supervisors do not receive training evaluation information for their caseworkers. The first 6 months of employment make up the probationary period. Interview and survey responses from supervisors indicate that the amount of time spent in training during those first 6 months makes it difficult to evaluate the strengths and weaknesses of caseworkers and whether or not they are a good fit for the position. It may be necessary to alter the amount of probationary time spent in training or extend the probationary period in order to reduce the likelihood of taking on employees who are not good matches for their positions.

According to supervisors, caseworkers training should be more job specific.

Nearly all (92 percent) of caseworker survey respondents indicated that they have access to all required training. Seventy percent of those respondents reported that the current training programs meet their needs. The majority of supervisor survey respondents stated that caseworkers are well or very well trained. Supervisors were asked whether or not caseworkers needed additional training in specific areas. As shown in Table 4.1, about half of respondents indicated that caseworkers need training in most of those areas. Interview comments indicate that supervisors would like training to be more job specific.

Table 4.1
Additional Training Needed for Caseworkers
as Reported by Supervisor Survey Respondents

Type of Training	Percentage of Supervisors
Substance Abuse	52.1
Mental Health Issues	51.0
Court Processes	50.0
Court Testimony	44.8
Domestic Violence	31.3

Source: Compiled by Program Review staff from supervisor survey data.

Several caseworkers indicated in survey comments that they find their training courses of marginal use, feeling that hands-on training in the field is better. Some mentioned that they do not have time to attend training with all the other tasks they have to perform as caseworkers. A few mentioned that they feel as though trainers do not have real world field experience and focus more on theory than on practice.

Supervision

Field service office supervisors typically are promoted into supervisory positions from caseworker positions. As supervisors, they are required to perform multiple managerial tasks, such as those outlined below:

- personnel management, which includes interviewing and hiring employees, handling complaints and grievances of staff, taking disciplinary actions, and conducting performance appraisals;
- staff development, which includes identifying staff development and training needs and developing plans for training of staff as needed through in-service training, seminars, unit meetings, or other avenues;
- budgeting, which includes reviewing the budget items and information made available to the position at the discretion of the manager; and
- committee service: which includes serving on boards to enhance relationships and understanding between the department and other community organizations.

The above tasks are not completed by caseworkers and are, therefore, unfamiliar to a new supervisor. Supervisors must receive appropriate training in order to complete these tasks successfully and provide adequate support for caseworkers. A 1974 Kentucky Department for Human Resources report recommended specialized training for supervisors (Commonwealth. Dept. for Human 8). The Citizen Review Panels also recommended enhanced supervisor training in their 2005 annual report (42-43).

The cabinet should maintain supervisory training to ensure that caseworkers receive adequate support.

In 2004, the training regimen for new supervisors included leadership development, employee performance evaluation, sexual harassment prevention, and random moment time study observer courses. According to the DCBS Training Branch, the leadership development series was discontinued and has been unavailable for nearly 2 years. Caseworker interview and survey responses indicate that some supervisors do not provide adequate leadership and support. The training department reported that personnel management and leadership development courses have been designed and will be implemented within the next few months. A summary of the new training series is available in Appendix G.

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.

Employee Performance Evaluation

The purpose of employee evaluations is to ensure that employees are doing what they are supposed to be doing. However, employee evaluations serve many other purposes, such as the determination of compensation adjustments, promotional opportunities, and training needs.

Performance Evaluation System. There are five phases in the current employee evaluation system.

1. Performance plan. The supervisor develops a performance plan and conducts a planning meeting for each employee within 30 days of the start of the performance period.
2. Interim review 1. The supervisor completes an interim review and meeting with each employee during April of the performance year. Work progress regarding all categories of performance are reviewed and discussed. If necessary, a Performance Improvement Plan is developed.
3. Interim review 2. The supervisor completes an interim review and meeting with each employee during August of the performance year. Work progress regarding all categories of performance are reviewed and discussed. If necessary, a Performance Improvement Plan is developed.
4. Documentation of performance for September through December. After December 31, and prior to completion of the annual evaluation, the supervisor completes a review for each employee to document performance for September through December. Work progress regarding all categories of performance are reviewed and discussed with the employee. If necessary, a Performance Improvement Plan is developed.
5. Annual performance evaluation. This final evaluation is completed for each employee within 30 days of the end of the performance period. The supervisor determines the employee rating of performance for the full year within each performance category.

The time demands of the employee evaluation process decrease the amount of time supervisors spend conducting case consultation with their caseworkers.

For each phase of the system, the supervisor must discuss each review with the next-line supervisor, typically the service region administrator, and the employee. Supervisor survey and interview comments indicate that the time demands of this process take away needed case consultation time with caseworkers and community partners.

Continuous Quality Improvement Case Review. In terms of historical underpinnings, case review was recommended by the Commonwealth's Department for Human Resources in 1974 (8). The modern CQI Case Review Tool was used in the recent Program Improvement Plan to evaluate casework quality. Case reviews were used to assess the quality of case work at the state and regional level and yielded scores on all Child and Family Services Review indicators. Cases are reviewed on three levels. Level one reviews are conducted by the family service office supervisor. Level two reviews are conducted by the Regional Review Team as selected by the service region administrator or designee. Level three reviews are conducted by the Division of Protection and Permanency.

The CQI process is no longer being used as a measure of case quality for the Program Improvement Plan. Rather, it is being used as a tool for supervisors to coach caseworkers. The intent is to improve case quality through learning and supervision. Survey results indicate that many supervisors and most caseworkers have a negative perception of the process. When asked how much the case review process improves the work of caseworkers, 40 percent of supervisors and 55 percent of caseworkers indicated that it is not at all helpful. Fifty percent of supervisors and 43 percent of caseworkers described the process as somewhat helpful. See Chapter 2 for a detailed description of supervisors' and caseworkers' responses.

The use of CQI scores as part of employee performance evaluations is inconsistent across regions and counties.

Although the cabinet states that the CQI process is not intended to be compliance driven, the former Kentucky River Service Region (now in the Cumberland Service Region) has included the CQI score as part of the employee performance evaluation. Within that region, CQI scores are weighted differently in various counties. Interview comments suggest that supervisors in other regions also use CQI scores in their evaluation of employees, regardless of regional or cabinet policy.

As recommended in Chapter 2, the cabinet should utilize CQI as a performance tool that does not affect caseworker evaluations. If the cabinet can gain agreement from the caseworkers and supervisors

to use the CQI tool as a coaching tool also and can demonstrate positive outcomes as a result, then it should continue that use as well.

Discipline

To address a range of employee misconduct, the cabinet uses a progressive disciplinary procedure with three stages: verbal warning, written reprimand, and major disciplinary action.

According to policy, a supervisor may issue a verbal warning to an employee without prior approval from the next-line supervisor. However, interview and survey responses suggest that some supervisors are under the impression that they must obtain approval for such action. These supervisors reported that they do not have the ability to properly discipline caseworkers when it is necessary. Many respondents stated that the long time lag between the offense and approval of disciplinary action makes the process ineffective.

Policy states that although the supervisor has the authority to issue a written reprimand, the supervisor must submit a draft of the reprimand to the Division of Employee Management in the Office of Human Resource Management for approval before it is issued to the employee. Interview and survey comments from supervisors indicate that there are many levels of approval for this type of disciplinary action, which take a long time to process. Supervisors stated that it can take months for approval of a written reprimand, by which time the employee has continued to work with no consequences for misconduct.

Major disciplinary action must be taken by the Appointing Authority, which for the cabinet is the director of the Office of Human Resource Management. To initiate a major disciplinary action, a supervisor must prepare a detailed memorandum with supporting documents for the Office of Human Resource Management's Division of Employee Management. A personnel administrator reviews the request and supporting documentation and determines the appropriate disciplinary action. The employee then has the opportunity to respond in writing and request a hearing depending on the severity of the disciplinary action.

The disciplinary process is considered ineffective by supervisors due its difficulty and length.

Interview and survey responses indicate that many supervisors feel this process is too long, which makes it ineffective. Supervisors stated that the process creates an unfair workload for the supervisor, which makes disciplinary actions difficult regardless of

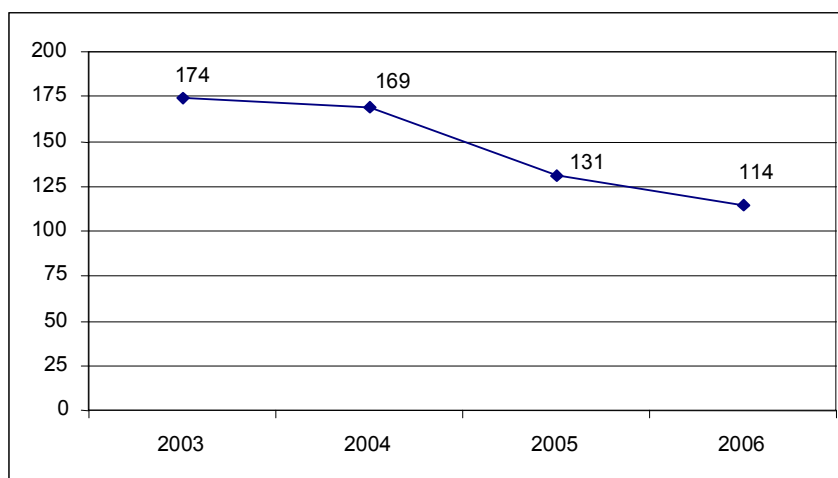
the type of action. Supervisor survey comments suggest that supervisors feel employees receive too many chances, which forces the supervisor to keep poorly performing employees. Supervisors stated that this increases workload and stress for good employees.

Fifty-two percent of supervisors and 57 percent of caseworkers responding to the survey indicated that the disciplinary process is fair. Comments from supervisors and caseworkers suggest that the causes for and severity of disciplinary actions are inconsistent across regions. It is suggested that the cabinet evaluate the consistency of disciplinary actions across regions and take appropriate steps to address any existing differences.

Supervisors indicate that it has become increasingly difficult to gain approval for disciplinary actions.

In response to questions regarding recent changes to disciplinary policies, the cabinet stated that no changes have been made to policies requiring approval for minor or major disciplinary actions. However, supervisors reported that it has become increasingly difficult over the past 2 years to take disciplinary actions. As shown in Figure 4.C, the number of disciplinary actions has decreased since 2003, which may support supervisors' claims of increasing difficulty.

Figure 4.C
DCBS Disciplinary Actions
(State Fiscal Years 2003 to 2006)



Source: Compiled by Program Review staff using data obtained from the Department of Community Based Services commissioner's office.

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.

Organizational Policies and Procedures Negatively Impact Foster Care

Personnel Reductions

In December 2002, the Governor's Office required personnel reductions in the former Cabinet for Families and Children (now the Cabinet for Health and Family Services.) The cabinet was given a target number of reductions to be achieved by December 2003. The cabinet lost 235 positions between fiscal years 2003 and 2004. The number of budgeted staff positions in the cabinet for FY 2007 is 4,700, which represents an 11 percent loss in funded positions since 2002.

Legislative Research Commission budget instructions require the staffing budget to be based on the number of filled positions as of August 1 of that year. Because most retirees leave on July 31, August 1 is the single-highest date of the year for vacancies. This practice automatically reduces the personnel baseline.

In order to maintain effective and efficient foster care services, policies regarding staffing levels must accommodate fluctuations in the number of cases in the system. As indicated in Table 4.2, the total number of Protection and Permanency cases has increased 12 percent since 2004. Caseworker positions and supervisory positions have also increased.¹ Meanwhile, the number of social service aides has decreased 19 percent in the same time period.

¹ Caseworker positions are social service workers, social service clinicians, and social service specialists.

Table 4.2
DCBS Budgeted Positions, Filled Positions
by Caseworker Type, and Cases in the System
(State Fiscal Years 2004 to 2006)

State Fiscal Year	Budgeted DCBS Staff Positions	Caseworkers	Supervisors	Social Service Aides	Total Number of Cases
2004	4,731	1,620	265	111	31,687
2005	4,703	1,627	267	92	33,744
2006	4,700	1,670	273	90	35,475
Change	-0.07%	+3%	+2%	-19%	+12%

Source: Compiled by Program Review staff using data obtained from DCBS and TWIST.

Supervisor and caseworker positions are increasing but at a slower rate than the number of cases.

Although the number of caseworker and supervisory positions has increased slightly, this increase has not been proportionate to the overall increase in cases. Additionally, these position increases have been achieved by reducing support staff such as social service aides. A few caseworkers' responses to interview and survey questions suggest that social service aides provide preventive services that keep children in the home. The loss of such services may negatively impact out-of-home care workloads.

According to the Legislative Research Commission's 1996 Interim Membership Task Force on Children in Placement, the loss of social service aides could "require caseworkers to provide less critical services and, in some cases, add more time-consuming activities to their current workloads" (35). Program Review staff surveyed caseworkers at that time who reported that several tasks could be handled by other people, including clerical staff and service aides. Transferring such tasks would allow caseworkers to spend more time working with the families. In 1997, the Citizen Foster Care Review Board also recommended funding and legislation for the hiring of paralegals and case aides (Commonwealth. Administrative. Citizen. *Mandated 3*).

An analysis of the cost effectiveness of maintaining support staff versus increasing caseworker positions should be completed.

There has been no analysis of the cost effectiveness of maintaining support staff versus an increase in caseworkers. Such an analysis is necessary prior to a decision to increase or decrease the number of support staff. Staff suggest that the cabinet study the workload and budget impact of such a decision.

Merit System Regulations and DCBS Hiring Procedures

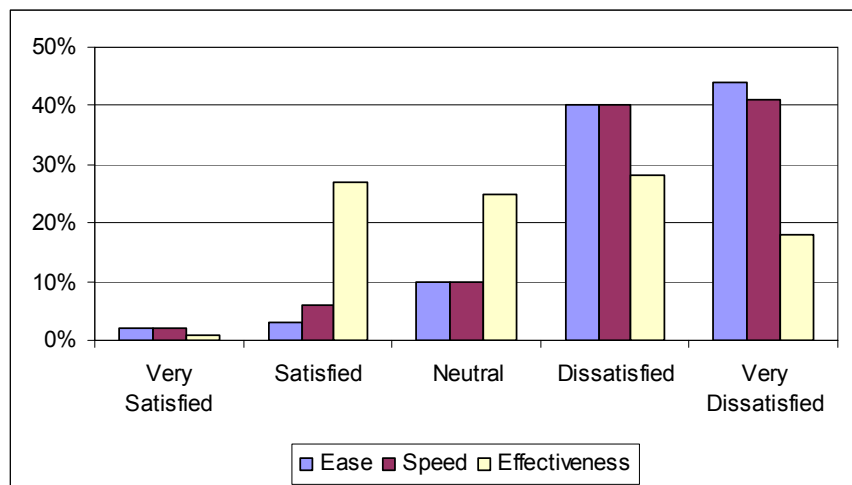
The Social Service Worker I job classification is a competitive/immediate fill position, which means that applicants can apply for this position at any time and, if qualified, they are

placed on the register. When a local office sends a vacancy notification to the Personnel Cabinet requesting that one of these positions be filled, a register is sent to the agency without advertising the position for 10 days on the Personnel Cabinet's Web site. According to the Personnel Cabinet, the reason for immediately filling this position is that it is critical and essential to the operation of the requesting agency and cannot remain vacant for the 10-day advertisement period. Thus, the position is continuously advertised and applicants are free to apply and be placed on the register at any time.

Social Service Worker II and Social Service Clinician job classifications are not competitive/immediate fill positions. Therefore, these positions remain vacant for the 10-day advertisement period during which applicants may apply and be placed on the register.

The hiring process has been described by administrators and supervisors as lengthy and cumbersome. As shown in Figure 4.D, survey responses indicate that most supervisors are dissatisfied with the ease and speed of the hiring process.

Figure 4.D
Supervisor Survey Responses
Satisfaction With DCBS Hiring Process
(Number of Respondents=96)



Source: Compiled by Program Review staff using data obtained from a survey of family service office supervisors.

Supervisors report multiple delays and problems associated with the hiring process.

Many supervisors' responses to survey and interview questions indicate that multiple delays and problems occur throughout the hiring process. The process begins with the justification process, in which the local office must justify refilling the position to central office. Then central office sends a request for a register of qualified applicants. Supervisors reported that most employees give at least a 2-week notice prior to vacating their positions and that the register request is typically sent to central office as soon as notice is given. However, register requests are not processed until the position is vacant. Supervisors stated that this warning time should be utilized in order to speed up the hiring process. Additionally, several supervisors reported delays as long as 2 to 3 months between the position's being vacated and receipt of the register.

Once the register is received, local office staff must interview at least three applicants. They then send a hiring recommendation to central office, where the recommendation is reviewed by the Division of Staff Resource Development and the director of Service Regions to ensure that all regulations have been followed. If no problems are identified, the recommendation is sent to the cabinet's Office of Human Resource Management for additional review and then forwarded to the Personnel Cabinet electronically. Review of the recommendation by multiple central office representatives further prolongs the hiring process. A few supervisors reported that recommendations linger in central office for several months. Some supervisors also indicated that the extended review by central office reduces their effectiveness as managers because it takes the hiring decision out of their hands.

The length of the hiring process increases the risk of losing qualified candidates and forces remaining caseworkers to deal with increased caseloads.

Finally, Personnel Cabinet staff review all applicant materials for completeness and accuracy. If all paperwork is deemed satisfactory, local office staff is informed of the approval and can make the offer of employment to the applicant. The candidate does not know that he or she will receive an offer until the recommendation is approved by the Personnel Cabinet. The time period between the candidate interview and offer of employment may be as long as 6 months. Some supervisors reported that candidates may lose interest or accept other offers during this time, which further delays filling positions because a new recommendation for hire must be made. Additionally, candidates accepting positions may give up to a 1-month notice at their current employers.

The length of the hiring process forces remaining caseworkers to deal with increased caseloads. Such working conditions are likely to increase stress and decrease effectiveness.

Alternative hiring practices could decrease the length and inefficiency of the hiring process.

Alternative Hiring Practices. Although the traditional practice of hiring and training is ultimately effective in filling a vacancy, it is too long and inefficient. Supervisors and administrators made several recommendations for change, such as the use of part-time employees, “floating” employees within each region, and contracting temporary employees.

Unconventional hiring practices have been explored by other states. The National Resource Center for Child Protective Services reported that approaches to staffing changes should be creative in considering both short-term and long-range benefits. The report cited Delaware and Michigan strategies as innovative and effective (10).

Delaware’s self-assessment stated that in response to high staff turnover and resulting high caseloads, officials prioritized maintaining a trained and ready workforce. Systems were developed to screen and quickly hire employees, while also funding caseworker retention initiatives. As a result of these changes, Delaware’s workforce has stabilized and caseloads have decreased (U.S. Dept. Administration. Children’s. *Child and Family Services Reviews Statewide* sec. 4 p 4).

Michigan reduced time to fill vacancies by creating a central hiring pool and training new hires in anticipation of openings.

Michigan also made changes to hiring practices in order to lower vacancy rates. According to the state’s self-assessment report, officials created a centrally coordinated hiring pool for filling vacancies. After interviews with local office and human resources staff, candidates attend 8 weeks of training. After training, if a permanent position is not already open, the new employee is hired into a limited-term position in the meantime. This process has significantly reduced the time required to fill vacancies (State of Michigan 123).

In the mid-1990s, a pilot hiring program was tested in Louisville that pooled vacancies, used structured behavioral interviewing, conducted training prior to final placement, and promoted trained hires into permanent positions with a new probationary period. During the pilot, the percentage of vacant positions dropped from 20 to 3.

A Kentucky Alternative. In the mid-1990s, a pilot program in the Department for Social Services in Jefferson County included an alternative method for selecting and training employees. According to a 1997 report to the Governor, this method included four important components:

1. Employment registers include all applicants who have passed the Family Services Worker merit test and not just applicants who are among the top five scorers. The register is based on total district vacancies rather than on individual vacancies. The register is used for multiple appointments over a period of time (typically about 2 months in the pilot). This reduces the number of registers requested and reviewed by supervisors and results in greater diversity in the applicant pool.

2. A structured behavioral interview is used by interview teams for all job candidates. The interview questions center on skills areas that are indicative of future caseworker performance.
3. Applicants move into a 2-month training phase after being hired. The new employee's entry-level salary is decreased by 5 percent during this training phase.
4. After training is complete, trainees are matched to teams with vacancies. They are then promoted into full-time permanent positions and the new probationary period begins (Commonwealth. Cabinet. Personnel 6-7).

The report stated that this program was successful in reducing vacancy and turnover rates. Evaluation of the program results showed a drop in vacancies from the pre-pilot average of 20 percent to a post-pilot average of 3 percent. Ninety-three percent of the staff hired using the new process did not have top-five merit test scores and would not have been included on the register if standard hiring protocol was followed. An analysis of their performance in comparison to nonpilot performance found that pilot employees performed up to or exceeded standard practice levels.

Implementation of a program similar to the 1990s pilot and the Michigan initiative could reduce the time to fill vacancies, which would ease caseload pressures for caseworkers.

This pilot program is similar to the program used to decrease hiring times in Michigan. The successes of both programs suggest that this type of hiring alternative would benefit the cabinet. Staff suggest that the cabinet further investigate these results and implement a similar program for hiring caseworkers. The implementation of such a program statewide would likely entail creating a new caseworker class specification for the caseworker-in-training phase. This classification would allow for reduced salary during the training phase and an additional probationary period upon promotion to full-time permanent caseworker. The authority to request the new caseworker classification lies with the secretary of the Personnel Cabinet. The secretary submits such proposals to the Personnel Board for approval.

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.

Job Characteristics: Implications for Caseworkers and Supervisors

Job Stress

Long hours and unmanageable caseloads result in high stress levels for caseworkers.

Undoubtedly the work of caseworkers and caseworker supervisors is stressful. Caseworkers responding to the survey gave an average stress rating of 8.5, and supervisors gave an average rating of 8.4 on a 10-point scale. The number of reported work hours per week and ratings of caseload manageability significantly influenced stress ratings.

Important Decisions. Interview responses from caseworkers and supervisors suggest that one of the most stressful components of their jobs is the possible impact of the decisions they make. One caseworker commented that the decisions made by caseworkers can affect the entire life of a child. She stated that the weight of such decisions is a constant source of stress for caseworkers. One supervisor reported that decisions about placements and termination of parental rights are the most stressful decisions she makes as a supervisor. This aspect of casework and supervision goes with the territory of work in Protection and Permanency.

Adequate training and support from regional and central office staff can ease the burden of difficult decisions. One supervisor indicated that administrators in her region share the burden of tough decisions. She stated that knowing decisions are not made in a vacuum without input from others helps ease her mind, but she still feels ultimately responsible for most decisions. Although most supervisors indicated support from the regional office, some supervisors reported inadequate support from regional management. Staff suggest that the cabinet take steps to ensure that regional office support of caseworker and supervisor case decisions is adequate and uniform across the service regions.

Long Hours. As stated above, the number of reported work hours per week significantly influenced stress ratings. Both supervisors and caseworkers reported working an average of about 43 hours per week. However, some caseworkers and supervisors reported working as many as 65 hours per week. Many caseworkers stated that they cannot provide the quality of services they want their clients to receive by working a 37.5-hour week. Consistently working long hours can produce undue stress for caseworkers. Eighty percent of caseworkers reported that not having enough time to do everything as one of their top three sources of stress.

Caseworkers and supervisors indicated that increasing transportation aides and clerical support would reduce caseworker stress.

Resources and Technology. In order to supply quality services to children and families, caseworkers and supervisors need access to many types of resources, such as clerical support and technology. More than 50 percent of caseworker survey respondents rated increases in transportation aides and clerical support as being two of the three most important means of reducing caseworker stress. Interviews with both supervisors and caseworkers suggest that access to clerical and transportation support has significantly decreased in recent years. Caseworkers and supervisors reported that this is a source of stress because it takes time away from more important tasks such as case consultation and home visits.

Technology is often viewed as a mechanism for decreasing workload and increasing efficiency. The Workers Information SysTem was developed as a means for reducing paperwork for employees. However, many caseworkers and supervisors view TWIST as a source of additional stress. From their perspective, this program was intended to reduce the amount of paperwork, but instead it has only doubled the work. Caseworkers and supervisors stated that the amount of work done on paper has not been reduced, but they now have to create electronic versions of that paperwork as well.

Caseworkers and supervisors also indicated that other technology tools would make their jobs easier. Cell phones and digital cameras were ranked by both supervisors and caseworkers as two of the top three most important technological tools. Interview and survey comments from supervisors and caseworkers indicate that digital cameras would help caseworkers by providing a quick, confidential method of developing case-related pictures. Caseworkers also ranked laptop computers in the top three, whereas supervisors ranked desktop computers as more important. Eighty-three percent of both supervisors and caseworkers stated that they do not have a state-issued digital camera. Most caseworkers (78 percent) indicated that they do not have a state-issued cellular phone, whereas the majority of supervisors (61 percent) reported having a state-issued cellular phone.

The cabinet's initiative to provide technology "tool kits" should be expanded to provide caseworkers in all service regions with the technology needed for efficient case services.

As for computers, only 3 percent of caseworkers indicated that they have access to a state-issued laptop computer. More than 96 percent of supervisors and 98 percent of caseworkers reported having a state-issued desktop computer. Some regions have received technology items as part of a "tool kit" initiative, whereas other caseworkers reported that they were unaware of the project. Staff suggest the department increase efforts to provide new

technology to caseworkers and supervisors in the form of cellular phones, digital cameras, and laptop computers.

Safety Concerns. Although most caseworkers did not rank risk of harm as one of the top three stressors of their job, 15 percent of caseworkers and 17 percent of supervisors see safety as a top concern for caseworkers. Interview and survey comments indicate that caseworkers are often on the receiving end of threats and stalking behavior. After recent media stories critical of the cabinet, the DCBS office in one county received bomb and chemical threats. A Jefferson County employee received media attention in March 2006, when she sent an e-mail warning fellow caseworkers about caseworkers' being shot at in another county. The caseworker stated that the cabinet should do a better job at maintaining statistics regarding threats and violence against caseworkers in order to document the extent of the problem.

DCBS provides four training courses to address caseworker safety. Caseworkers may also choose to conduct home visits with another caseworker or law enforcement officer.

The death of Boni Frederick, a social service aide, in October 2006 also highlighted the risks facing direct-care staff. Frederick was killed while conducting supervised visitation in the home of a birth parent. The cabinet secretary has stated that caseworkers and aides have several options for reducing the risk of violence during a home visit, such as being accompanied by other staff members, calling law enforcement, or canceling a visit if they feel threatened. He also stated that cabinet policy does not require employees to take a second official with them to home visits. The DCBS training branch provides four courses related to employee safety. Those courses are outlined in Appendix G. Prior to this incident, the most recent child protection worker fatality was in 1987.

Caseworkers recognize the safety risks associated with their work but feel that those risks are not appreciated or compensated.

Survey responses suggest that many caseworkers consider these occurrences a part of the job but do not feel as though their risk is adequately appreciated or compensated. Staff selected two relevant quotes.

In this nation, the only job more dangerous than law enforcement is child protection, yet they get a gun, a car, handcuffs, bullet proof vests, and hazardous duty and we get nothing but our notebooks with State seals on them.

How is it that we are not as valuable as any teacher or police officer? I don't receive hazard pay, yet my life is often threatened.

As a safety precaution for caseworkers and to ensure the safety of children, caseworkers typically run background checks on all adult household members. According to SOP 7B.1, the caseworker

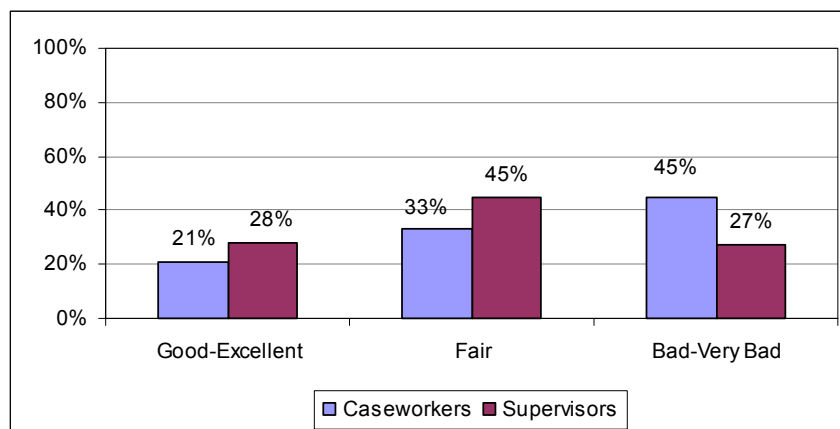
should check for prior reports and records as soon as possible following the referral. Staff suggest that such checks be repeated at least biannually in order to identify possible threats as they make themselves apparent in law enforcement and court documents after the initial referral search has been completed.

Support and Morale

Many supervisors and caseworkers rated the morale of caseworkers as fair or bad.

Low morale is likely to produce low motivation, which in turn will reduce the quality of services provided by caseworkers. Decreased morale is also linked to low job satisfaction and high turnover. As shown in Figure 4.E, many supervisors and caseworkers described the morale of caseworkers as fair or bad; relatively fewer supervisors and caseworkers indicated that morale is good or excellent.

Figure 4.E
Caseworker and Supervisor Ratings
of Caseworker Morale



Source: Compiled by Program Review staff from caseworker and supervisor survey data.

Comments from both supervisors and caseworkers also suggest that caseworkers suffer from low morale. One caseworker stated:

Caseworkers are experiencing an extremely significant level of poor morale. Caseworkers are being bombarded with more and more responsibility as well as more people to answer to (i.e., Interested Party Review, Citizen Foster Care Review Board, CASA, regional office, Ombudsman, court system, etc.).

Other caseworkers reported that they are losing good colleagues because they cannot handle the continuous stress.

Caseworkers' perception that the cabinet does not appreciate their work contributes to low morale.

A frequent complaint in both survey and interview responses is that caseworkers do not feel appreciated by the cabinet.² Although compensation was also a frequent complaint, most caseworkers indicated that they did not become caseworkers for the money. However, they indicated that they did expect to be respected and appreciated. Caseworkers and supervisors displayed disappointment at the lack of recognition and appreciation of quality work. Many caseworkers stated that they feel that the work they do with families is not as important as the paperwork they fill out in their offices. The perception that their work is not appreciated or respected is detrimental to motivation to provide quality services to children and families.

Interview responses suggest that supervisors are encouraged to conduct staff appreciation activities, but they are not given resources or funding for those activities. Staff suggest that the department develop a plan to identify and show appreciation for quality casework and provide funding for appreciation programs developed by supervisors. Such recognition is likely to increase the morale and motivation of caseworkers and supervisors.

Supervisors and caseworkers report that they do not know the names, titles or job responsibilities of central office staff.

Central Office. Interview comments and survey responses indicate that both supervisors and caseworkers feel disconnected from central office. Supervisors reported that they work through their regional office to accomplish tasks because they do not know who to contact in central office. Although working through the chain of command is appropriate, supervisors should have at least a general idea of what departments in central office are important to their work. Supervisors and caseworkers reported that they do not know the names or titles of central office staff and would not know whom to contact with questions if regional staff were unavailable.

Central office should make efforts to strengthen their relationship with caseworkers and supervisors.

The detachment of central office is reflected in supervisors' and caseworkers' ratings of its willingness to listen to feedback. Sixty-four percent of caseworkers and 54 percent of supervisors rated the receptiveness of feedback by central office as somewhat or very poor. Many supervisors (42 percent) described their relationship with central office as fair, with 33 percent describing the relationship as good or excellent. However, more than half of supervisors and half of the caseworker respondents indicated that they are dissatisfied with their level of communication with the commissioner and director of Protection and Permanency.

² The Citizen Review Panels of Kentucky *Annual Report 2006* also recommended that the cabinet implement methods to aid in employee retention and morale after survey results showed caseworkers felt unappreciated by the cabinet (47).

Survey comments echo this dissatisfaction. A supervisor and caseworker respectively stated:

Morale is the lowest that I have seen in the [more than 20] years that I have worked for the cabinet. Decisions at the upper level appear to be made with little to no knowledge of how it affects the frontline worker.

I have never heard from or seen commissioners, persons in Frankfort, etc. and they seem to quickly hand down policy change without surveying those affected. In addition, many do not even have a background in CPS/APS and have no idea of what frontline work is like.

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.

Supervisors reported higher satisfaction with regional office than caseworkers reported.

Regional Office. Although caseworkers and supervisors expressed similar opinions regarding central office, their perspectives differed for regional office staff. As shown in Table 4.3, a higher percentage of supervisors reported being satisfied with their level of communication with regional office staff members.

Table 4.3
Supervisor and Caseworker Satisfaction
With Regional Office Staff Communication

Regional Official	Supervisor Satisfaction	Caseworker Satisfaction
Service Region Administrator	85%	64%
Service Region Administrative Associate	91%	76%
Service Region Clinical Associate	88%	75%

Source: Compiled by Program Review staff from caseworker and supervisor survey data.

Supervisors and caseworkers also have differing opinions regarding regional office support. More than 70 percent of supervisors indicated that regional office is responsive to their needs, whereas only 45 percent of caseworkers reported that regional office is responsive to their needs. Fewer caseworkers

(48 percent) than supervisors (72 percent) reported receiving adequate guidance from regional office regarding case problems. Additionally, 66 percent of supervisors indicated that regional office values their opinions, whereas only 38 percent of caseworkers reported that regional office values their opinions.

Supervisor survey comments also indicate that they have positive interactions with their regional offices. One supervisor stated:

Regional support for the most part is very good. There are some good protocols in effect to deal with various situations. There are some excellent specialists who provide invaluable expertise. There is usually someone always available in the regional office.

Regional staff should work with supervisors to strengthen the relationship between regional office and caseworkers.

These results suggest that regional office has a better relationship with supervisors than with caseworkers. Since regional office staff make decisions relevant to cases, it is important for caseworkers to feel comfortable asking for support regarding case issues. Staff suggest that regional office staff work with supervisors to improve the relationship with caseworkers. Also, the cabinet should ensure the continued level of support by the new regional offices.

Compensation and Incentives. Interview and survey comments indicate that supervisors and caseworkers feel underpaid. Supervisors stated that they make little more than new caseworkers, especially Public Child Welfare Certification Program graduates. Long-time employees reported similar perceptions of inequity. As shown in Table 4.4, data from the Personnel Cabinet indicate that supervisors generally have higher salaries than social service workers, social service clinicians, and social service specialists.

Table 4.4
Supervisor and Caseworker Compensation

	Average	Median
Supervisor	\$46,218.73	\$44,998.80
Caseworker	\$36,002.77	\$35,965.92

Note: Caseworker is defined here as a social service worker, social service clinician, or social service specialist.

Source: Compiled by Program Review staff from data from the Personnel Cabinet.

Performance incentives and appreciation programs should be developed and funded so that caseworkers feel better appreciated and supported.

Due to budget constraints, it may be difficult to increase caseworker salaries. It may be possible, however, to offer other performance incentives that show caseworkers they are appreciated and supported. Interviews with administrators, caseworkers, and supervisors resulted in the discovery of a single performance

incentive for caseworkers. Caseworkers receiving the highest rating on performance evaluations earn additional paid vacation days. Unfortunately, a few supervisors reported pressure to reduce the number of employees who receive that incentive by reducing evaluation ratings. Staff suggest that this incentive program continue without pressure to limit the number of employees receiving the incentive. Staff also suggest that the cabinet develop and request funding for additional incentive programs for both caseworkers and supervisors.

Media. Recent negative media coverage is an area of particular concern for caseworkers and supervisors. Interview and survey comments suggest that caseworkers feel as though they have no voice in the media, and the cabinet does not speak in their defense. One caseworker stated that she is usually proud to be a caseworker, but recently she is ashamed to tell others about her work. Another caseworker stated that the media does not understand the work they do and so misrepresents actions taken in the best interest of children. Caseworkers expressed understanding regarding confidentiality restrictions that prevent cabinet representatives from speaking out about specific cases. Some caseworkers stated that the cabinet could do a better job of talking to the media about the positive influence of good caseworkers. Staff suggest that the cabinet make efforts to inform the media of positive outcomes associated with the work of caseworkers and supervisors.

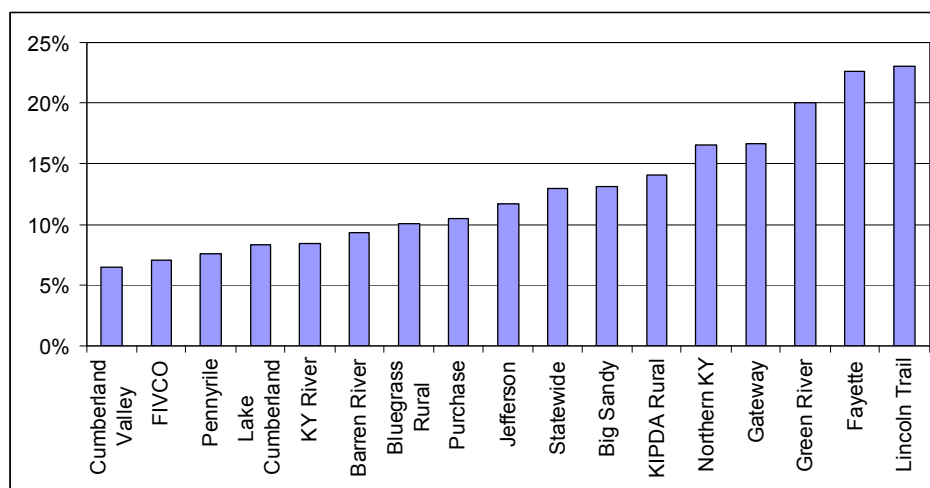
Turnover and Retention

A 2006 report by the U.S. Government Accountability Office listed the ability to recruit and retain caseworkers as a top challenge for child welfare agencies (*Child Welfare: Improving* 10). The retention of caseworkers needs to be addressed for two primary reasons. First, the cost of replacing competent employees creates strain on an already tight social services budget. According to a report by Susan Robinson at the 2006 National Conference of State Legislatures, the cost of replacing an employee is equal to one-third to one-half of the exiting employee's annual salary (26). Second, the loss of good caseworkers affects the quality of services received by children and families. A previous report issued by the U.S. Government Accountability Office in 2003 stated that high turnover rates and staffing shortages affect the safety and permanency of children by producing high workloads for remaining staff (*Child Welfare: HHS*).

Caseworker turnover rates vary widely by region. Anecdotal evidence suggests that the turnover rate will be higher in 2006.

Data collected by the Department for Community Based Services indicate that Protection and Permanency had a statewide caseworker turnover rate of about 13 percent for calendar year 2005. This rate was low in comparison to the rate of up to 44 percent turnover reported in other states. As shown in Figure 4.F, some regions in Kentucky have much higher turnover rates than others. There is anecdotal evidence that the 2006 turnover rate will be higher. Departmental data also show that exiting caseworkers have been in their positions an average of 5 years.

Figure 4.F
Percent Caseworker Turnover by Region
(Calendar Year 2005)



Note: Calendar year 2005 is defined in these data as February 1, 2005, to January 31, 2006.

Source: Staff compilation of information provided by the Department of Community Based Services.

The 2003 U.S. Government Accountability Office report listed seven causes of caseworker turnover: low pay, risk of violence, staff shortages, high caseloads, administrative burdens, inadequate supervision, and inadequate training (*Child Welfare: HHS 10*). The latest exit interview report made available by the cabinet listed seven categories of change recommendations made by exiting employees: workload, employee recognition, promotion opportunities, favoritism, disciplinary actions, flextime, and education/training (Commonwealth. Cabinet. Dept. *Exit 10-16*).

Several of the recommendations given by exiting employees are consistent with the causes of turnover identified in the U.S. Government Accountability Office report. The exit interview report provided information for the cabinet as a whole rather than for separate divisions. Therefore, it is not possible to separate

responses for Protection and Permanency. It is recommended that DCBS continue to collect exit interview information and conduct more detailed analyses of that data for Protection and Permanency, specifically caseworker and supervisor responses.

The lack of a clear career ladder contributes to staff turnover.

Career Ladder. Interview comments from caseworkers suggest that caseworkers may leave their positions with the cabinet because of a lack of promotional opportunities. Survey comments also revealed frustrations with the lack of promotional opportunities. A supervisor stated:

Our career ladder has been reduced to the point it doesn't provide any incentives to stay. Teachers are making more than we do. I know. I have an education background and can start making as a new teacher about what I am making now as a veteran [caseworker] of twenty-seven years.

The cabinet has stated that it intends to improve caseworker retention by redesigning personnel classifications to reestablish a career ladder. A plan for redesign was not made available.

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.

Supervisors reported higher job satisfaction than caseworkers.

Job Satisfaction. High turnover is associated with low job satisfaction. Caseworkers' average rating of satisfaction was 2.63 on a 5-point scale with high ratings representing greater satisfaction. Supervisors' average satisfaction rating was significantly higher at 3.54, which indicates that supervisors have higher job satisfaction than caseworkers. As shown in Table 4.5, supervisors' satisfaction was significantly higher than caseworkers' satisfaction for three items: nature of the work, regional management, and communication with management. These results support previous conclusions regarding a disconnect between caseworkers and management.

Table 4.5
Caseworkers' and Supervisors' Satisfaction Ratings

Job Factor	Average Supervisor Rating	Average Caseworker Rating
Nature of the work	4.31*	3.99
Compensation and benefits	2.83	2.85
Promotional opportunities	2.88	2.65
Interaction with co-workers	4.32	4.14
Local support (caseworker only)	N/A	3.9
Regional management	3.67*	3.06
Central office management	2.83	2.82
Communication with co-workers	4.3	4.19
Communication with management	3.62*	3.17
Operating procedures/policies	3.07	2.94
Overall satisfaction	3.54*	2.63

*Indicates a statistically significant difference between supervisor and caseworker satisfaction ratings.

Source: Compiled by Program Review staff from caseworker and supervisor survey data.

High caseloads and low salaries negatively impact caseworkers' job satisfaction.

Caseworkers' survey comments regarding job satisfaction suggest that caseworkers enjoy helping children and families. However, the stresses of high caseloads, low salaries, and reorganization uncertainties, coupled with feelings of being unappreciated by upper management are negatively impacting job satisfaction. Staff selected the following representative responses.

...I feel isolated, unappreciated, overworked, undervalued, and believe that management at all levels would be perfectly willing to replace me with an integer if they could...I put in my resignation last week.

I accepted the low salary many years ago, but was happy knowing I was making a difference in the lives of some children. I don't even have that anymore unless I neglect what is important to the administration [management reports and paperwork generally] and provide the service instead.

Such comments relate the frustrations many caseworkers are feeling with regard to their ability to do a job they truly want to do well. Caseworkers and supervisors interviewed by staff were passionate and dedicated to the safety and best interests of children and families.

Addressing Caseload Problems Through Reorganization

Calls for a caseload/workload evaluation in Kentucky came as far back as 1974 in a report by the Commonwealth's Department for Human Resources (8). A 1993 LRC evaluation acknowledged problems with caseworker caseloads and recommended that the Department of Social Services (now DCBS) report "progress in resolving problems of social worker caseloads" along with progress in resolving other multisystemic problems (Commonwealth. Legislative. Program. *Out* xv). In addition, a 1996 LRC report recommended that DSS re-examine the formula used to calculate the average caseload (Commonwealth. Legislative. Program. *Cabinet for Human Resources Family* xii). Furthermore, the 1997 Citizen Foster Care Review Board recommendations report raised the issue of staffing when it noted that caseworkers seem to do crisis intervention rather than providing services and monitoring case progress (Commonwealth. Administrative. Citizen. *Mandated* 3).

In September 2006, Program Review staff asked representatives of private foster care agencies whether or not caseworkers are responsive to the needs of children in care. One respondent stated: "Overall, DCBS workers attempt to provide the best care for the child but are sometimes overwhelmed." This comment underscores two key findings related to quality of service: 1) most caseworkers attempt to provide quality services to children; and 2) many caseworkers are overwhelmed due to multiple demands and high caseloads. The department recently implemented a reorganization plan in an attempt to decrease caseloads.

Caseload

Program Review staff surveyed supervisors and caseworkers regarding the manageability of current caseloads. Only 8 percent of supervisors and 2 percent of caseworkers described caseloads as manageable within the normal 37.5 hour work week. However, 45 percent of supervisors and 67 percent of caseworkers indicated that caseloads are unmanageable, even in an extended work week. According to a cabinet consultant, the primary advantage to low caseloads is the increased quality of service. It is also likely that increased quality of service would lead to increased positive outcomes for children and families.

Best Practice Standard. The Council on Accreditation’s current standard regarding caseload limitations for foster and kinship care services states: “Caseloads for family foster and kinship workers do not exceed 18 children, and workers are able to perform their functions within these guidelines” (*Standards* S21.11.03).³ The Child Welfare League of America recommends that no workers have more cases than the standard caseload, rather than averaging caseloads across caseworkers. The National Conference of State Legislatures supports this approach as a best practice (*Child* 4).

The current method for calculating caseloads as an average does not provide a meaningful evaluation of standard compliance or caseworkers’ workloads.

DCBS Caseload Goal. The previous edition of Council on Accreditation standards used in the original accreditation limited caseload to 17 cases. Based on the previous standard, the department’s caseload goal is an average caseload of 17. The change from 17 cases to 18 children presented an obstacle for the department because the number of caseworkers was not adequate to achieve that caseload. Kentucky negotiated an intermediate method with the council so that each sibling group in the same placement would count as one case unit. Furthermore, due to the fact that the current council standard is written in terms of a maximum number of cases per caseworker, averaging caseloads across all caseworkers does not provide a meaningful evaluation of compliance. A more useful method of evaluation is to compare the number of caseworkers meeting the caseload limit to the number of caseworkers exceeding that limit.

Most caseworkers are carrying blended caseloads, which include both intact family cases and cases with children being cared for outside the home. In addition, most caseworkers carry at least a small number of other kinds of cases, such as child or adult protection investigations, adult protection ongoing cases, and recruitment and certification cases. This makes calculation of caseload for ongoing caseworkers difficult. In order to evaluate caseload numbers, staff decided to look only at caseworkers carrying primarily ongoing child cases. This was accomplished by selecting only caseworkers carrying more than three ongoing child cases and fewer than three in any other category of case. In addition, staff were unable to determine the location of sibling groups in the data, so the more conservative standard of 17 cases was used.

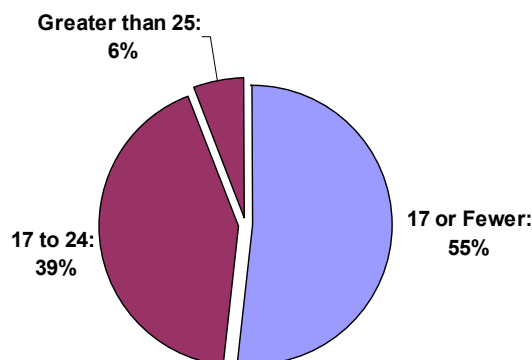
Even within ongoing cases, there are in-home and out-of-home cases. Most caseworkers carry both subtypes. Although the Council on Accreditation considers in-home cases generally to be

³ In this context, “kinship care” means any care by relatives, not only those participating in the Kinship Care Program.

less intensive, staff found that about a third of the children in “in-home” cases actually are in the custody of relatives. These cases arguably require as much work as foster care cases. Unfortunately, staff were unable to identify these cases.

As shown in Figure 4.G, 55 percent of the selected caseworkers meet the cabinet’s goal of 17 or fewer cases. Forty-five percent of the caseworkers carry more than 17 cases and 6 percent carry more than 25 cases. Of those caseworkers carrying more than the case maximum, 90 percent did have fewer than 17 out-of-home cases, not counting those in which the child was in the custody of a relative.

Figure 4.G
Caseload for Caseworkers With
Primarily Child Protective Ongoing Cases
(August 2006)



Note: Primarily, child protective caseworkers are defined as those carrying more than three ongoing child protective cases and less than three in any other category of case. There were 537 survey respondents.

Source: Compiled by Program Review staff using data obtained from the TWIST TWS-W230S Report.

The cabinet’s goal of 17 cases is a reasonable starting point. However, staff suggest that the cabinet develop a caseload weighting system for all types of cases based on the amount of work necessary with regard to the birth family, foster family or private agency, and the child. This weighting system would allow the cabinet to estimate the effective workload of each caseworker, even those with blended caseloads.

The cabinet should conduct time studies to evaluate the affect of case variables on workload. The cabinet should also calculate the approximate workforce needed to bring the maximum workload down to the equivalent of 18 children per caseworker.

Staff also suggest the cabinet conduct time studies to take into account case variables that affect workload, such as travel time, court appearances, and crisis intervention. Additionally, staff suggest the cabinet calculate an approximate workforce number that would be necessary to bring the maximum workload down to the equivalent of the 18-child standard. Different kinds of cases could be weighted appropriately. Staff urge the cabinet to submit a budget that would achieve the calculated workforce.

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.

Reorganization Plan

In February 2006 DCBS announced a reorganization to add more caseworkers, strengthen service delivery, apply best practices uniformly, and improve management training.

The department announced a plan for reorganization on February 13, 2006. According to the commissioner's office, a primary consideration for the plan was to create more equity in staff caseloads through the addition of direct-care clinicians and caseworkers in areas where caseloads and turnover are high. Another primary consideration was to strengthen the service delivery system by applying best practices uniformly across a smaller number of regions and improving the management training model.

The primary changes of the original reorganization plan were the reduction of 16 regions to 4 and the addition of 165 frontline positions through the reassignment of managerial positions.

Implementation. The initial reorganization plan was announced by the commissioner during a meeting of a House Budget Review Subcommittee. Affected caseworkers outside central office were informed of the reorganization via an official memorandum the same day. The primary component of the plan was a reduction in the number of DCBS service regions from 16 to 4, while reassigning managerial positions to frontline positions. The

proposed result was a 165-position increase in Protection and Permanency frontline staff, which included 153 additional caseworker positions. These position increases were expected to decrease caseloads to a manageable level.

According to the commissioner's office, DCBS leadership identified areas of concern in mid- to late 2005, including service inconsistencies, variations in policy application, and management difficulties across the 16 regions. The plan to address these concerns via reorganization was developed by the DCBS commissioner, deputy commissioners, and central office division directors. Prior to the February 13 announcement, the DCBS commissioner, deputy commissioners, central office directors, the undersecretary of Children and Family, the cabinet secretary's office, and the Office for Human Resource Management knew the details of the plan.

Following the initial announcement, outcry from local and regional staff regarding the exclusion of their input regarding the plan resulted in modifications to the plan. In response, central office proceeded to accept input from staff at the local and regional level using regional workgroups. Each workgroup included Family Support and Protection and Permanency staff. The groups prepared detailed summaries showcasing the service delivery and unique partnerships of their regions, as well as opportunities for staffing efficiencies and caseload equity among staff. The 16 service region administrators were then brought to Frankfort on three occasions to meet with central office staff. The result of these steps was an alternate realignment plan.

Caseworkers and supervisors resented being left out of the initial reorganization planning. They also reported that they were simply tired of reorganization.

DCBS Caseworker and Supervisor Reaction. Fifty-two percent of caseworkers and 68 percent of supervisors surveyed described their opinion of the original reorganization plan as more negative than positive. Interview and survey responses indicate that both supervisors and caseworkers resented being left out of the initial reorganization planning. This perception was portrayed clearly in survey comments such as these from a supervisor and a caseworker, respectively:

The initial reorganization plan was distributed unfairly without thought of how it would impact staff. Our opinions should have been solicited before taking action.

Instead of making an announcement that they were going to do a reorganization, I think they should have asked frontline staff what could be done to make case loads more manageable. I also think that it was unfair to just throw the

news out there like that without any advance notice of the ideas that they were having.

Fifty percent of caseworkers and 58 percent of supervisors described their opinion of reorganization efforts since the February 13 announcement as more negative than positive. Many caseworkers stated that they were not involved in the workgroups and did not feel as though anyone involved represented their interests. A few caseworkers suggested that the workgroups were an attempt by the department to make caseworkers feel included, while continuing to push for the plan developed without them. One caseworker stated: “The reorganization meetings [workgroups] were not productive. [I] feel that central office already had a plan and used those regional meetings to appease us.”

Supervisors reported fears that the reorganization will negatively affect services to clients. Two representative responses were:

I feel that the reorganization plan has the potential to complicate and hamper the services provided to the children in out of home care and the birth families we are attempting to reunite.

I feel that we had a great Region and great Regional staff and communication. I feel that the reorganization will destroy what has been built and service to Families and Children will suffer greatly.

Other survey and interview comments suggest that caseworkers are simply tired of reorganization. The term “reorganization fatigue” has been used. In an interview, one caseworker stated that reorganization seems to occur every time a new administration takes office, and although change is sometimes good, such frequent change makes their jobs even harder. A caseworker survey respondent mirrored those opinions in her comment:

I’m not against reorganization, but sometimes it is wise to ‘rest’ and see if changes were/are effective. We have been through a tremendous amount of changes in philosophy and practice over the past ten years. It wears one out to keep up with the changes!

Proposed Benefits. As stated above, the two primary goals of the reorganization are to reduce inconsistencies in service delivery and policy application across regions and to produce a more equitable distribution of caseloads among direct-care staff. Increased availability of services to children and families would likely produce a reduction in caseworker stress. Fifty-six percent of

caseworker survey respondents rated increasing community partnerships as one of the top three factors in reducing stress. A decrease in caseloads would also decrease caseworker stress. More than 85 percent of caseworker survey respondents indicated that increasing the number of caseworkers would decrease stress. Such decreases in stress would likely result in higher morale and lower turnover among caseworkers. All of these outcomes would likely lead to increased service quality for children and families. The open question is whether the cabinet's reorganization will achieve these outcomes.

A key difference between the new plan and the original plan is the number of proposed regions. The new plan reduces the number of regions to nine rather than four. It increases the number of Protection and Permanency associates in regional offices while reducing other categories of regional positions, but the reductions are smaller than those in the original plan. The new plan also provides for different numbers of additional frontline positions. As shown in Table 4.6, the number of additional frontline positions will be 90 under the new plan compared with 165 under the original plan. The number of social service aides will decline by 7 under the new plan compared with a decline of 43 under the original.

Table 4.6
Position Change by Reorganization Plan

	Filled Positions as of Jan. 2006	Original Reorganization Plan		Reorganization Plan as of Sept. 16, 2006	
		Positions	Change*	Positions	Change*
Total DCBS	4,700	4,638	-62	4,703	+3
Central Office	401	382	-19	370	-31
Regional Offices	323	116	-207	228	-95
Local Offices	3,976	4,140	+164	4,105	+129
P&P Frontline Total	1,749	1,914	+165	1,839	+90
P&P Caseworkers	1,470	1,623	+153	1,560	+90
P&P Supervisors	279	291	+12	279	0
Social Service Aides	87	44	-43	80	-7
All Other Local	2,140	2,182	+42	2,186	+46

Note: P&P is the Division of Protection and Permanency.

* Change is shown relative to the January 2006 number of positions.

Source: Compiled by Program Review staff from the *DCBS Biennial Budget Overview 2006-2008* and information provided by the commissioner's office.

Previous Reorganization Efforts. Although the reorganization has the potential to produce positive outcomes, a similar past effort did not prove effective. According a 1996 LRC report, a reorganization effort in 1994 included changes similar to the current reorganization. The 1994 reorganization included changes such as

- transferring 21 central office positions to direct service;
- transferring 12 administrative positions to direct service in Jefferson County;
- reclassifying several support service aide and clerical positions to caseworker positions; and
- requiring supervisors to carry at least five cases (Commonwealth. Legislative. Program. *Cabinet for Human Resources Family* 34).

According to that report, staff were unable to find clear indications that the initiatives resulted in reduced caseloads. Additionally, it was reported that the reclassification of support aides may result in an increased workload for caseworkers by requiring them to do time-consuming activities that could be handled by others.

It is unlikely that the reorganization will impact caseloads.

The findings regarding previous reorganization efforts, in combination with the reduced number of additional positions from the revised reorganization, suggest it is unlikely that the current reorganization will reduce caseload. Rather, it may increase workload for caseworkers due to fewer aides and regional support positions. The reorganization may prove more successful in increasing service and policy consistency across regions.

There are better ways to manage organizational change. In testimony before the House Budget Review Subcommittee for Human Resources earlier this year, a speaker reported that when the 16-region structure was implemented, it was done over the course of a year with intimate involvement of local staff at all stages. Feedback from DCBS caseworkers and supervisors about the current reorganization effort indicates that involvement was limited and began too late in the process.

In keeping with best organizational practices, for any future organizational or major policy changes, staff strongly suggest that the cabinet utilize a process that genuinely shares decision making between the central office and caseworkers.

Chapter 5

The Practice of Foster Care

The federal definition of “foster care” applies only to children in state custody, but several other types of care exist for at-risk children not in state custody. These alternate forms of care serve to keep children out of official foster care.

For federal purposes, only care for children in state custody is considered “foster care.” However, there are a number of other types of care that are relevant to foster care because they serve as a buffer that keeps children out of official foster care. When a child can be maintained safely with the birth family, the cabinet will provide ongoing services to the child and family in their home. If the child cannot be maintained safely in the birth family’s home, several options are available to place the child with a relative, as described in Chapter 1.

This chapter presents details about foster care and the social work practice of foster care. Because the scope of this study is foster family care, residential care is mentioned only in a limited manner. The pivotal role of the courts, covered in Chapters 1 and 2, is mentioned here briefly.

Overview of Foster Care Practice

According to a National Conference of State Legislatures Report, experts generally agree that prolonged or unstable foster care can hinder a child’s development and contribute to social problems. Some children may languish in foster care because their behaviors make adoption or other permanent care difficult.

According to the National Conference of State Legislatures:
Foster care is costly in social ... terms. Child welfare experts generally agree that prolonged stays in foster care and frequent moves from one foster home to another are not conducive to a child’s healthy development. Children who grow up in foster care often exhibit emotional and behavioral problems that contribute to expensive social problems such as school failure, teen pregnancy, homelessness, unemployment, criminal activity, incarceration and welfare dependency (*A Place*).

Other experts suggest that some children grow up in foster care because their behaviors make it difficult for relatives and potential adoptive families to keep them in their homes. Whatever the causes, it is incumbent on the child welfare system to provide the children in care with the best possible childhood experience and the greatest chance of success.

Experts tend to agree that the primary objectives of child protection and foster care are these:

- A determination of whether abuse or neglect occurred should be made as accurately and swiftly as possible.
- If possible, the child should be kept safe in his or her current home.
- If children must be removed, the most desirable placements are
 - with a suitable and willing relative,
 - in the current neighborhood and school district, or
 - with siblings.
- Once a child has been removed, the most desirable permanency goal is reunification, if that is in the best interest of the child.
- Services should be provided to the child to meet any medical, educational, emotional, behavioral, or other needs.
- Foster homes should be safe and provide compassionate care. Services and support should be provided to the foster parents as needed to meet the needs of the child and to ensure placement stability.
- When reunification is the goal, a realistic case plan should be developed to address the problems that led to removal. Services should be provided to assist the parents in meeting their case plan objectives. Parents should demonstrate success in meeting these objectives.
- When reunification is not the goal, a long-term permanency plan that is in the best interest of the child should be developed as soon as possible, with the preference in this order:
 1. Permanent relative custody or legal guardianship
 2. Adoption
 3. Planned permanent living arrangement
 4. Emancipation
- Permanent relative custody or adoption should be achieved within 24 months of removal and should be considered for all children who have been in care for 15 or more of the past 22 months.
- When a child cannot be returned home, placed in the custody of relatives, or adopted, the child should receive independent living services before and after reaching the age of 18, tuition assistance, and other assistance needed to ensure success.

Number of Children in Kentucky Foster Care

Because the cabinet uses the weekly Children in Placement report—TWS-W058—for most of its public information regarding children in care, staff decided to use that report as the basis for most of the information presented in this section. There are some

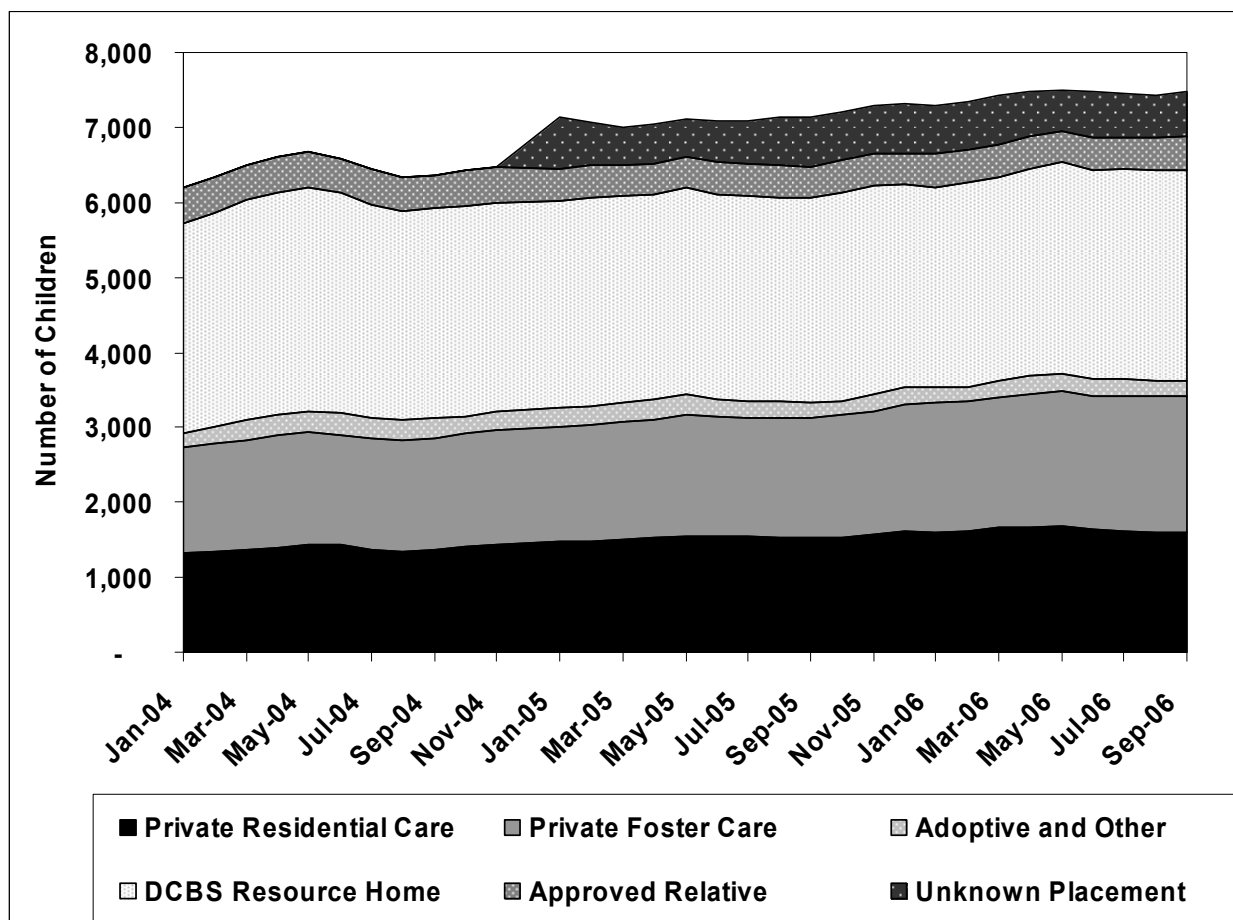
limitations of the report. In addition, staff found a small number of children who appeared more than once in each week's report; staff removed the duplicates. Therefore, the numbers presented in this section may be slightly lower than those provided by the cabinet.

Number of Children in Cabinet Custody

The number of children in custody is approximately 7,500 and has increased less than 4 percent annually since January 2004.

Figure 5.A shows the growth in the number of children committed to the cabinet since January 2004. It shows that while the number of children in state resource homes has remained relatively stable, and the number in private foster homes and residential facility care has increased. This may be due to a shortage of resource homes for older children, an increased level of need, or other factors. The overall trend in the number of children from January 2004 to September 2006 was an increase of less than 4 percent per year.

Figure 5.A
Children by Placement Type (January 2004-September 2006)



The number of children with "unknown placement" was not reported until January 2005.

Source: Program Review staff analysis of data from TWS-W058 Children in Placement reports.

The Children in Placement report on the dates closest to the beginning and end of state FY 2006 showed an increase of between 337 and 399 children or 5.2 and 5.6 percent, respectively, as shown in Table 5.1. The first column shows children who had a specific placement listed in the cabinet's data system TWIST. The second column shows the first set of children plus those who did not have a specific placement in TWIST but were listed as being in state custody.

Table 5.1
Estimated Children in Placement, State FY 2004-2006
as Shown on Children in Placement Report*

Date	In Known Placement	In Custody Overall
July 6, 2004	6,467	N/A
June 27, 2005	6,519	7,070
Net Increase FY 2005	52	N/A
Percent Increase FY 2005	0.8%	N/A
July 2, 2006	6,856	7,469
Net Increase FY 2006	337	399
Percent Increase FY 2006	5.2%	5.6%

*The Children in Placement report count is known to be inaccurate, so the numbers in this table should be regarded as estimated. The number of children who were in state custody but not in a specific placement was not reported until late January 2005.

Source: Program Review staff compilation of data from Children in Placement reports TWS-W058.

Some children do not show a specific placement in part because the cabinet's data system does not provide a way to record the information. Another reason is that placement information is not always entered in a timely manner.

Table 5.2 shows an estimated breakdown of children without a specific placement. Although staff were not able to determine the location of these children with certainty, over a period of months it appears that the numbers were approximately those shown. In some situations, TWIST does not provide a means to record the child's location. However, the report could be enhanced to show the likely location of these children. Cabinet officials have stated that they are encouraging caseworkers to enter placement information in a timely manner so that the number of children with unknown placements can be reduced.

Table 5.2
Estimated Children in Care With No Specific Placement
Averaged Over May-August 2006

Likely Placement	Number	Percent
Runaway (location unknown)	88	15%
Adoptive Placement	10	2%
Out of Home Care, Placement Unknown	211	35%
Initial Request No Placement	128	21%
Trial Home Visitation	163	27%
Total	600	

Source: Program Review staff compilation of data from Children in Placement TWS-W058 and TWS-M213 reports averaged over 4 months, May-August 2006.

The number of runaways shown in Table 5.2 was estimated by looking at the move reasons listed on another report. Runaways accounted for about 1.2 percent of all children in the custody of the cabinet. This is a topic that deserves further study.

Children in state resource homes are the largest category, but are less than half the children in custody. Private care settings combined account for over half the children in custody.

Table 5.3 shows the number and percentage of children in various placements as of September 10, 2006. Resource homes accounted for the largest group of children. However, the number in all private settings combined exceeded the number in state resource homes. Children in adoptive homes have not yet had the adoption finalized.

Table 5.3
Children in State Custody by Type of Placement
as of September 10, 2006

Type of Placement	Children	Percent
Relative	448	6.5%
Resource Home	2,573	37.4%
Adoptive Home	193	2.8%
Private Foster Home	1,824	26.5%
Private Residential*	1,839	26.7%
Total	6,877	

*Includes residential facilities, hospitals, jails, independent living.

Source: Compiled by staff from the TWS-W058 Children in Placement Report for September 10, 2006.

Characteristics of Children in Placement

Using the Children in Placement Report for September 10, 2006, staff calculated the basic characteristics of children in custody who had a specific placement.

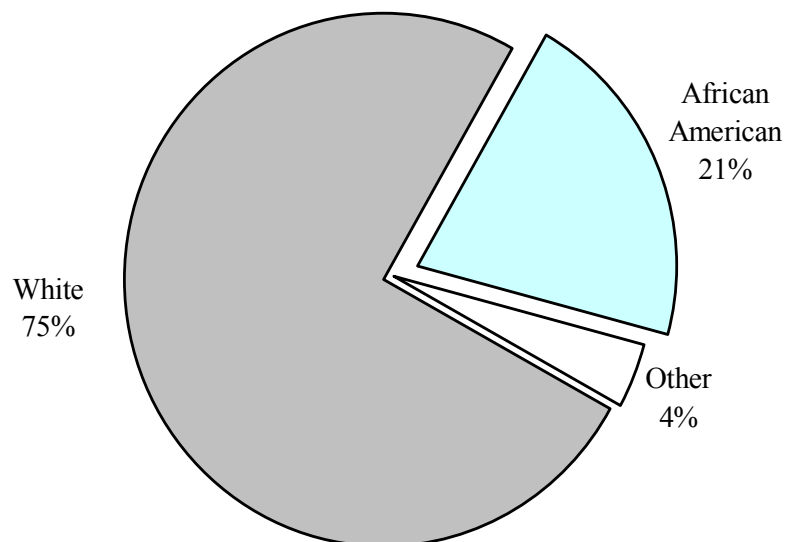
Foster children are disproportionately older and more likely to be minority children than the general population. The racial disparity is quite large.

The gender split is about the same as Kentucky's overall child population, which is about 51 percent male and 49 percent female.

The cabinet's report shows an even split between children aged 11 and younger and those aged 12 and older. In Kentucky, the overall child population split is 66 percent aged 11 and younger and 34 percent aged 12 and older. The fact that so many more children in placement are older appears to be due, at least in part, to the difficulty in finding adoptive families or other permanent custody arrangements for youth in the child protection system.

Racial Disparity. Figure 5.B shows the breakdown by race. In Kentucky's overall population, African Americans comprise only 9 percent of children yet are 21 percent of children in custody. This disparity has been seen nationwide. There is little evidence that child maltreatment rates are higher among African Americans; in fact, there is some evidence that maltreatment happens less often (Casey. *Disproportionality*). In Kentucky, the cabinet has begun an initiative to examine why African Americans are overrepresented among children in custody. Staff commend this effort and urge the cabinet to allocate sufficient resources to it.

Figure 5.B
Children in Placement By Race



Source: Compiled by staff from the TWS-W058 Children in Placement Report for September 10, 2006.

Entry Into Child Protection

Staff examined the substantiated findings of child protection investigations for children with open cases.

Staff examined the reasons children enter the child protection system and how those reasons relate to entering foster care. On August 4, 2006, TWIST staff extracted a list of children who were in ongoing child protective services cases and who had one or more substantiated findings in the child's most recent active referral. Ongoing cases include both in-home and out-of-home care; and the child may be in the custody of parents, relatives, or the cabinet. There were about 34,900 substantiated findings for about 19,600 children. Table 5.4 shows the breakdown by type of finding.

Table 5.4
Substantiated Findings for All Children
Active in TWIST as of August 4, 2006
(Each Child May Have Multiple Findings)

Type of Finding	Findings	Percent
Neglect	15,300	43.9%
Physical Abuse	2,800	8.1%
Dependency	2,000	5.6%
Sexual Abuse	700	2.0%
Agency*	1,200	3.5%
Status Offense	10,400	29.7%
Unknown	1,900	5.4%
Other (less than 2%)	500	1.5%
Total	34,900	

This table includes findings for all children in open cases who were flagged as active and whose most recent substantiated finding remained open. This includes children in the custody of their parents, relatives, and the cabinet.

*An "agency" finding means the parents' rights have been terminated. In the cabinet's data system, the original findings are hidden for privacy reasons; authorized staff can view the original reasons for entry into care.

Source: Program Review staff analysis of data provided by DCBS.

Table 5.5
Most Serious Finding for Children
Active in TWIST as of August 4, 2006

Type of Finding	In Home		Out of Home		Total
	Number	Percent	Number	Percent	
Neglect	9,400	73%	3,500	27%	12,900
Physical Abuse	1,800	65%	900	35%	2,700
Dependency	500	40%	700	60%	1,100
Sexual Abuse	300	42%	400	58%	700
Agency*	-	1%	200	99%	200
Status Offense	300	31%	800	69%	1,100
Other (less than 2%)	100	55%	100	45%	200
Unknown	600	83%	100	17%	700
Totals	12,900	66%	6,700	34%	19,600

Numbers shown as “-” rounded to zero.

*An “agency” finding means the parents’ rights have been terminated. In the cabinet’s data system, the original findings are hidden for privacy reasons; authorized staff can view the original reasons for entry into care.

Source: Program Review staff analysis of data provided by DCBS.

Neglect was the most common finding, but most neglect victims were left in their homes. Most victims of sexual abuse were placed outside their homes. It was not possible to say how appropriate these decisions were.

Table 5.5 shows the numbers of children broken down by the most serious finding. Although 66 percent of children overall were shown as in the home, 73 percent of children with neglect findings were in the home, compared with 65 percent of physical abuse victims and 42 percent of sexual abuse victims. The data suggest that efforts are made to keep children in the home. It was not possible to determine how appropriate such decisions have been.

Exits From Cabinet Custody

Most children exited from foster care to their parents or other relatives.

Nearly half the children leaving state custody in state FY 2006 were reunified with their parents. More than a quarter were placed in the custody of relatives, including the Kinship Care Program. More than 12 percent were adopted and 10 percent aged out of care. These numbers included exits from foster care as well as residential care. Table 5.6 shows the numbers in detail. These results suggest that efforts are being made to provide permanency within the extended family. Although federal statistics count placements with relatives as reunification, staff question the appropriateness of this approach.

Table 5.6
Exits From State Custody in State Fiscal Year 2006

Reason for Exit	Percent
Reunification - Parent/Primary Caretaker	48.7%
Placed With Relatives	20.4%
Kinship Care Placement	6.0%
Adoption	12.6%
Emancipation	10.2%
Transfer to Another Agency	1.2%
Successor Guardian	0.8%
Death (11 children)*	0.2%

A child may have more than one exit from care during the period. There were about 5,700 exits representing about 5,500 children.

“Transfer to Another Agency” in most cases means the child was committed to the Department for Juvenile Justice.

*A cabinet official stated these most likely were medically fragile children who died while in care.

Source: Program Review staff compilation of data from the TWS-M050 report for state FY 2006 dated July 15, 2006

Types of Resource and Foster Homes

Foster care is provided in state-licensed “resource homes” and private agency foster homes.

Types of resource homes are

- regular basic,
- regular advanced,
- emergency shelter,
- medically fragile, and
- Care Plus.

Kentucky has defined a number of kinds of homes in which foster children may be placed. The basic distinction is between state-licensed homes, which are called “resource homes,” and private agency foster homes.

Regular Basic

Most resource homes are regular basic resource homes. Such resource homes accept foster children who have the lowest level of need.

Regular Advanced

Regular advanced resource parents receive additional training and certification. They provide care for children with a higher level of need than the regular basic resource home.

Emergency Shelter

An emergency shelter resource home is for children 12 years of age and older who are in need of immediate, unplanned placement for less than 14 days, unless approved for an additional 16 days. Approval as an emergency shelter requires an additional 10 hours

of cabinet-approved training prior to certification and an additional 10 hours of training each year.

Medically Fragile

A medically fragile resource home serves children who have medical conditions that may become unstable and change abruptly resulting in a life-threatening situation or who have a chronic and progressive illness. The medically fragile foster parent must have an additional course of cabinet-approved medically fragile training prior to certification, receive training from a health care professional for specific children, be certified in cardiopulmonary resuscitation and first aid, and live within 1 hour of a medical hospital with an emergency room and within 30 minutes of a local medical facility. The medically fragile resource parent must have 24 hours of ongoing training each year.¹ The primary caregiver in a medically fragile resource home may not be employed outside the home. Medically fragile homes are paid at three different rates, depending on whether the caregiver holds certain medical licenses.

A specialized medically fragile resource home must meet the requirements of a medically fragile home, with the addition that the primary caregiver must be a medical professional licensed in Kentucky as a

- physician,
- physician's assistant,
- advance registered nurse practitioner,
- registered nurse, or
- licensed practical nurse.²

Specialized medically fragile homes are paid at two different rates, depending on the level of extra professional care required by the specific child and on the level of licensure of the caregiver.

Care Plus

A Care Plus resource home provides services to a child who

- is due to be released from a treatment facility;
- is at risk of being placed in a more restrictive setting;
- is at risk of institutionalization;
- has experienced numerous placement failures;
- has an emotional or behavioral problem; or
- displays aggressive, destructive, or disruptive behaviors.

¹ It appears to staff that this includes the 6 hours of annual training required for basic resource homes.

² See discussion of 922 KAR 1:350 in Chapter 2.

Care Plus resource parents coordinate treatment services with community providers as arranged with the caseworker, but they do not provide treatment services. The Care Plus parent must have 24 hours of training in addition to the basic precertification training and an additional 24 hours of ongoing training each year. The primary caregiver in a Care Plus home may not be employed outside the home. A Care Plus home may be either basic or advanced, depending on the regular level for which they qualified.

Private Foster Care

A private foster care agency is defined in statutes and regulations as a “private child-placing” agency. It is any agency, other than a state agency, that supervises the placement of children in foster family homes or child-caring facilities or that places children for adoption. They are regulated per 922 KAR 1:310. In many cabinet documents, the acronym “PCP” is used, but in this report “private foster care agencies” is used instead.³

Most private foster homes provide therapeutic care.

Therapeutic Foster Care. In the continuum of care, private foster parents typically provide the highest level of home-based foster care, therapeutic foster care. Therapeutic foster care is a care program for children and youth who need therapeutic intervention for behavioral or emotional issues. This form of foster care is the least restrictive environment in which these needs can be met outside a residential or psychiatric treatment facility. The therapeutic foster parent is trained to carry out a treatment plan developed in conjunction with the private agency’s therapist staff. The foster parent’s interventions are intended to lead to positive changes in the child’s behavior. Children served in this placement have serious emotional problems and meet one or more of the following criteria:

- imminent release from a treatment facility;
- aggressive or destructive behavior;
- at risk of being placed in more restrictive settings, including institutionalization; or
- numerous prior placement failures.

Residential Care

In Kentucky, all residential care for children in the cabinet’s custody is provided by private agencies. In statute and regulation, these are called private child-caring agencies, and the acronym

³ In many documents, particularly less formal ones, the acronym “PCP” is used interchangeably with “PCC,” a private child-caring agency. Statutorily, these are separate kinds of agencies, even though some may perform both functions.

“PCC” often is used, but in this report “private residential care agencies” is used instead.

A private residential care agency operates an institution or group home providing residential care on a 24-hour basis to children not related by blood, adoption, or marriage to the person maintaining the facility. The children served in residential facilities need the highest levels of care and cannot be served in a home-based environment. Because residential care is outside the scope of this study, this term is used in the report to refer to all forms of residential care, including psychiatric residential treatment facilities and psychiatric hospitals.

Reimbursement of Resource Homes

Kentucky's resource home reimbursement rate is about the seventh highest in the nation.

Reimbursement rates for resource homes in Kentucky are among the highest in the nation. Table 5.7 shows the top rates of the states with available data. Some commentators have cautioned that reimbursement for additional expenses varies from state to state and might not be included in the national data. Based on the available information, however, Kentucky appears to cover additional expenses comparable to those covered by other states. Kentucky ranked seventh in the nation using this approach.⁴ The national report on which the table is based appears in Appendix H.

Table 5.7
Top Per Diem Foster Care Reimbursement Rates Nationally

District of Columbia	\$812	Nevada	\$622
Connecticut	\$756	Kentucky	\$619
Arizona	\$730	Texas	\$608
Maryland	\$640	West Virginia	\$600
Alaska*	\$631	Minnesota	\$581

Rates are averages of rates shown for different age groups.

*Alaska's rates vary from village to village. The amount shown is the base rate.

Source: National Resource Center for Family-Centered Practice and Permanency Planning, Foster Care Maintenance Payments as interpreted by Program Review staff.

⁴ Indiana, Ohio, and New York have rates that vary by county. Ohio's county rates seemed to average slightly below Kentucky's rates. New York only has rates for private foster care, which are not comparable to other states. Rates in Indiana may vary from one foster home to another; staff did not find statewide data for Indiana. No information was available for Pennsylvania.

Kentucky Resource Home Reimbursement and Rate Setting

In Kentucky, most types of resource home operate at two levels: basic and advanced. The regular rate has two levels based on the age of the child. There is a rate differential for medically fragile resource homes based on the kind of professional medical licensure held by the foster parent. The cabinet also offers a high-risk rate supplement for children who are deemed to have temporary exceptional needs otherwise requiring therapeutic care. The current rates are shown in Table 5.8.

Table 5.8
Kentucky Resource Home Per Diem Reimbursement Schedule

Type of Resource Home	Basic	Advanced	Degree
Regular Foster Care Birth - Age 11	\$19.70	\$21.90	N/A
Regular Foster Care Age 12 and older	\$21.70	\$23.90	N/A
Emergency Shelter Home*	\$30.00	N/A	N/A
Care Plus	\$37.00	\$42.00	N/A
Medically fragile	\$37.00	\$42.00	\$45.00
Specialized Medically fragile	N/A	\$53.40	\$88.55
High-Risk Supplemental Rate**	\$65.00		

* This rate applies for a maximum of 30 days, after which a regular foster care rate applies.

** This rate applies for up to 6 months when a child requires an exceptional level of care. It is available only for medically fragile, specialized medically fragile, and Care Plus homes and is in addition to the home's regular reimbursement.

Source: Compiled by staff from the DCBS form DPP-111 Rev 09/06 and 922 KAR 1:520.

The per diem rate is expected to cover housing, food, nonmedical transportation, clothing, allowance, incidentals, school activities and expenses, respite care, and sports and recreational expenses.

Generally, expenses for regular child care are expected to come from per diem reimbursements. Foster parents working outside the home may request child care assistance, and such requests are reviewed every 6 months. Requests for child care assistance from nonworking foster parents may be approved if deemed necessary and are reviewed every 3 months.

Respite care is care provided by a cabinet-certified respite provider, typically another resource family. The cost of respite care is paid out of the per diem reimbursement. Respite care of 1 day per month per child is allowed. Medically fragile (regular and specialized) and Care Plus homes are eligible for 3 respite days per

month per child.⁵ In special circumstances, respite care can be extended up to 14 days.

The resource home reimbursement with high-risk supplement exceeds the private therapeutic foster care per diem. This rate should be reconsidered.

The per diem rate is not expected to cover expenses relating to training for the foster parents. If funds are available, the department reimburses expenses for mileage, babysitting, and tuition or fees related to training.

Staff found that the high-risk supplement created reimbursement rates from \$102 to \$153.55 per diem. This rate exceeds the amount paid for private therapeutic care and at the high end exceeds the rate paid for private therapeutic care with 24-hour supervision. In private foster care, the agency is obligated to provide the professional therapeutic services and pay for them out of the per diem. But in the case of the high-risk child in a resource home, those services are being provided in the community and paid for, usually by Medicaid, in addition to the reimbursement to the resource parents. If that is correct, then by combining the resource home and Medicaid expenses, the state appears to be paying far more for these children than it pays to a private agency for comparable care. It is unclear what the justification is for this difference. The cabinet should revisit this supplement.

KRS 605.120 requires the cabinet, to the extent funds are available, to reimburse foster parents for the actual costs of caring for a child. The statute requires the cabinet to review the reimbursement biennially and to compare the Kentucky reimbursement with that of other states and with the Expenditures on Children by Families Annual Report issued by the U.S. Department of Agriculture. The report includes a number of expenditure tables. Rates are calculated based on the age of the child and the income range of the family. Rates are provided for the United States overall, urban areas by region, and rural areas nationally. The statute does not specify which of the many rates should be applied. The cabinet used to specify in 922 KAR 1:350 that the regular advanced resource home rate should equal 100 percent of the current Department of Agriculture expenditure for a child in the urban South, but it did not specify which income range should be used. This requirement was removed in June 2004.

Many questions remain about the most appropriate way to determine the rate. To determine the cost of raising a child using the federal expenditure rates, the first decision is which rate to use.

⁵ Staff noted that SOP 3B.7(4) conflicts with 922 KAR 1:350 §13(5)(c) regarding the number of respite days for specialized medically fragile homes. Staff used the regulation as its authority in this instance.

The national expenditure rate could be used, but costs of living vary from state to state and from place to place within a state. There is considerable difference between the published urban and rural rates. For federal purposes, urban Kentucky is considered part of the South, but the urban expense rate for the Midwest actually is lower than that for the South. It is not clear whether the actual cost of living in urban Kentucky is more in line with the South or the Midwest. Some states allow their rates to vary depending on locality, which brings the difference between urban and rural expenditures into play. Finally, for any geographic rate chosen, there are three different rates depending on the income range of the family.

It is not clear which income level should be chosen when determining foster care reimbursement. The federal expenditure rates reflect both the cost of living and the amount of disposable income available to a family—their standard of living. Some observers interviewed by staff reported that a few foster parents have paid to send a foster child to a private school. Others reported that birth parents sometimes are concerned that their children will not want to return home because of the higher standard of living provided in foster care.

After a decision has been made about the base expenditure rate to use, the next decision is what to include and what not to include. An obvious exclusion is medical expenses, which for foster children are covered by the state.

The cabinet stated that resource home reimbursement rates would have to be increased per diem by about \$4.33 to meet the current United States Department of Agriculture cost of caring for a child. The 2006-2008 budget included a \$3 per diem increase starting in July 2007.

The cabinet explained that the current rate structure was based on the middle income range of the 1999 federal expenditure estimate for the urban South, excluding medical expenses. Staff found that the cabinet also must have excluded something else, most likely medical transportation expenses. Using the federal estimate for 2005, the latest year for which data have been published, and using the calculation currently provided by the cabinet, the reimbursement per diem would have to be increased by about \$4.43. Appendix H shows the federal expenditure rates for 1999 and 2005 and the cabinet's foster care rate calculation from August 2000.

In the 2006 Regular Session, the General Assembly passed a budget that specified an increase of \$3 per day in resource home reimbursement rates across the board effective July 1, 2007. This action bypassed the statutory rate-setting method.

Although the cabinet's regulations require that the foster family's income be sufficient to meet its own needs without foster or adoptive reimbursements, the perception persists among some members of the public and even some officials that some foster parents are in it for the money. Despite the objections of foster parent advocates, it remains possible that for some families the foster care reimbursement could provide net income for them, depending on the family's standard of living.

Questions about the best rate-setting methodology are open to debate. Open questions also remain regarding whether some resource parents use their reimbursement as income.

Recruitment and Retention of Resource and Foster Homes

The recruitment of a sufficient number of appropriate foster homes is an ongoing challenge for all states. In 2005, an estimated 46 percent of the 513,000 children nationally in the child welfare system were placed in foster care with nonrelatives and 24 percent were placed in foster care with relatives (U.S. Dept. Administration. Children's. *The AFCARS*). The foster parent turnover rate may be as high as 50 percent in some states, and new families are continuously entering the system (Christian. "Supporting" 1). The total number of foster homes in the United States at any point in time is difficult to estimate.

Additionally, the needs of children in care vary over time creating a challenge for most states to maintain a variety of appropriate homes for children. The range of ages, ethnicity, mental health issues, physical disabilities, and behavior problems presented by children in the child welfare system is great. Since the implementation of Adoption and Safe Families Act, which set specific timelines for permanency and target outcomes for placement stability and safety of foster children, states have found it imperative to improve their recruiting strategies.

To address some of the issues identified by foster parents, the 2006 General Assembly passed House Bill 159, which created KRS 620.360 as a statement of foster parent rights and responsibilities. Many practices already in the cabinet's standards of practice were elevated to statutory requirements.

Recruitment of Resource Homes in Kentucky

In Kentucky, caseworkers known as recruitment and certification workers perform the tasks of recruiting, certifying, and supporting resource homes. These workers usually do not have responsibility for child protection or foster care cases but work exclusively with the resource home care providers.

The cabinet instituted a diligent recruitment plan for resource homes and created a fund for expenses. There have been reports that the funds have not been available.

In 2004, DCBS initiated a recruitment effort for resource homes as part of the Program Improvement Plan. Each service region is required to develop a plan detailing current needs and specific strategies that will be used to recruit, train, prepare, and retain resource homes in sufficient quantity and diversity to meet the needs of children in its region. Targeted demographic and geographic goals are set by DCBS for each region. The plans must also include strategies that will be used to train and prepare agency staff to work in a culturally competent manner (Commonwealth Cabinet. *Title 95-96*).

To assist with the implementation of the diligent recruitment plans, the cabinet's SOP 3A.12.1 states that each region may spend up to \$500 per quarter for expenses related to resource home parent recruitment training, except Jefferson, Northern Kentucky, Bluegrass and Fayette, which may spend up to \$1,000 per quarter. However, some cabinet staff indicated that they have had problems getting recruitment supplies from the central office or that funds that were supposed to be for recruitment were not available. The Annie E. Casey Foundation provided money to a few areas of the state including the Jefferson County and Northern Kentucky service regions.

Some strategies for recruiting new foster families include marketing and advertising by way of radio, television, bookmarks, local magazines, billboards and brochures; presentations to church groups, local community meetings and events, nursing programs, and medical colleges; and child-specific recruitment efforts with persons who were already involved in the child's life. Occasionally, current foster parents are asked to expand the types of children they are willing to have in their care. Experts in the field have suggested that such strategies can be successful.

Current foster parents are recognized by DCBS and other observers as the most effective recruiters of new foster parents. The 2006 Foster Parent Survey conducted by the cabinet showed that 73 percent of DCBS resource parents would recommend that others become foster or adoptive parents. To encourage this type of

recruiting, the cabinet offers current resource parents bonuses for referring new resource parents. The bonus is \$100 each for the first two approved referrals, \$150 for the third and fourth referrals, and \$200 for the fifth and sixth. After the sixth referral, the bonus is \$250 for each newly approved resource home (SOP 3A.12.2).

Other efforts related to recruitment include the creation of support networks of foster and adoptive parents in each region to help with training, the development of a tool that describes a region's current data on children in care, and the implementation of the Family-to-Family model. The Family-to-Family model program is funded with an Annie E. Casey Foundation grant in the Jefferson County and Northern Kentucky service regions. This program helps to recruit families within the same community as the child and utilizes the surrounding community for support and resources to keep children safe. Northern Kentucky credits this program for significant increases in the number of new foster homes recruited and for meeting diligent recruitment goals for the locality of homes and types of children accepted.

An effort should be made to identify and utilize the most efficient and effective recruitment methods.

Private foster care agencies reported similar strategies and emphasized the importance of word-of-mouth recruitment by current foster parents. Another strategy used by many private agencies is public speaking before community groups, especially churches. At least one agency provided bonuses to existing foster parents for referrals and to new foster parents upon completing their certification.

It did not appear that the cabinet has made a formal effort to determine how effective the various recruitment strategies are.

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.

The cabinet does not have a reliable method of tracking the resource and private foster homes in the system.

Staff found that the Diligent Recruitment Report for Kentucky dated January 2005 suffered from significant inaccuracies and uncertainties. The cabinet acknowledged that the report's count of children in care could not be reconciled with the number in TWIST. Staff found that the report also disagreed with information provided by the Training Records Information System. The percentages of increase shown for children in care and for resource homes were unreliable. The cabinet should devise a more reliable way of tracking the number and types of resource and private foster homes.

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.

Table 5.9 shows the increases in resource homes based on the training system's reports. The average increase in resource homes over the past several years has been less than 1 percent per year. Although the Diligent Recruitment Report claimed the number of children increased 12 percent from January 2004 to January 2005, staff found the increase actually was closer to 4 percent, similar to the longer-term trend. Based on these numbers, it appears that the increase in the number of children in care is outstripping the increase in resource homes, but not by as much as the cabinet's report implies.

Table 5.9
Change in Number of Resource Homes

Fiscal Year	Number of Homes*	Percent Increase
2001	2,243	N/A
2002	2,179	-2.85%
2003	2,216	1.70%
2004	2,255	1.76%
2005	2,330	3.33%

*This is the number of homes open at the end of the fiscal year, including those accepting only foster children, those accepting only adoptive children, and those accepting both.

Source: Program Review staff compilation of Training Records Information System reports provided by the cabinet.

However, there have been dramatic fluctuations in the number of children in care. During 2004, for example, the number increased by 550 over a 4-month period (an increase of 8.9 percent) and then declined by nearly 400 over the next 3 months (a decrease of 5.8 percent). It seems likely that such fluctuations could place

additional strain on the resource home system. As cabinet officials stated in interviews, the capacity of resource homes should be somewhat greater than the need, not only to handle fluctuations in the number of children but also to provide sufficient options to accommodate ethnicity, age-specific needs, disability, and other differences among children.

The number of resource homes has not kept up with the number of children in the system. Even more crucial is the lack of homes for older children, sibling groups, and Hispanic and African American children.

While numbers of resource homes are an issue, the major needs are for homes willing and able to care for medically fragile children, teenagers, and sibling groups. Recruitment goals were set for increases in these types of homes. The Diligent Recruitment Report for Kentucky showed that the increased efforts were paying off. Statewide the number of homes for teenagers and sibling groups increased in 2004. Nonetheless, a cabinet official reported that the number remains insufficient. Too few homes will accept adolescents, even though far more homes than needed will accept younger children. Shortages of foster homes for Hispanic and African American children remain. The lack of an appropriate placement can result in temporary placements, more placement disruptions, and placements farther from home. The cabinet indicated that sometimes when DCBS homes are not available locally, private foster homes are used instead.

Several factors interact to create shortages of resource homes and make recruitment difficult. Sometimes resource parents drop out due to burnout, lack of training, or problems within the foster family. Sometimes resource parents stop taking in new children after adopting a child. Cabinet officials have said that up to 85 percent of foster child adoptions are by foster parents. Also, private foster care agencies offer a higher reimbursement in exchange for somewhat greater effort by the foster parents, so some resource parents may transfer to a private agency.

Interviews with DCBS staff indicated that aspects of the recruitment process can discourage potential foster parents. It was said that the first contact was crucial to recruitment and that someone enthusiastic and knowledgeable should answer the phone. After the first contact, prospective foster parents often have to wait several weeks to begin training. Interviewing, training, background checks, and home evaluations may be viewed as intrusive. The entire approval process may take a year or more before the foster parents are ready to have children placed in their care.

A training official indicated that the perceived risk of being accused of child abuse or neglect sometimes discourages prospective foster parents. Statistics were said to show that foster parents would face a median of two allegations during their time in

the system. Even if the allegations are baseless, the investigations can be traumatic for the foster parents. While the cabinet must investigate such allegations fully, it is possible for investigations to be handled in a way that minimizes the impact on the foster family.

Certification of Resource Homes

Resource homes are certified using the same process whether the resource parents wish to foster, adopt, or provide respite care. The requirements for resource homes are described in SOP 3A and are summarized below.

Before being certified, resource homes must pass background checks and meet many standards.

With few exceptions, resource parents must be at least 21 years of age and not employed with the Division of Protection and Permanency. They may be single or an unmarried or married couple. All adults living in the household must agree to being in a resource home. Resource home applicants submit annual health information, names of three personal references, and two credit references, and undergo criminal and child neglect and abuse background checks. There must be evidence of sufficient sources of income to meet the current needs of the family, not including the resource home reimbursement.

A resource home must meet health and safety requirements and meet home environment standards. There must be access to a working telephone; reliable transportation; school; recreation; medical care; community facilities; and religious, spiritual, or ethical opportunities in the faith of the foster child or the foster child's family. Each driver must possess a valid driver's license and proof of insurance and agree to abide by passenger restraint laws. The home must have a separate bed or appropriate crib for each child and provide bedroom space that is comparable to other bedrooms in the dwelling. There must be no more than four children in a bedroom and children of different genders over the age of 5 may not share a bedroom.

It is specified that medications, alcoholic beverages, poisonous or cleaning materials, ammunition, firearms, and dangerous animals be inaccessible to children. Medications, ammunition, and firearms are required to be in locked storage.

All adults in the prospective resource home must complete a minimum of 30 hours of initial family preparation and a curriculum approved by the cabinet. The cabinet conducts at least two family consultations in the home of the applicants. Resource home parents complete at least 6 hours of training and undergo reevaluation annually. The cabinet is required to evaluate a

resource home within 30 days of notification that there may be a condition that puts a child at risk of harm.

Resource homes are expected to provide children with a family life that is similar to that of other children in the home. The resource parents are expected to communicate with cabinet staff and comply with the general supervision and direction of the cabinet, including permanency planning for the children. Any change in the household or problem related to the child is to be reported to cabinet staff immediately. Resource home parents are expected to comply with visitation arrangements with birth parents and to surrender children upon request of the cabinet. Medical needs, including physicals and examinations, are to be facilitated by the resource parents as needed. Resource parents are required to report any suspected incidents of child abuse, neglect, and exploitation.

Resource homes must meet additional criteria and training requirements in order to provide additional services, such as advanced foster care, emergency shelter, medically fragile, or Care Plus.

After the resource family is certified, a recruitment and certification caseworker visits at least once per quarter to verify that it still meets all the criteria of a resource family. There is also an annual criminal records check.

Private foster homes must meet certification standards essentially the same as resource parents, as described in 922 KAR 1:310. Private foster care agencies provide their own training. Staff found that the training requirement for private foster parents (24 hours) was less than that for resource parents, despite the fact that private foster parents are expected to provide a therapeutic environment for foster children and assist in carrying out a treatment plan. Some observers reported that some parents who failed to achieve certification as state resource homes turned to private agencies and became foster parents there. The cabinet should revisit the question of whether the training and certification for private foster parents is adequate.

Training

Foster parents need different parenting skills than most parents have.

Foster parents receive a child who has been taken away from his or her parents and familiar home. Foster parents are strangers to this child—a child who may have been abused or neglected, a child who will not immediately trust the strangers who open their home. Foster parents, too, have natural expectations and responses, and the child's behavior probably will challenge the foster parents in unexpected ways. A foster child needs an approach that most

parents probably do not find natural. A program coordinator at the University of Kentucky Training Resource Center gave the following example:

If a foster parent finds the child hitting their washing machine with a hammer, the first response might be to become angry, shout, and punish the child. This would reinforce the child's expectation that the foster parent doesn't care. However, if the foster parent confidently and quietly removes the hammer, says, "We don't do that here," and stays with the child, the child frequently will risk trusting the foster parent and will talk about their experiences (Humlong).

The program coordinator, a former foster parent, elaborated: "The underlying point is we (foster parent) need to parent children in care very differently than we were parented." Although foster parent training explains much of this and offers alternative ideas, most human beings do not change their habitual reactions just in response to training. The perspective of a foster parent will vary with the amount of time he or she has been in the system. The first year involves training, reality check, and soul searching. During the second and third years, foster parents tend to be frustrated and dissatisfied. After that, foster parents tend to learn how to work within the system and have a more balanced perspective.

Observers have noted that foster parents often forget much of what they learned at training. The Kentucky Foster/Adoptive Care Association suggested that new foster families may be surprised by what they encounter that was not covered in training. There is a mentoring program for foster parents that matches seasoned foster parents with new ones. This helps new foster parents learn how to navigate the foster care system. Of resource parents surveyed by the cabinet who had an opinion about the mentoring program, 77 percent found it somewhat or very helpful. Staff suggest that the cabinet explore ways to increase the retention and application of training information in actual foster care situations.

In 2006, the cabinet conducted a satisfaction survey of foster and adoptive parents and found that 85 percent rated the quality of training as good to excellent. If they could earn college credit, 75 percent said they would be more likely to attend trainings. The survey identified some barriers to attending training:

- Availability of childcare 47%
- Work schedule conflicts 40%
- Too far away 28%
- No barriers 17%.

A cabinet official reported that foster parents have asked for training for their biological children to help deal with issues around foster siblings and for training, mentoring, or other support in fostering youth in the 7-15 age bracket.

Retention and Support of Resource Homes

Foster parents face many challenges, such as the needs of the children, attachment to the children and loss when they return to their own family, and a loss of freedom and lifestyle because of the many demands of caring for foster children.

DCBS appears to have focused most of its efforts to date on recruitment rather than retention. Some DCBS offices do have a foster parent liaison who handles any foster parent concerns. Some also have a retention coordinator who helps arrange respite services, seeks feedback from foster parents, and facilitates communication through newsletters and foster parent recognition.

Foster parents and DCBS staff indicated that there is a need for supports and services after training. Some DCBS staff indicated that more respite care and transportation resources are needed. Supports are also needed to help foster parents adjust to the needs of children placed with them. Often, disruptions in foster care placements are due to inadequate supports for making a smooth transition to the home. This is especially a concern for foster parents caring for children with complex special needs. Foster parents expressed concerns about low payment rates; insufficient information about their foster children; and poor communication with lead agencies, case managers, and foster care providers.

Services to support foster parents can reduce turnover and placement disruption.

The provision of necessary supports to foster parents is crucial to retention. According to the Annie E. Casey report on best practices, when foster parents are

strong partners with the child welfare system, when they have effective relationships with birth families, and when their role as an integral part of the professional team is undisputed, they are much more satisfied and more likely to continue to care for children and support birth families (Casey. *Breakthrough* 37).

The LRC 1996 Interim Membership Task Force on Children in Placement recommended that the cabinet provide services to prevent the disruption of placements, support and encourage foster

parents to maintain placements, and include foster parents in case conferences and service planning for placement changes.

Through the cabinet's Training Resource contracts with several state universities, foster parents have access to a number of support resources. An independent foster and adoptive parent association exists as well. The cabinet's foster parent satisfaction survey indicated the level of use and helpfulness of each, as shown in Table 5.10.

Table 5.10
Foster Parent Resources and Usage

Resource	Description	Percent Having Used Resource	Percent Saying Resource Is Helpful*
Adoption Support for Kentucky	Parent-led adoptive parent support groups; coordinated by the University of Kentucky	32	75
Kentucky Foster and Adoptive Parent Training Support Network	Experienced parents offer crisis support, additional training, coordination of respite programs, training for caseworkers; coordinated by Murray State University	50	83
Resource Parent Mentor Program	Experienced mentor provides weekly contact and as-needed phone contact for 6 months; coordinated by the University of Kentucky	46	77
Kentucky Foster/Adoptive Care Association	Independent organization that assists the cabinet in developing training and policy	32	75
Local Foster / Adoptive Association	Local chapters of the statewide association	44	77
F.A.S.T. Track Magazine	Quarterly publication containing information and ideas on foster parenting; published through the University of Kentucky	77	90

*Some respondents answered the helpfulness question but did not answer the use question. This is a percentage of the respondents who answered the helpfulness question, even if they did not indicate they used the resource.

Source: Staff compilation of information from the DCBS 2006 satisfaction survey of foster and adoptive parents; University of Ky. College. Training. *Resource*

Foster parents also have reported that they receive assistance from the Commonwealth Institute for Parent Leadership, the Prichard Committee, and Family and Youth Services Resource Centers.

Data from the cabinet's 2006 satisfaction survey of foster and adoptive parents suggest that DCBS could strengthen practices in this area. Nearly one-third of DCBS foster parents indicated that

the agency did not value their work, that they were not invited to meetings regarding their foster child, that they did not receive adequate notification of meetings, that their ideas about their foster child were not taken seriously, and that they did not have a strong working relationship with DCBS. Overall satisfaction with working with DCBS varied considerably by region. On a scale of 0-100, overall satisfaction ranged from about 81 in Pennyryle to about 67 in Big Sandy. Statewide, the satisfaction level was 74.

The 2006 survey also shows that while 76 percent of DCBS foster parents agree that working with biological families is important, only about half think that DCBS provides important information prior to visits between the child and birth parents or is responsive to their concerns after visits. Staff commend the cabinet on its success in communicating the importance of working with the birth family. Staff also encourage the cabinet to increase efforts to respond to foster parents regarding visits between the child and birth parents.

Quality of Foster Care

There are few direct measures of the quality of care in foster homes. Most of the measures involve subjective opinions, often self-reports by the foster parents or foster children or the opinions of third parties. There are no outcome measures that trace the success of foster children back to their foster homes or other placements.

Regular resource parents are not required to maintain any written documentation of events, the behavior of a foster child, or their responses to that behavior. The only documentation resource parents are required to maintain is a medication administration log (SOP 3A.7.11). In order to obtain supplemental reimbursement for certain extraordinary needs, a resource parent must keep a log of special services provided to the child (SOP 3B.9). Care Plus resource homes must keep a daily log of the child's behavior and activities (922 KAR 1:350 §7(1)(e); SOP 3A.8.5(4)(b)). Similarly, private therapeutic foster homes are required to keep a daily log (922 KAR 1:310 §8(8)(c)). Staff suggest that the cabinet consider the benefits and drawbacks of requiring all resource parents to keep a log of the child's activities and behavior and the foster parents' responses.

Overall Measures

Federal reporting includes only one direct measure of quality of foster care: substantiated maltreatment by foster parents or residential care staff. Table 5.11 shows the statistic for Kentucky in the federal fiscal years most recently published.

Table 5.11
Maltreatment of Foster Children by Foster Caregivers,
Including Residential Care Staff
(Federal Fiscal Years 2003 and 2004)

Federal Fiscal Year	Children Maltreated in Care	Children in Care During Period	Maltreatment Rate for Children in Care	Maltreatment Rate for All Children
2003	43	10,787	0.40%	N/A
2004	36	10,738	0.34%	0.91%

These statistics are based on maltreatment reports received during the last 9 months of the federal fiscal year (January-September) and the number of children who were in care at any time during that period. The rate for all children used the July 2004 Census Bureau estimate for children ages 0-17 in Kentucky, less the number of children in care during the period.

Source: Staff compilation of data from Commonwealth Cabinet, Dept. "Kentucky Child" 1; maltreatment data from federal National Child Abuse and Neglect Data System file; U.S. Census data.

Staff were able to determine that only one of the children shown as maltreated in care in federal fiscal year 2004 was maltreated by a residential staff person. All others were listed as foster parents. Staff did not obtain a similar breakdown for 2003. The rate of maltreatment in care as captured by this method is considerably lower than the rate for the population as a whole. However, there are some questions about the accuracy of the data in TWIST, so this comparison must be considered tentative.

Kentucky's rate of maltreatment in care has improved and is lower than the rate in the state as a whole. The rate is very close to the new federal target.

According to federal guidelines published in July 2006, Kentucky's 2004 rate of maltreatment in care was very close to the federal target for the next Child and Family Services Review. Compared with other states in 2004, Kentucky was 21st of the 38 states that provided this measure. The other states ranged from 0 percent in South Dakota to 1.07 percent in Rhode Island (U.S. Dept. Administration, Children's *Table*). Much of the state-to-state variation could be due to differences in the way the states collected the data, so these comparisons have limited value.

The Children's Review Program conducts exit interviews with a sample of foster children in private foster and residential care agencies. In the past, the program interviewed about 1,000 per year (a third of all children moving out of a private placement). These

children were selected from those who are age 7 or older and who do not have mental retardation. About 7 percent of the interviews resulted in a report of maltreatment to DCBS. Unfortunately, it is not known how many of the reports of maltreatment were related to private foster homes nor how many were substantiated.

Various sources have suggested that maltreatment is more likely to be reported for foster parents than for the general public. It was not clear that the investigations of foster care maltreatment were conducted with the same scrutiny and impartiality as investigations of maltreatment in general, based on caseworker and supervisor comments. The standard of practice for investigation of resource and private foster homes requires the service region administrator to appoint a caseworker who does not have “current case responsibility for a child placed in the home” (SOP 7B.8.1). Staff found that this is insufficient. Investigations of foster homes should be conducted by workers who are not familiar with the foster parents or the foster children living there, whether or not the workers previously have had official case responsibility for the foster home or the children.

The cabinet also keeps statistics on fatalities related to child abuse or neglect. According to the cabinet, the number of deaths due to child maltreatment outside foster care has remained stable, averaging 32.3 deaths in each of the past 3 state fiscal years. Using the 2004 Census Bureau estimate of children in Kentucky and removing the number of children estimated to be in care during 2004, the rate of deaths due to maltreatment in the general population was about 0.003 percent. Similarly, the number of such fatalities of children in care has remained relatively stable, averaging 1.7 deaths each of the past 3 state fiscal years. Estimating the number of children in care during calendar year 2004 as 11,500, the rate of deaths due to maltreatment in care was about 0.015 percent. Although the rate of these deaths in care is dramatically higher than the rate in the general population, the numbers are so small that it may not be a valid comparison. This topic deserves further study.

Reentry into care provides a measure of quality that includes the efforts of caseworkers, foster parents, service providers, and birth families. This measure shows how often children who exit care return within 12 months. Table 5.12 shows this measure for the past three federal fiscal years. The federal target for this measure is 8.6 percent or less (U.S. Office). Kentucky has shown improvement on this measure but must continue to improve before the next federal review.

Table 5.12
Percent of Children Entering Care
Who Had Been in Care Within the Past 12 Months

	Federal Fiscal Year		
	2003	2004	2005
Percent Re-entering Care	10.6	12.1	9.5

Source: Commonwealth. Cabinet. Dept. "Kentucky Child" 7.

Foster Youth Survey

Foster youth in Kentucky reported very positive opinions about their foster parents.

In 2005, the cabinet conducted a survey of foster youth aged 12 and older living in state resource homes. Overall, the results of the youth survey suggest that resource parents are doing a good job. Staff caution that the survey was delivered by mail to the resource home and the resource parents were aware of the survey, which might have influenced the responses.

Some of the questions reflected on the quality of foster care. More than 86 percent reported that the resource parents "treat me and my family with respect" and almost 82 percent said the resource parents "treat me like their own child." More than 73 percent stated that their religious beliefs were respected, and the same number thought their lives would be good in the future. Sixty percent or more of the youth reported that foster care has helped them to feel safer and to do better work in school. Foster care helped 57 percent be more independent. More than half said foster care has "helped me feel better about who I am" (Commonwealth. Cabinet. Dept. *Kentucky Youth*).

Caseworker and Supervisor Survey Responses

For this study, Program Review staff surveyed caseworkers and supervisors. The survey included questions about the perceived quality of care provided by different kinds of foster caregivers. Table 5.13 shows how the various caregivers were rated.

Table 5.13
Average Ratings of Caregivers by Caseworkers and Supervisors

Type of Caregiver	Caseworkers	Supervisors	Combined
Relatives	3.57	3.63	3.59
Resource Homes	3.55	3.70	3.60
Medically fragile Resource Homes	3.90	4.26	4.02
Care Plus Resource Homes	3.62	3.83	3.69
Private Foster Homes	3.52	3.21	3.43
Private Foster Care Agency Staff	3.40	3.22	3.35

Ratings were on a scale of 1=Very Poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent.

Source: Program Review surveys of caseworkers and supervisors.

Most DCBS caseworkers and supervisors reported positive evaluations of foster parents. Interviews and survey responses indicated that some foster homes do not perform well.

More than half the respondents for each type of caregiver gave ratings of either good or excellent. The ratings for basic resource homes were very similar to those for relatives. Resource homes were rated slightly higher than private foster homes. Although private foster care staff members are not direct caregivers, they were included in the question because they serve the foster parents and children and are the channel of information to the caseworkers. These staff members received the lowest rating.

Respondents also were asked to comment on the caregivers. Qualitative analysis of the comments suggests that some caseworkers and supervisors feel that some DCBS resource home foster parents provide good quality care and that others do not. Several mentioned that some foster parents do not transport children to medical, dental, and counseling appointments, birth family visits, and other events. A few mentioned that better foster parent screening is needed. Caseworkers and supervisors also had mixed opinions about the quality of services provided by private foster care homes, with some asserting that the quality is good and others suggesting that the quality is suspect. All of these opinions were mirrored in the face-to-face interviews Program Review staff conducted with caseworkers and supervisors around the state. Below are some caseworker and caseworker supervisor quotes about caregiver quality.

Many foster homes for young children are excellent, both in DCBS and [private foster] homes. However, homes for older children (teens) are usually not as good.

Foster parents need to be rather extraordinary people. Be able to nurture, love, provide, and often ‘let go’ of the child. They have wounded children in their care. They need to know how to address behavior and not shame the child. I have some excellent foster parents—and some that I will never again use as a foster home.

Many of the foster parents do not transport children. They have few mental health supports, due to lack of providers, for the children and as a result can frequently become frustrated with a child's escalating negative behaviors. Many of the foster parents, especially the ones with young children, become more focused on being able to adopt the children and less on working with the families....

Most foster parents should be commended on their commitment to wanting to help kids, but some have horrible parenting styles. I feel like we still work with some of these parents because we need someplace to put committed kids.

Summary of Quality of Care

Staff found that it is impossible to determine the quality of foster care with any degree of accuracy. Based on the available information, it appears that most foster parents do a good job and some do not. Most foster children in resource homes appear to be positive about their experience.

Better information is needed to measure the true quality of foster care.

The information available either does not bear directly on the question of quality or is subjective in nature. There is much less information about private foster care than about state resource homes. Staff commend the cabinet for the efforts it has made to obtain more information. These efforts should continue and expand to include surveys or interviews with others involved in the foster child's life, such as the birth parents, former and current teachers, counselors, and others. The cabinet should undertake more efforts to gauge the quality of private foster care.

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.

Negative Outcomes in Foster Care

Foster care is not a panacea. The trauma associated with being removed from one's birth home is real and significant for the children involved. Some children deal with this stress better than others. Some children improve physically and psychologically while in foster care. In fact, according to one research summary, Studies that have interviewed current and former foster children report that the youth generally had positive feelings about being placed in foster care. Most youth thought it was in their best interest and reported that things would have gotten worse at home without child welfare intervention. On the other hand, children reported missing their biological families, and had many suggestions for improving the foster care system (Taussig 6).

Other children neither improve nor deteriorate while in care, and still others suffer declines while in care. A cabinet official stated that Kentucky data showed roughly a third of foster children improve while in care, a third remain about the same, and another third deteriorate. The causes of these outcomes are unknown. Many of the caseworkers and supervisors interviewed for this study offered the opinion that often negative outcomes are due to the trauma associated with removal from their birth family.

The trauma associated with removal and the disruption of care associated with changing schools, doctors, and other providers may cause some children to do worse in foster care.

Another possibility is that children who had medical, mental health, or educational service needs prior to entering care may experience a discontinuity of services. Moving from one home to another often means changing doctors, therapists, and schools. This process introduces delays in treatment or services and might result in setbacks for these children.

Results from the caseworker and supervisor surveys conducted by Program Review staff indicated that about one-third believe that some foster children get physically worse while in foster care and almost half believe that some foster children get psychologically worse while in foster care. At the same time, nearly three-fourths of respondents thought many or most foster children improve physically while in foster care and about half thought many or most foster children improve psychologically.

When caseworkers and supervisors were asked "What could be done to prevent children from getting worse while in care?" they said the following:

- A few indicated that very little could be done.

- Some felt that maintaining the child's connection to the birth parents was important.
- Many stressed that mental health services for children are a must.
- Some mentioned better foster child/foster family matching.
- Several stated that foster parents and caseworkers need to work together better.
- Others asserted that foster parents and birth parents need to work together better.
- Several think better foster family training would help.
- A few think better community services are called for.
- Some suggested minimizing the number of placements.
- Several mentioned selecting better foster parents.
- A few suggested more placements with relatives.

Below are some representative caseworker and supervisor survey comments.

I believe that the biggest issue facing children in foster care is the lack of appropriate, timely and quality mental health intervention.

I have noticed that when the foster parents and biological parents are able to develop a positive relationship that this makes things easier for everyone involved, especially the children.

First and foremost, the children need someone they can trust. If not the worker, then the foster parent, counselor, someone.

Better understanding from foster parents that they are not caring for children that come from healthy backgrounds and will not be changed inside of a month.

Children are often not informed of why they are being removed. Therefore, they come up with their own conclusions and may place the blame on themselves. Frontline social workers and judges need to take more time to talk to the children and explain exactly why they are removed.

Staff urge the cabinet to consider additional ways to minimize the negative effects of foster care. Staff also suggest that the cabinet measure and track the effects of such efforts.

Private Foster Care

As of July 2006, data from the Children's Review Program showed that there were 1,269 approved private foster homes having 3,383 beds. At the time, 1,684 such beds were shown as filled, or 49.8 percent of capacity. Private foster care agencies provide foster homes for children in the cabinet's custody as well as for some juvenile offenders committed to the Department for Juvenile Justice. As of February 2006, the Justice and Public Safety Cabinet reported only 86 juvenile offenders in private foster homes.

Private agencies also provide foster home placements for some children in the IMPACT Plus program. Some private agencies also accept independent referrals from parents and legal guardians.

Levels of Care

Kentucky's levels of care system is a national model.

Kentucky was one of the first states to establish an objective system for determining the level of care for children based on their needs. Such a system was presaged in a 1985 Program Review report on reimbursement and was recommended in a 1993 Program Review report on out-of-home care (Commonwealth. Legislative. Program. *Cabinet for Human Resources Reimbursement* 47, 51; Commonwealth. Legislative. Program. *Out* 32-33). It was implemented in 1995 with the formation of the Children's Review Program. According to officials of that program, Kentucky's system has been cited as one of the best in the country.

There are five levels of care defined according to the child's level of need. The detailed formal definitions are in administrative regulation 922 KAR 1:360.

- Level I—adequate functioning in a routine home environment
- Level II—minor but frequent problems requiring a structured supportive setting
- Level III—occasional behavioral problems requiring flexible levels of sometimes intense intervention
- Level IV—moderate behavioral problems or moderate risk of causing harm to self or others requiring availability of professional counseling and a formal treatment plan
- Level V—severe impairment, disability, or need, or severe risk of causing harm to self or others requiring Level IV services plus 24-hour supervision or a specialized setting

Levels are assigned by a trained mental health professional at the Children's Review Program. The levels of care apply to children who are to be placed in a private foster or residential care setting. Children's Review generally does not assign a level to children younger than age 4 in order to ease the burden on caseworkers, but a level can be assigned on request. The level is assigned based on a combination of factors, including

- biopsychosocial history provided by the caseworker,
- needs assessment provided by the caseworker,
- placement history, and
- Achenbach Child Behavior Checklist filled out by the caseworker or a caregiver (for children aged 4 and older).

The level system was intended to meet a number of objectives, including to

- reduce costs of residential care;
- shorten lengths of stay;
- make payments to providers more equitable; and
- collect information about children's needs, resource utilization, and service quality.

The Children's Review Program reported that the average level of care upon entry to private (therapeutic) foster care in 2005 was 3.49, while the average upon entry to private residential care was 4.62. The breakdown of children in private foster care by level is shown in Table 5.14 as of September 10, 2006. Most children are found in levels III, IV, and V, in somewhat declining numbers. These results are consistent with the type of care being provided and support the usefulness of the levels of care.

Table 5.14
Percent of Children in Private Foster Care by Level of Care
(State Fiscal Year 2006)

Level of Care	Percent of All Children	Percent of Children With Level of Care
No Level	20	N/A
Level I	2	3
Level II	13	16
Level III	28	35
Level IV	21	26
Level V	17	21

Source: Staff compilation of data from the TWS-W058 Children in Placement Reports for state fiscal year 2006.

According to the Children's Review Program, there is evidence that the levels of care and the oversight provided by the program have made progress toward the original objectives. The program has had to reduce some of its oversight activities in recent years, and staff have some concern that outcomes might suffer. Some experts suggested that having a level of care determination for every child to be removed from home would assist in the placement decision. This was recommended by the 1996 LRC Task Force on Children in Placement (Commonwealth. Legislative. 1996 41). The 1997 Citizen Foster Care Review Board report made the same recommendation (Commonwealth. Administrative. Citizen. *Mandated* 5).

Payments to Private Foster Care Agencies

Private foster and residential care agencies are paid based on a fee structure associated with a child's level of care, as described above. The rates depend on whether the care is in a foster home or a residential setting. Table 5.15 shows the current rate structure. The Level I and Level II "step-down" rates are temporary rates and apply when a child previously was assigned to Level 3 or higher. Many children aged 4 and younger and some children in other situations are not assigned a level; for these children, the agency is reimbursed at the "No level" rate.

Table 5.15
Per Diem Rates for Private Foster and Residential Care

Level	Foster Care	Residential
No level*	\$40.00	N/A
Level I	\$40.00	\$48.19
Level II	\$40.00	\$58.52
Level I Step-down	\$70.00	N/A
Level II Step-down	\$70.00	N/A
Level III	\$76.78	\$106.71
Level IV	\$94.11	\$130.80
Level V	\$131.26	\$186.54

* Typically, these will be children who are aged 4 or younger or who were placed in a private foster home for nontherapeutic reasons such as to keep a sibling group together or to keep the children close to their family.

Source: Staff compilation of data from DCBS Form DPP-114 Rev 10/2004 and communication from DCBS.

Private foster care rates are not covered by rate-setting statute, but private residential care rates are.

Unlike rates for private residential care, rates for private foster care are not subject to a particular rate-setting method. Previous LRC reports in 1985, 1993, and 1998 recommended reimbursing private

agencies for the costs of caring for children with differing needs at differing rates. Such a system is in place for private residential agencies, but the statute does not cover private foster care agencies (KRS 199.641). There has been no significant change in reimbursement rates for either kind of private agency since July 1, 2000 (James. “FW”).

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.

Out of their per diem, private foster care agencies are expected to pay their foster parents and to provide intensive case management and therapy.

Private agencies must pay their foster parents out of the per diem. The agencies also must cover the costs of all the mental health and substance abuse services provided to the foster child. It was recently confirmed that the private agency may not seek such therapeutic services for the child from community providers who bill Medicaid because the per diem already includes a Medicaid payment to the private foster care agency for those services. However, general medical care is not paid out of the per diem and is reimbursed by Medicaid, private insurance, or the cabinet.

In the 2006 Regular Session, the General Assembly passed a budget that specified an increase in \$3 per day in private agency rates across the board effective July 1, 2007. This action bypassed the statutory rate-setting method for private residential care agencies.

Payments to Private Foster Parents

Private agencies are free to pay foster parents according to the dictates of the market. Program Review staff conducted a survey of private foster care agencies. Although the responses often were incomplete, the survey did provide a sampling of the payments to private foster parents. For private foster homes caring for children at the therapeutic level (Level III and higher), most per diem payments ranged from \$35 to \$40. A few agencies reported paying as little as \$30 and as much as \$75 per day. It appears that the typical private foster parent receives about twice the reimbursement of a regular basic resource parent and about the same reimbursement as a Care Plus basic resource parent. Because private foster parents carry out a formal treatment plan as part of a treatment team, it is arguable that their duties are at a higher level than those of Care Plus parents.

Services Provided to Private Foster Homes

The DCBS caseworker is supposed to visit each child in private foster care once per quarter. The caseworker remains responsible for monitoring the services provided by the private agency, working with the birth family, maintaining the case plan and permanency plan, and preparing for court hearings.

The private agency is contracted to provide a therapeutic environment tailored to the foster child. A private agency therapist should develop an individualized treatment plan in conjunction with the child and foster parents. The foster parents' role is to carry out specific tasks in the treatment plan. The private agency's therapists provide individual, group, and other forms of therapy as needed. The private agency is responsible for crisis intervention as well as ongoing treatment.

Private Foster Care Agency Costs

Staff did not examine the expenses of private foster care agencies. In their survey responses, 2 of the 20 agencies indicated the reimbursement is adequate. However, several agencies volunteered that the reimbursement they receive from the cabinet is insufficient. The Children's Alliance reported its private agency members raise about \$18 million a year in donations.

Most private agencies stated that the per diem does not cover their costs of care.

In 1985, a Program Review report compared private care reimbursement methods of Kentucky and six other states. The report cited assessments by respondents in other states:

Most concurred that their states were able to serve more children with quality care by spreading the state dollars through the private child care program and paying only a portion of the cost of care at each agency (Commonwealth. Legislative. Program. *Cabinet for Human Resources Reimbursement* 24).

However, the report raised questions about the wisdom of paying less than the actual cost of care:

Some respondents also suggested that major improvement in the quality of service provided was not actually encouraged by a system which reimburses an agency for only a portion of the cost (24).

It appears that the same approach applies in 2006. Private foster care agency officials responded to the staff survey with numerous comments about the alternative means they employ to cover the

cost of care. Some of the representative comments are included below.

Our agency often pays for ANY additional expenses including day care, clothing needs, unusual recreational needs (camps), graduation gifts and expenses, summer trips that may be school related.

We receive some funding from [our denomination], church donations, individual donations. We beg when necessary.

Our current annual budget runs in the red due to the cost of master level staffing and the ... mandate to have master level therapists. We have cut back on things that we would view as good support ... services.

Grants and donations are sought to help cover expenses to serving the clients. Also in order to do extra recreational, educational, or cultural activities with the clients individual programs do fund raisers.

Hard-to-Place Children

For the current study, the cabinet stated that there is a shortage of placements for hard-to-place children. The same statement was made in a 1985 Program Review report (Commonwealth. LRC. Program. *Cabinet for Human Resources Reimbursement* 51). The report explained that agencies may have tended to reject children with more difficult needs (47). Another Program Review report in 1993 had similar findings (Commonwealth. LRC. Program. *Out v*, 5). Observers report the same concerns today. In the past year, the number of children placed in out-of-state treatment facilities has tripled. The current out-of-state placement situation is described in Appendix I.

Even private therapeutic foster care and residential care agencies reported difficulty providing appropriate care for some children.

Staff were unable to determine why every few years observers claim that the level of need of children in care has increased. There are some possibilities. One is that many children who would have entered foster care in earlier years now are maintained in their homes or with relatives. They are not considered to be in foster care and so it makes the level of need of children in foster care appear to have increased. Another possibility is that increased drug and alcohol abuse by parents has led to an increase in emotional, behavioral, and learning disorders among their children. Staff did not attempt to verify these or any other reasons.

Private foster care agencies offered some comments regarding the placement process and related issues. Some of their comments are given below.

Many foster homes prefer younger children so placing teens is difficult. Kids who are aggressive, sexually acting out are very difficult to place.

Some children in which we receive referrals are not appropriate for our current [therapeutic foster care] settings without compromising other children already being served in the home.... DCBS pressures for immediate placement of their referral while the Children's Review Program asked ... what was done in the pre-placement process to make sure the child was a match with the family?

The placement process is awful. The referral information is extremely weak (usually only a few pages of check-lists). Placement is based on which agency says 'yes' first, not on the needs of the specific youth, or goodness of fit with program/family.

Recruiting Private Foster Homes

Private agencies reported many of the same difficulties finding appropriate foster homes that the cabinet reported. The two most frequently mentioned difficulties were finding placements for older children and for children with aggressive behaviors. Some representative comments are included below.

Difficult to recruit African-American families or place A[frican]-A[merican children] in non-A[frican]-A[merican] homes.

It is difficult to find homes that are open to take a variety of ages/genders. It seems that prospective homes want to target such a small population for their home that it can create problems with matching.

Our agency has difficulty recruiting families to become foster parents in Fayette County where there is a large demand for homes.

[Difficulty recruiting enough homes in] Salt River area, Lincoln Trail area, Northern Kentucky.

We have difficulty in recruiting foster parents in... western counties such as Henderson, Union, and Webster.

The cabinet's 2006 survey of foster and adoptive parents showed that private foster parents had an average of 4.1 years of experience, while DCBS resource parents had an average of 5.9 years. It is possible that the additional stress of dealing with children in therapeutic foster care creates more turnover among private foster parents; or it may be that private foster care is expanding more rapidly than state resource homes, leading to a lower average level of experience.

Training for Private Foster Homes

Regulatory standards for training of private foster parents are lower than those for comparable state resource parents.

Staff found that regulations require less training for private foster parents than for comparable state resource parents. Table 5.16 compares the initial and annual hours of training for three categories of foster parents. Staff recommend that the cabinet should require at least as much training for private foster parents as for the comparable state resource parents. In the case of private therapeutic foster parents, it is arguable that they should have more specialized training than Care Plus parents.

Table 5.16
Comparison of Training Requirements for State and Private Foster Homes

State Home	Training Hours		Private Home	Training Hours	
	Initial	Annual		Initial	Annual
Regular Resource	30	6	Private foster	24	6
Medically fragile	54	24	Private medically fragile	48	24
Care Plus*	54	24	Private therapeutic	36	24

*Care Plus homes do not provide therapeutic foster care and so in principle should require less training than therapeutic foster homes.

Source: 922 KAR 1:310; 922 KAR 1:350.

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.

Problems With Residential Care

There is an idea that placing children with behavior problems together may make it more difficult to effect improvement. Similarly, some researchers think placing children or adolescents with others who have behavior problems may create a culture that spreads behavior problems rather than correcting them (Gifford-Smith 263). Although this hypothesis has not been tested and applied in a residential foster care setting, some evidence suggests

that placing multiple children together with various psychological or behavioral problems might not be a prudent course of action.

Services to Foster Children

The cabinet has done an excellent job developing an array of services for foster children, many of them paid through other sources. Availability and quality remain issues in some places.

The cabinet provides some services to foster children to meet their medical, educational, and mental health needs. The cabinet also refers foster children to services in the community. Staff found that the cabinet has done an excellent job of finding resources from other agencies and community partners. Despite the cabinet's best efforts these services are not always available to foster children and the quality of some services may be questionable.

Payment for most services to foster children is not an issue because foster children automatically receive Medicaid. When the birth parent has health insurance for the child, the parent's insurance will pay first and then Medicaid. Similarly, foster children automatically qualify for the free school lunch program.

There was no readily available objective information on the quality and availability of services for foster children. The Commonwealth Administrative Office of the Courts' Citizen Foster Care Review Board has issued statistics in its annual reports from 2002 to 2004 on the percentage of children whose needs the reviewers thought were being met. The percentages were quite high, ranging from 96 to 99 percent. Staff do not regard these opinions as authoritative because they were based on information in the case documentation rather than from direct knowledge and were a composite of all areas of need. Staff note that, despite its high rating of services, the board has recommended improvements in the amount and quality of services to children and their families in their 2004 and 2005 annual reports.

The opinions of DCBS caseworkers and supervisors, who are closer to the cases, were available. Although they are subjective, these opinions provide a basis for further discussion. In the Program Review staff survey of caseworkers and supervisors, both groups responded to questions about the availability and quality of services for foster children. Supervisors consistently reported more difficulty finding services and poorer quality of services than did caseworkers. Staff speculate that supervisors are more likely to become involved in cases when there is a problem obtaining adequate services. Table 5.17 shows the average scores for the basic services provided to foster children.

Table 5.17
Availability and Quality of Services to Foster Children
as Reported by Caseworkers and Supervisors

Type of Service	Availability			Quality		
	Case-worker	Super-visor	Com-bined	Case-worker	Super-visor	Com-bined
Medical Services	4.7	4.4	4.6	4.0	3.9	4.0
Mental Health Service	4.3	3.9	4.1	3.2	3.0	3.1
Substance Abuse Service	3.3	2.9	3.2	3.1	2.9	3.0
Special Education Services	4.1	3.9	4.1	3.6	3.3	3.5
Other Educational Services	3.4	3.2	3.4	3.3	3.2	3.3

Availability ratings were on a scale of 1=Never, 2=Occasionally, 3=About half the time, 4=Often, 5=Always.

Quality ratings were on a scale of 1=Very poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent.

Source: Program Review staff survey of caseworkers and supervisors.

DCBS caseworker and supervisor opinions suggested shortages of substance abuse services and general education services. They also rated the quality of mental health and substance abuse services as only fair. The survey showed regional differences.

The results show that DCBS caseworkers and supervisors viewed medical and mental health services as often to always available and special education services as often available. Ratings suggest possible shortages of substance abuse services and educational services other than special education.

DCBS caseworkers and supervisors rated the quality of medical services as good and that of education services as fair to good. Ratings of mental health services and substance abuse services were only fair.

Staff further examined the combined ratings by region.⁶ These analyses are shown in detail in Appendix J. Some kinds of services showed considerable regional variation. Mental health and substance abuse services showed the most variation in reported availability and quality. Educational services also showed large variations in reported quality. Because of the importance of these services to the success of children, staff urge the cabinet or another entity to explore the variation in services statewide and propose solutions.

Mental Health and Substance Abuse

Through contracts with the community mental health centers, foster children and other DCBS clients are supposed to receive priority services. Results of the caseworker and supervisor surveys were mixed. Staff qualitative analysis of interviews with caseworkers and supervisors and open-ended comments to survey questions suggest that some frontline workers are concerned about

⁶ The 16-region system was in effect at the time of the survey.

the availability and quality of mental health and substance abuse services.

Medical Services and Continuity of Care

Even though a “medical passport” has been implemented in SOP 7E.4.2, a number of observers reported that the information often is incomplete or is not transferred as required from one caregiver to the next. The medical passport should contain a summarized medical history and a brief description of the medical care (including mental health care) received while in the custody of the cabinet. Detailed medical treatment records may be in the case documentation, but these are not part of the medical passport and may not be available to other providers, even to private agencies providing therapeutic foster or residential care or to caregivers. Delays can be introduced when subsequent providers have to request from the previous providers records that are already in the possession of the cabinet. Staff were unable to determine the extent or frequency of these issues.

Educational Services

A 1993 Program Review report included the finding regarding private residential care that “Often children are not welcome in local schools and ‘are blamed for everything that happens,’ according to comments received during site visits” (Commonwealth. Legislative. Program. *Out* 51). For the current study, staff heard similar comments from observers of the system and reports that schools sometimes drag their feet when admitting a foster child.

The report of the 1996 Interim Membership Task Force on Children in Placement report described education of children in out-of-home care as of 1996. The report noted that the costs of educating children in care tended to be greater than for children in general because more of them required Individual Education Plans under the Individuals with Disabilities Education Act. In addition, the report stated that residential facilities were not distributed evenly across the state, so that 40 school districts were educating children from 114 counties (Commonwealth. Legislative. 1996 21). “Disproportionate populations of children who require intensive services inevitably create a tension between the community’s high educational expectations and services to children” (22). The report also found that private agencies did not provide adequate notice or information to the schools regarding the arrival of a new child. Recommendations 11 and 12 of the 1997 report of the Task Force on Residency recommended that the state

bear some of the costs of educating children in care whose parents reside outside the school district (Commonwealth. Dept. of Ed.). The report also recommended that new facilities obtain a Certificate of Resources in addition to a Certificate of Need, so that the existence of adequate educational resources would be assured.⁷

The 1996 Interim Membership Task Force on Children in Placement noted that funds from the Kentucky Educational Collaborative for State Agency Children had helped defray the cost of educating children in private residential facilities, but the funds did not follow a child who exited the facilities and entered a foster home. The task force argued that the educational needs of such a child remained the same, but the school system received less compensation (Commonwealth. Legislative. 1996 23).

According to the cabinet, more than half of the children in its custody are receiving special education services under the Individuals with Disabilities Education Act and have Individualized Education Plans. Foster care, which almost always requires a change of schools, creates an additional complication that may introduce delays in the educational process.

Schools are required to provide and the cabinet is required to deliver an “educational passport” when a child in care changes schools. Interviews indicated that the educational passport is not working effectively in many cases.

Services to Birth Families

The cabinet has leveraged many services for birth families from other agencies and community resources as well as funding some programs directly. Availability of services is an issue and the quality of some may be suspect.

The cabinet provides limited services to birth families to assist them in achieving their case plan objectives. The cabinet also refers birth families to services in the community. DCBS child protection and permanency funds do not pay for most of the services available to birth families. Staff found that the cabinet has done an excellent job of finding resources from other agencies and community partners. Despite the cabinet’s best efforts, these services are not available or affordable to all birth families, and the quality of some services may be questionable. This view is supported by the recommendations of the 2004 and 2005 Citizen

⁷ Program Review staff note that there is neither a Certificate of Need nor a Certificate of Resources process for residential treatment facilities, and it appears there never has been. However, the Statewide Strategic Planning Committee for Children in Placement, if it existed, would have the authority to create such a system through administrative regulations. This committee is discussed in more detail in Chapter 1.

Foster Care Review Board annual reports (Commonwealth. Administrative. Citizen).

Array of Services and Payment for Services

The list of services in Table 5.18 indicates their availability and shows who provides and pays for them. “Community partners” include Community Mental Health Centers and services of the Department for Mental Health and Mental Retardation Services. DCBS has agreements with community mental health centers and the Department for Mental Health and Mental Retardation Services to give priority to DCBS clients. Other community partners include other state agencies, doctors, therapists, clinics, hospitals, local governments, community action agencies, and private social service agencies.

Most services to birth parents are limited by geography, eligibility requirements, or affordability.

Staff found that most of the services for which the parent does not have to pay are limited in some way. Some programs are not available statewide, some are only available to eligible persons, and some have limited capacity. Some of the limitations are listed below.

- Attorneys for parents are limited to those who cannot afford them according to the criteria in KRS 31.100-125.
- Court-appointed special advocates are available in fewer than 30 counties.
- The Commonwealth Assessment and Training Service has income eligibility requirements and is available to those who can travel to Lexington.
- The Targeted Assessment Program has sites in 23 counties and has eligibility criteria.
- Preventive assistance has a limited budget and requires service region administrator approval.
- Safety Net services are limited to former K-TAP recipients who failed to comply with Kentucky Works Program requirements.
- Family Reunification services are not available to all the families who need them because of limited funding.
- Supervised visitation by community partners is available only in a few locations.

Table 5.18
Services Available to Birth Families

Service Offered	Provided by	Paid by
<i>Limited geographic coverage, eligibility, or capacity</i>		
Attorney for parents	Court	Finance and Administration
Court Appointed Special Advocates	KY-CASA via court	Grants, donations
Commonwealth Assessment and Training Service psychological assessments	UK CATS	DCBS
Targeted Assessment Program	K-TAP	TANF
Preventive assistance (cash assistance)	DCBS	DCBS
Safety Net (after failure to comply with Kentucky Works Program)	K-TAP	TANF
Family Reunification Services	Community partners	DCBS
Housing assistance	Community partners	Federal funds, donations
Homeless and domestic violence shelters	Community partners	Grants, donations
Visitation (Supervised by others)	Community partners	DCBS
<i>Generally available</i>		
Guardian <i>ad litem</i>	Court	Finance and Administration
Parenting classes	Community partners	Community partners, DCBS*
Drug & alcohol counseling/treatment	Community partners	Medicaid or parent
Drug testing	Community partners	Parent (unless court orders DCBS to pay)
Psychological assessments (not CATS)	Community partners	Medicaid or parent
Anger management	Community partners	Medicaid or parent
Domestic violence counseling	Community partners	Medicaid or parent
Family and individual counseling	Community partners	Medicaid or parent
Visitation (DCBS supervised)	DCBS	DCBS

* The cabinet did not respond to a request for confirmation of payment for parenting classes.

Source: Program Review staff compilation of information from DCBS, primarily Commonwealth. Dept. *Foster*).

Although there are several kinds of services for which Medicaid will pay, Medicaid is not available to all parents. Some parents do not receive Medicaid because they were not eligible prior to involvement with child protection. For those parents who received Medicaid because they were enrolled in K-TAP, however, the

removal of children can have a negative impact on their finances and Medicaid eligibility. According to cabinet officials, if a child is removed from a K-TAP family, the cash benefits to the family are reduced. More importantly, if all the children are removed from a K-TAP family, the parents lose their eligibility for K-TAP and Medicaid as well as Targeted Assessment Program services.

Regarding the ability of birth parents to pay for services, a 2004 Kentucky Court of Appeals decision in *Cabinet for Health and Family Services v. Sharon Evans* found that a judge may order the cabinet to pay for services to the birth parent pursuant to the reunification of the parent and child. The Supreme Court has denied discretionary review and the case is now final, but the decision is not published and may not be used as precedent. However, judges are free to use the same reasoning in future cases. Cabinet officials told staff that if such payment were commonly required, “the General Assembly would have to appropriate a significant increase in the DCBS budget allotment” (James. “FW”).

Availability and Quality of Services

There was no readily available objective information on the quality and availability of services for birth families. The opinions of DCBS caseworkers and supervisors, who are close to the cases, were available. Although they are subjective, these opinions provide a basis for further discussion. In the Program Review staff survey of caseworkers and supervisors, both groups responded to questions about the availability and quality of services for birth families. Table 5.19 shows the average scores for some of the basic services provided to birth families.

Table 5.19
Availability and Quality of Services to Birth Families
as Reported by Caseworkers and Supervisors

Type of Service	Availability			Quality		
	Case-worker	Super-visor	Com-bined	Case-worker	Super-visor	Com-bined
Family Preservation	3.5	3.5	3.5	3.7	3.8	3.8
Mental Health Services	3.9	3.7	3.8	3.1	2.9	3.1
Substance Abuse Services	3.7	3.3	3.6	3.1	2.8	3.0
Family Reunification	3.2	3.2	3.2	3.5	3.6	3.5

Availability ratings were on a scale of 1=Never, 2=Occasionally, 3=About half the time, 4=Often, 5=Always.

Quality ratings were on a scale of 1=Very poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent.

Source: Program Review staff survey of caseworkers and supervisors.

DCBS caseworker and supervisor survey results suggested possible shortages of family preservation and reunification services. They called into question the quality of some mental health and substance abuse services. There was regional variation.

The results show that DCBS caseworkers and supervisors viewed mental health services as the most likely to be available. None of the services was seen as often or always available, but all were seen as being available at least half the time. Results suggest possible shortages of family preservation and family reunification services.

The quality of family preservation services was rated as mostly good. The quality of reunification services was rated as fair to good. Ratings suggest questionable quality of some mental health and substance abuse services, which on average were rated only fair.

Staff further examined the combined ratings by DCBS region.⁸ These analyses are shown in detail in Appendix J. All the services showed considerable regional variation in reported availability and quality. Because of the importance of these services to the success of reunification, staff urge the cabinet or another entity explore the variation in availability and quality of services statewide and propose solutions.

Foster Parents' Perceptions. The cabinet's 2006 survey of foster parents asked about the need for services to support reunification. Of the respondents, Table 5.20 shows the percentage who identified each service as important. The wording of the question was ambiguous, so it is not clear whether these services were lacking or were simply important.

Table 5.20
Reunification Needs Identified by Foster Parents

Service	Percent
Parenting skills training	69
Family counseling	67
Longer follow up with DCBS after reunification	50
Substance abuse services	49
Mental health services	47
Transportation services	41
Housing assistance	41

Source: Data provided by DCBS from its 2006 satisfaction survey of foster and adoptive parents

⁸ The 16-region system was in effect at the time of the survey.

Birth Family Case Plans

Advocates for children and birth parents have expressed concern about the case plans that birth families must follow in order to keep or regain custody of their children. Various sources have claimed that the objectives were too difficult or that even if all objectives were met, the children would not be returned. In the caseworker survey, more than 27 percent of respondents stated that half or more of case plans are unrealistic. Another 56 percent said case plans are occasionally unrealistic.

SOP 7C.9 points out that the parent may attend the family team meeting and refuse to sign the case plan, or the parent may not attend at all. In either situation, a case plan can be developed without the parent's acceptance. The Citizen Foster Care Review Board reported the percentage of case plans signed by parents in its last four annual reports. The numbers shown in Table 5.21 suggest that there was some improvement in 2003, but since then the percentage failing to sign has gone up. Staff suggest that the cabinet explore why more than half the case plans were not signed in 2005.

Table 5.21
Percent of Case Plans Not Signed by Parents

	2002	2003	2004	2005
Percent Not Signed	50	40	44	50.2

Source: Commonwealth. Administrative. Citizen. 2002; 2003; 2004; 2005.

Those who say case plans are unrealistic point to the termination of parental rights as a result of inability to complete case plans. Termination of parental rights is a serious step and should occur with a full examination of the situation in court. The data on termination hearings are limited, but the University of Kentucky College of Social Work's *Court Improvement Project Reassessment 2005* surveyed judges and court-appointed special advocates about the length of termination hearings. Judges tended to report longer hearings than advocates reported. Overall, almost half (46 percent) of respondents reported termination hearings lasting an hour or less (73).

Staff found that reunification and the case planning for it is an area needing further review.

Quality of Case Plans

The objectives and tasks in a typical case plan appear to be generic and not measurable. Meeting the objectives seems to depend greatly on the opinion of the caseworker.

Staff were able to review a small number of case plans. Although it is not possible to draw an overall conclusion based on this limited sample, it does appear that the objectives and tasks listed in case plans tend to be broad, vague, and not measurable. Determining whether the objectives were met seems to depend heavily on the opinion of the caseworker or family members.

It is generally accepted that objectives and tasks in any kind of planning document, from business planning to treatment planning, should be specific and measurable. The introduction to SOP 7C on case planning states that the case plan should be “a coherent, individualized planning document with specific and measurable objectives that will guide the provision of services.” However, this is the only time in the standard of practice that measurability is mentioned. SOP 7C.4.12 itself contains an example of an objective that is vague and not measurable. As far back as 1997, a Citizen Foster Care Review Board report recommended that

Case plans should be...easy to understand and specific about what the parent is expected to do before the child is returned. Case plans should have measurable outcomes with time lines and consequences that are understood by the family (Commonwealth. Administrative. Citizen. *Mandated 4*).

What appears below is combined material from three case plans with only the names, places, and dates altered. Some items related to the children were included, even though they do not apply to the birth parents. The text boxes on the left provide commentary on the case plan elements.

The first current statement of what the family wants to achieve does not contain any goals or objectives and does not appear to be in the words of the family.

The second statement (from a different case plan) does contain an objective and appears to be in the family's own words.

DCBS Number: <nnnnnn>
DPP-1281
DCBS Name: Jane Doe

In their own words, what does the family currently state they want to achieve (perception/vision of the future)?

Cooperating with DCBS. The family continues to cooperate with DCBS.

Jane and John have always maintained that they do not feel they have done anything to neglect Peter, and they want him returned home immediately.

Evaluation summary for the family and individual members does not refer to specific objectives and tasks from the previous case plan.

Evaluation Summary of Previous Case Plan

Based on current assessment and case record

Family/Parents (Family Level Objectives)

Jane has obtained housing in Carlisle, Kentucky. Suzie went home to live with her mother on Thursday, March 31.

Individual (Individual Level Objectives)

Jane seems to be more supportive of the boys remaining in foster care and she has been cooperative with obtaining housing so that Suzie could return home.

Child Youth Action Objectives

Suzie Doe: Age 16 years. Suzie returned to her mother's care on March 31. She was doing well in foster care, except for some issues with school. Suzie can become disrespectful with school staff and peers. In addition, Suzie struggled with completing assignments but has recently brought her grades up.

Bobby Doe: Age 13 years. Bobby is doing well in his current foster placement. He is having some issues at school. He is very capable of doing his work, yet sometimes he chooses not to complete assignments. His foster parent, case manager, and school officials continue to address this issue. Otherwise he is doing well.

Peter Roe: Age 10 months. Peter has had tubes put in his ears and is doing well in his foster placement. Peter appears to be on target and doing well for his age. Peter attends daycare and is doing well at daycare.

[Current Case Plan:]

Individual Name: Family

A. Primary Family Level Objectives (for Preventing Maltreatment / Presenting Problem / Statement of Need):

Objective: Safety & Stability-Family members will be safe and stable in their home.

Tasks: Jane Doe and John Roe will meet the needs of their family by maintaining stable employment and providing appropriate supervision and structure for Suzie.

Task To Begin: April 12, 2005

Tasks: Jane Doe and John Roe will maintain safe, stable housing for a minimum of three months.

Task To Begin: April 12, 2005

Stable employment and appropriate supervision are not defined and are not measurable.

Safe, stable housing is not defined, but the time period is measurable.

Sobriety during visits is partially measurable but does not show sobriety between visits.

The case plan does not list the services the caseworker will recommend, and it does not say what behavior the parents should change based on participating.

It is not clear how the family will demonstrate that all court orders were followed, other than not being caught.

These tasks appear to be measurable in the sense that the therapist can report recommendations and participation.

Needs are not defined and the mother's task is not measurable. Success in school is not defined.

Being supportive, assistive, and cooperative are vague tasks and cannot be measured.

It is not clear what constitutes a "sober lifestyle." Does this require abstinence or moderation?

Tasks: All family members will be clean and sober during all visits.

Task To Begin: April 12, 2005

Tasks: Jane Doe and John Roe will cooperate with CHFS/DCBS, maintain contact with case worker, cooperate with home visits and case planning conferences, and participate in services recommended by the case worker to improve family stability.

Task To Begin: April 12, 2005

Tasks: CHFS/DCBS case worker will assist family as needed; make necessary referrals and arrange for services; and monitor family's progress through monthly home visits and consult with service providers.

Task To Begin: April 12, 2005

Tasks: Family will follow all court orders, including no corporal punishment orders until further orders of the court.

Task To Begin: April 12, 2005

B. Secondary Family Level Objectives (for Preventing Maltreatment / Presenting Problem / Statement of Need):

Objective: Will provide family members opportunities to discuss and respond to changing conditions in the family.

Tasks: Family members will ensure Suzie attends counseling as recommended by her therapist and follow any recommendations for treatment.

Task To Begin: April 12, 2005

Tasks: Will participate in Suzie's treatment as requested by therapist.

Task To Begin: April 12, 2005

Individual Name: Jane Doe

A. Primary Individual Level Objective (Objectives for the individual's behavior)

Objective: Systems of Care-Jane Doe will fulfill her role as parent and caretaker for her children.

Tasks: Jane Doe will ensure that Suzie's needs are met. Obtain services necessary to help her be successful at home and school.

Task To Begin: April 12, 2005

Tasks: Jane Doe will be supportive of Bobby's decision to remain in foster care; maintain contact with him and case workers to monitor their progress; and assist as appropriate.

Task To Begin: April 12, 2005

Tasks: Jane Doe will cooperate with CHFS/DCBS.

Task To Begin: April 12, 2005

Being supportive, assistive, and cooperative are vague tasks and cannot be measured.

After completion, results of the assessment should be reviewed and recommendations should become tasks in the case plan.

Specific classes or learning goals are not given. Because parenting classes have different goals and define success differently, this task is too vague.

Following rules, respecting others, and cooperating with services are open to interpretation.

Tasks: Jane Doe will maintain a sober and lawful lifestyle.
Task To Begin: April 12, 2005

Individual Name: John Roe

A. Primary Individual Level Objective (Objectives for the individual's behavior)

Objective: Systems of Care-John Roe will fulfill his role as step-parent and caretaker for his step-children.

Tasks: John Roe will be supportive of Bobby's decision to remain in foster care; maintain contact with him and case workers to monitor their progress; and assist as appropriate.

Task To Begin: April 12, 2005

Tasks: John Roe will cooperate with CHFS/DCBS.

Task To Begin: April 12, 2005

Objective: Systems of Care-John Roe will fulfill his role as parent and caretaker for his son.

Tasks: John Roe will participate in a parenting assessment at Comprehensive Care and follow all recommendations.

Task To Begin: April 12, 2005

Tasks: John Roe will participate in and successfully complete parenting classes.

Task To Begin: April 12, 2005

Individual Name: Suzie Doe

A. Primary Individual Level Objective (Objectives for the individual's behavior)

Objective: Reunification-Suzie Doe will have a successful reunification with her mother.

Tasks: Suzie Doe will follow mother's rules, attend school daily, respect others, remain lawful, and cooperate with services recommended by CHFS/DCBS to assist in the reunification, such as counseling.

Task To Begin: April 12, 2005

Individual Name: Bobby Doe

A. Primary Individual Level Objective (Objectives for the individual's behavior)

Objective: Permanency-Bobby Doe will achieve a planned permanent living arrangement.

Tasks: Bobby Doe will follow CYA Plan. [Child Youth Action Plan consists of the child's objectives for care outside the home, listed elsewhere in the case plan.]

Task To Begin: April 12, 2005

A lifebook with photos of the family probably will help with attachment (rather than permanency). There probably should be a task for the foster family to spend a certain amount of time showing Peter the photos and naming the family members.

Individual Name: Peter Roe

A. Primary Individual Level Objective (Objectives for the individual's behavior)

Objective: Reunification-Peter will be assisted in achieving permanency.

Tasks: Peter will be assisted in maintaining a lifebook.

Task To Begin: April 12, 2005

Tasks: Caseworker will make monthly foster home visits to monitor progress and provide support to Peter.

Task To Begin: April 12, 2005

Child/Youth Information Sheets

Child/Youth Name: Suzie Doe

Permanency Goal: Return to Parent

State Reason for the Selection of this goal: Child can be reunited with biological mother.

Child/Youth Name: Peter Roe

Permanency Goal: Return to Parent

State Reason for the Selection of this goal: Most appropriate goal at this time.

State Reasons for Continued Placement: Peter will remain in out-of-home care until his parents can successfully complete their case plan.

The reason given does not explain why the child and mother should be reunited.

The reason given does not explain why the goal is appropriate.

The reason given does not explain why child is not at home; in other words, what are the specific risks if he returned home?

Case planning should start from the initial problem and proceed to list solutions based on the family's strengths and using the family's input. Each solution should achieve a measurable result that is relevant to solving a problem. Unlike the example given above, progress on case plans should be documented in terms of what case plan objectives have been met and how much remains to be done on each objective that has not been met. Staff recommend improvements in the case planning process.

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.

The Role of Courts in Case Planning

Although the courts are required to approve the permanency goal for foster children, they are not required to approve the case plan for services to the foster child and birth parents. After the child is committed to the cabinet, statute prevents judges from telling the cabinet where to place the child or what services to provide. However, statute does allow the judge to issue orders regarding services to be provided to the birth parents or actions required of the birth parents. In this sense, the courts have a role in case planning.

The University of Kentucky College of Social Work's *Court Improvement Project Reassessment 2005* found that judges often order all the services recommended by the cabinet without considering whether they are appropriate. The reassessment report also pointed out that some of the services ordered might not be available or accessible in parts of the state (132).

Program Review staff urge the Administrative Office of the Courts to make judges aware when rendering decisions in these cases of

- their responsibility for weighing the appropriateness of services,
- the possibility that some services might be difficult to access, and
- the possibility some services might not exist.

Quality of Foster Care Practice

Caseworkers today primarily manage the services provided by others and monitor progress. This is a pivotal role in foster care practice. If time permitted, many workers would like to provide counseling and other direct services.

Before 1985, Kentucky's caseworkers provided most of the direct services to clients. The trend has since been for community partners such as family preservation, family reunification, and mental health centers to provide direct services while caseworkers perform case management. Tasks of case management include scheduling meetings, attending court hearings, coordinating services, ensuring that needed services are provided, handling crises, and monitoring the progress of the family and child. Today, caseworkers in Kentucky provide few if any direct services. Many of the caseworkers interviewed for this study stated that they would like to be able to provide counseling and other direct services, if they had the time.

Nevertheless, the role of the caseworker is pivotal in foster care practice. Among other tasks, the caseworker ensures that the necessary services are provided, evaluates the progress of the family and child, motivates the various team members, monitors the safety and care of the children, documents the case, and makes recommendations to the court. This section discusses the cabinet's practice guidelines and caseworker practice.

Based on caseworker interviews and survey responses, staff found that caseworkers generally seem dedicated and passionate about what they do and tend to seek and use advice from peers and supervisors to make team decisions. Still, it is difficult, even looking at the documentation, to know how casework is being conducted. The dean of the University of Kentucky College of Social Work was stated in the minutes of the Blue Ribbon Task Force on Adoption as saying that a study should be done about "what child welfare practice is" at the local level (Commonwealth Cabinet. Blue 3). Perhaps some observational research could be done in conjunction with a work time study.

Staff found that it is likely that some practice deficiencies are due to the high rate of turnover among caseworkers. Frequent turnover results in a higher percentage of relatively inexperienced workers who do not have the practice expertise of seasoned workers. Furthermore, newer workers are likely to be less efficient and so be less able to perform all their tasks in the required timeframes.

As part of their survey responses, caseworkers suggested some additional tasks that they would perform during home visits with families if they had the time. Staff found the following comments particularly noteworthy.

Develop with the child, especially the teen, some goal for them outside the written case plan. Advise them of the need to plan for life as an adult. Establish career goals, have them develop some idea what they might want to pursue in education and career.

Visiting children outside of the foster home to address any concerns the children may be having in the foster home.

Before all of the extra paperwork, tasks and additional cases, I used to spend time with my foster children. If they had good behaviors or good grades, I would take them to Dairy Queen, take them to the store or the movies, or just take them to spend time with them. That was the best way to get to know your foster children but, unfortunately, neither I nor my coworkers have time to do this anymore.

Reviewing all medical files/passports in order to keep up with the child's health and other needs that the child may have.

Checking on the foster parents birth children. This is stressful for them as well. Sometimes, they feel displaced by the foster children in the home because the foster children's issues get so much attention. I have been known to talk privately with the birth kids and in some situations request the counselors to talk with them also when they are having a particularly difficult time.

Combine home visits with other service team members (i.e. [private foster care] case managers, DCBS home workers, home-based service providers).

I look at the whole picture even if it isn't my direct job. Also, I am always in communication with the other workers on a case and happy to help out if I am in their home or can serve them or pick up things for them while I'm there. This would help, if the workers would work together more.

Innovations in Foster Care Practice

Kentucky has implemented several innovations in foster care practice.

A representative of the Annie E. Casey Foundation, the force behind the Family to Family programs, explained some practices that produce positive outcomes. Keeping children in the same neighborhood and school is important. Proximity to birth parents facilitates continued relationship between parents and children. It also increases the contact between birth parents and foster parents, which helps the birth parents work on the issues that led to removal. Foster parents could be trained to mentor the birth parents, which could lead to better success with case plans (Paine-Wells).

Kentucky has embraced many of the practices of the Family to Family program, based on pilot programs in Jefferson County and northern Kentucky. Both programs have reported positive results.

The family team meeting is a central feature of the Family to Family program. A similar approach was recommended by the Citizen Foster Care Review Board in 1997 (Commonwealth Administrative. Citizen. *Mandated* 4). It is now a standard practice in Kentucky and is used to involve the birth family, the child, the foster family, legal counsel, cabinet workers, and community partners in the case planning and assessment process. Family team meetings are documented and tracked in the cabinet's information system. Near the end of 2005, the cabinet's tracking system indicated that at least one family team meeting was held for 45 percent of the children in the custody of the cabinet.

The cabinet has been using the Continuous Quality Assessment tool to assess the safety and needs of the child and family. Eventually, the cabinet will convert to the Dynamic Family Assessment. This tool is said to provide a more comprehensive assessment methodology based on standardized rating scales. The new tool is being piloted in two regions and should be available statewide some time in 2007.

The cabinet has adopted the practice of encouraging foster families and birth families to work together. Not only does the Family to Family program promote this practice, but the state of Washington incorporated the practice into law in 2003 with Senate Bill 5811.

In some areas, DCBS is training families who have had children in the foster care system as advocates and mentors for families with children in the system now. They teach the current families what to expect and how to advocate for themselves. DCBS staff indicated

that mentored families are more likely to complete their case plans and do so more quickly.

The cabinet also has used its own research to identify promising practices. The cabinet's data analysis showed that the first 4 months after reunification were the most vulnerable to reentry. This led to more focus on reunification services. Although intensive reunification services using family preservation funds have been available by contract in all regions since 1995, more such services are needed. Another cabinet research finding, that returning home too soon led to increased risk of reentry, resulted in the practice of requesting the courts to allow more time to work with the family before reunification.

Another practice suggested by the Annie E. Casey Foundation was providing intensive support services to the foster family for a brief period immediately upon a new placement. Such services were said to reduce the number of failed placements and to be cost effective. Staff suggest that the cabinet consider this innovation.

The Northern Kentucky model of foster care workers should be considered for other regions.

The DCBS Northern Kentucky service region adopted a novel method of assigning tasks to caseworkers with different specialties. Northern Kentucky, like other regions, has some recruitment and certification workers who solely recruit and certify foster homes. However, once a home is certified and available for placement, the resource home is assigned to a "foster care worker." This caseworker provides any further support for the foster family and for any children placed there. The foster care worker has responsibility for the foster children in those homes and conducts the required home visits. Meanwhile, the ongoing caseworker, who normally would work with both the birth family and children, is responsible only for birth family services. Both workers make at least quarterly joint visits to the foster child. If the birth parents' rights eventually are terminated, the foster care worker takes over full responsibility for the case.

This system has several advantages, such as spreading the workload across two workers and providing greater continuity for children whose parents' rights have been terminated. This could be a useful system for other regions.

The courts also have adopted innovative programs.

The Administrative Office of the Courts has initiated a permanency mediation project in Franklin, Fayette, Pulaski, Rockcastle and Lincoln Counties. They have reported a success rate of over 80 percent (University of Kentucky. College. Training. *Court* 123).

The Community Action Workgroup of the Kentucky Court Improvement Project has published a best practices manual describing the child maltreatment and dependency court process and the roles of each of the participants. This document provides detailed guidelines for judges, caseworkers, county attorneys, guardians *ad litem*, and many others involved in these cases. (Commonwealth. Administrative. Kentucky)

Staff commend the cabinet and the court system for their continued efforts to improve casework practice and implement innovative programs.

Child Visits to the Birth Family

Children in care visit their birth family on a schedule negotiated at family team meetings. According to the standards of practice, children are to visit their parents at least once every 2 weeks and their siblings at least once every 4 weeks. The standards encourage the caseworker to make every effort to schedule a visit at least once a week. For infants, parental visitation two to three times a week is recommended in the standards. SOP 7E.1.14 states that visits should be no less than an hour and encourages longer visits.

Visits between children and parents or siblings are conducted in the home or a neutral location. The DCBS office may be used only when necessary and with approval from the regional office.

Visits generally are supervised by the caseworker, a social services aide, or contract agency staff.⁹ A caseworker's supervisor may approve other persons, such as resource parents or relatives, to supervise visits (SOP 7E.1.14).

To the extent that the caseworker must supervise family visits, a considerable amount of time must be devoted to this task. Staff are concerned that demands on caseworker time and lack of other supervision options may limit visiting time to the minimum required by policy, even though the standard of practice strongly recommends more frequent visits (SOP 7E.1.14). Several caseworker and supervisor survey comments supported this concern.

⁹ There are some private agencies that supervise family visits.

Caseworker Visits to Birth Parents

Caseworkers are required to visit birth parents in their home at least once a month (SOP 7E.3.3). This standard encourages, but does not require, more frequent visits if there are special needs within the family.

Many caseworkers reported difficulty visiting some birth families.

Caseworkers interviewed by staff stated that sometimes the birth family does not want to cooperate and will fail to be there for the visits or will refuse to speak to the caseworker. Surveyed workers ranked family not home as the third most frequent reason they were unable to complete home visits. Caseworkers asserted that their performance evaluations suffered if they were unable to complete their home visits in a timely manner, whether or not the birth parents chose to cooperate. Cabinet officials stated that a caseworker has no authority to force the parents to cooperate but that the caseworker can ask the court to order the parents to cooperate with visits or other case plan requirements.

Of surveyed caseworkers, half reported that they could complete 95 percent or fewer of their home visits each month. A third said they could complete only 85 percent or fewer. Workers responded that they have the most difficulty completing their visits because of crises that arise with the family and because of the number of cases the workers carry.

At home visits, standards of practice require the caseworker to provide information about the child's well-being and placement, to conduct an ongoing family assessment, to review progress toward accomplishing case plan tasks, to evaluate visitation with the child and discuss the family's reactions and feelings, and to prepare for any upcoming case planning conference or review meeting (SOP 7E.3.3).

Caseworker Visits to the Foster Child

The cabinet should consider increasing the amount and quality of contact between the caseworker and foster child.

Caseworkers are required to have a private, face-to-face visit with each child in resource home care at least monthly. Children with higher levels of need require more frequent visits: children in medically fragile or Care Plus homes should be visited twice each month. Based on the premise that private foster care agencies provide case management and therapy services, the cabinet's caseworker is required to visit a child in private foster care only once a quarter (SOP 7E.3.4).

In the cabinet's 2005 foster youth survey, more than 41 percent stated their caseworker contacted them less than once a month. Several commented that they wished their caseworker would care more about how they are doing and check on them more often. Staff urge the cabinet to consider ways to increase the amount and quality of caseworker contact with foster children.

Transportation and Travel Time

Many caseworkers stated that they have children placed far from home. This presents a logistical problem in providing transportation for visits with birth parents as well as time for the required caseworker visits. Staff attempted to determine these distances using information from the department's data system, TWIST. Although it was not possible to get a reliable number of miles, it was possible to determine that for children in state resource homes, the average distance of the child from home and of the caseworker from the child has been fairly stable from January 2005 through August 2006.

Interviews and survey comments from caseworkers suggest that a number of children are placed in other counties. These data also suggest that some DCBS resource parents are not doing enough to transport foster children to and from various appointments and visits. Some caseworkers have suggested that there should be an increased per diem for transportation built into the reimbursement rate for foster families.

Documentation of Casework

Half the caseworkers surveyed reported that they could complete 85 percent or less of their required paperwork each month. The most frequent reasons for not completing paperwork were handling crises, high caseload, and performing other tasks.

Review of caseworker and supervisor survey comments supports the numerical finding that frontline staff find it difficult to complete their required paperwork each month. Staff interviews with frontline staff also bear this out.

Staff reviewed only a small number of case documents but found that many of those were not up to date or were missing key information. This is consistent with the findings of the Citizen Foster Care Review Board. The board's annual reports since 2001 have stated that 10 percent or more of the files were not adequate to perform a review. Over the 2003 to 2005 period, the percentage

without a placement log has increased from 9 percent to more than 16 percent. The placement log is a crucial piece of information for children in foster care (Commonwealth. Administrative. Citizen. 2001; 2002; 2003; 2004; 2005).

Practice With Foster Homes

Foster parents surveyed by the cabinet expressed their opinions about working with the cabinet. These are summarized in Table 5.22. The results of this survey suggest that the cabinet has room to improve in promoting the relationship between caseworkers and the foster families.

Table 5.22
Foster Parent Opinions About Working With DCBS

Agree or Strongly Agree That	Private Foster Parents	DCBS Resource Parents
The agency values my work	65%	65%
I am invited to meetings regarding foster child	64%	70%
I receive adequate notification to attend meetings	59%	66%
My ideas about my foster child are taken seriously	58%	63%
I feel involved in making decisions with the agency	45%	51%
I have a strong working relationship with the agency	60%	52%

Source: Data provided by DCBS from its 2006 satisfaction survey of foster and adoptive parents.

Foster parents have expressed concerns that they do not receive enough information about new foster children. The cabinet has pointed out that sometimes the caseworker does not have full information to provide. Often more abuse has occurred than was known at the time, and the behaviors as a result can be more problematic than first expected. The effects of fetal substance exposure and certain kinds of abuse may not show up until years later. Sometimes less-experienced workers may miss certain symptoms or issues, especially with small children.

Foster parents also were asked about their perception of their caseworkers' performances. They were asked separately about the child's caseworker and the foster family's caseworker. Table 5.23 shows the responses for some of the items. The child's and foster family's caseworkers have distinctly different roles and different workloads. It is not obvious, however, why their ratings were so different.

Table 5.23
Foster Parent Opinions About DCBS Caseworker Performance

Agree or Strongly Agree That Caseworker	Child's Caseworker	Foster Family's Caseworker
Provides high quality visits	61%	84%
Is responsive to our needs	62%	83%
Spends the necessary time during visits to meet identified needs	65%	86%
Is accessible/available when we need them	73%	91%

Source: Data provided by DCBS from its 2006 satisfaction survey of foster and adoptive parents.

The cabinet reported some foster parent comments. Two of them stated what they wanted to see in foster family casework:

Just to make us feel like a part of the team, to respect us and our thoughts/suggestions.

Being able to have more input in the child's case you are caring for.

Foster Parents' Involvement With Birth Families

DCBS encourages foster parents to be involved with birth parents. Additional efforts are needed to increase this best practice.

Foster parents are encouraged to work with the birth parents, if both can handle it. This helps, too, if reunification does not occur because the birth parents know the foster parents and may be more likely to accept them as adoptive parents. Of the respondents to the cabinet's 2006 foster parent survey, 76 percent of resource parents agreed that working with birth parents is important; but only 57 percent of private foster parents agreed. Table 5.24 shows some barriers the foster parents identified. The responses by both sets of parents were similar.

Table 5.24
Barriers to Working With Birth Families Identified by Foster Parents

Service	Percent
Emotional state of the child around visitation	68
Birth parents do not visit or participate	47
Birth parents are angry about the placement	43
Drug or alcohol use by birth parents	38
Birth parents question foster parents' parenting	37

Source: Data provided by DCBS from its 2006 satisfaction survey of foster and adoptive parents.

Another important aspect of practice is the opportunity for foster children to visit their parents. In the cabinet's foster parent survey,

some concerns were expressed regarding these visits. In both sets of parents, 58 percent said they were comfortable with foster children visiting their birth families. However, only 46 percent of resource parents and 43 percent of private foster parents stated DCBS provides important information about the biological parents before children visit them, and only 53 percent of both groups agreed that DCBS was responsive to the foster parents' concerns after children visited birth parents.

Based on these results, it appears that the cabinet has much work remaining to increase foster parent involvement with birth families. Staff commend the cabinet for making this a policy objective and urge the cabinet to continue to improve in this area.

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Appendix A

Foster Care and Related Issues Deserving Further Study

Each section below presents a topic deserving further study. For some topics, staff developed a series of questions. For others, there is a description of the issues and areas needing review.

Statutory, Regulatory, and Standards Review

Although limited reviews have found that Kentucky statutes conform to federal requirements, no comprehensive review has been done. Some concerns have been expressed and some recommendations have been made regarding the current Kentucky statutes, regulations, and standards of practice. A comprehensive review would cover

- compliance of Kentucky statutes and regulations with federal law and regulation and national standards;
- consistency of Kentucky regulations with Kentucky statutes;
- internal consistency, duplication, and conciseness of Kentucky statutes and regulations;
- consistency of Kentucky's standards of practice with federal and state requirements and national standards; and
- internal consistency of the cabinet's standards of practice.

Educational Issues for Children in Care

Do some schools drag their feet when enrolling foster children? How well is the "education passport" working? What is the additional cost of educating foster children? What can be done to keep foster children in their original schools and to minimize moves from one school to another? How well is the Kentucky Educational Collaborative for State Agency Children working? Are the collaborative's funds adequate? Is there significant regional variation in the availability and quality of educational services for foster children? Does the Individuals with Disabilities Education Act make it difficult for the cabinet to make educational decisions? Should children placed at residential treatment centers automatically attend school on-site, or should these children receive a separate educational assessment to determine whether they can attend a regular public school?

Medical Services Issues for Children in Care

Even though a "medical passport" has been implemented in SOP 7E.4.2, a number of observers have reported that the information often is incomplete or is not transferred as required from one caregiver to the next. The medical passport should contain a summarized medical history and a brief description of the medical care (including mental health care) received while in the custody of the cabinet. How well does the medical passport work? The case documentation often contains detailed medical treatment records, but these may not be available to caregivers, even private agencies providing therapeutic foster or residential care, or other providers. Delays occur when subsequent providers have to request records from the previous providers that are already

in the possession of the cabinet. What can be done to expedite the transfer of detailed records to the next provider? Is there significant regional variation in the availability and quality of medical services for foster children?

Mental Health Services to Children in Care

The medical passport should include mental health information. How well does the medical passport work? The case documentation often contains detailed mental health treatment records, but these may not be available to caregivers, even private agencies providing therapeutic foster or residential care, or other providers. Delays occur when subsequent providers have to request records from the previous providers that are already in the possession of the cabinet. What can be done to expedite the transfer of detailed records to the next provider?

The availability and quality of mental health services has been questioned, particularly in some areas of Kentucky. Is there significant regional variation in the availability and quality of mental health services for foster children? Advocates also have suggested that children in care are likely to be diagnosed wrongly as having behavioral or emotional disorders and then treated with psychiatric medications they do not really need. How likely is this misdiagnosis and what can be done about it?

Poor Outcomes Possibly Caused by Foster Care Itself

Do children who have preexisting medical, mental health, or educational needs suffer delays and setbacks when they change providers and schools? How much does this affect their progress? What can be done to alleviate discontinuity of care? How does the experience of removal affect children's behavior and emotional state? Are adequate and appropriate services provided to ameliorate the effects of removal? Does the child's response to removal make his or her behavior more difficult and lead to placement disruption? Can foster parents be taught to recognize and respond appropriately to the aftereffects of removal?

Case Plans and Services Provided to Birth Families

Questions have been raised about the quality and reasonableness of case plans. How should case plans be written and how do actual case plans compare to that standard? What services are available to birth families, what is their cost, and what is their quality? How often do birth parents lose Medicaid coverage when their children are removed? More than half of case plans reviewed by Citizen Foster Care Review Boards did not have the birth parents' signatures. Why is this rate so high? A study found that some judges do not carefully review the case plan and consider the availability and appropriateness of the recommended services before ordering them. To what extent is this true and how can it be improved?

Preventing Child Abuse and Neglect

What are effective ways to prevent child maltreatment? How much do these programs cost and how might they be funded? If such programs were effective, would they reduce the burden on the child protection and foster care systems?

Substance Abuse and Child Protection

Increases in the number of children entering care and their level of need have been attributed to parental substance abuse. To what extent is substance abuse a primary factor in substantiated child maltreatment and removals from the home? Are the extended families of substance abusers less likely to be a placement choice than those of nonabusers? How advisable is it to keep maltreated children in the homes of substance abusers? How effective can substance abuse prevention programs be in reducing the load on the child welfare system? How available and effective are substance abuse treatment programs for birth parents? How cost effective are options such as whole-family residential treatment and drug courts? Does the time required for successful treatment conflict with permanency time frames?

Preventing Removals and Ensuring Safety

A number of preventive programs, including intensive services to at-risk families, claim to be more cost effective than foster care. Funding for these programs is problematic because the bulk of federal funding is restricted to foster care. The family preservation statute set a goal of serving 40 percent of at-risk children by 1995 and serving 100 percent by an unspecified time (KRS 200.580(1)). The former goal was not met and currently the percentage served is even lower than it was in 1995.

How effective are longer-term wraparound services such as the pilot Department for Community Based Services (DCBS) diversion programs? How often are children removed for neglect when the underlying cause is poverty rather than willful failure or inability to care for the children? How many children could be left in their homes if supportive services, such as jobs programs, child care assistance, and financial assistance, were available? How effective is the existing nonintensive in-home services track in keeping children safe, and how could it be improved? Are alternative service programs, such as family foster care (the entire birth family moves in with the foster family) and family observation centers (the entire birth family lives in an apartment under observation) effective and efficient?

Facilitating Reunification

How available and effective are services provided to birth families to promote reunification? How much of the cost must the birth family bear? How effective are family team meetings, involvement of the foster parents, and other initiatives? How available and effective are intensive family reunification services? Does the fact that the federal definition of “reunification” includes relative placement reduce the effort put into reunifying children with their birth parents?

Aging Out of Foster Care

What happens to former foster youth? What are the most effective services, both before and after age 18, to help youth be successful as they age out of foster care? How many former foster youth need supportive services and how many are able to obtain them?

Homeless Youth

An unknown number of youth are homeless and are not in the care of their parents. These youth may drift from friend to friend or shelter to shelter and may be unable to stay in school. The child welfare system has not identified these children as dependent. How many such youth are there in Kentucky? Why do these youth not come to the attention of DCBS? What could be done to assist these children either to return them to their parents or to enter care?

Racial Disparities

Most states acknowledge that a higher percentage of minority children, particularly African American, end up in child protective services than do white children, despite evidence that actual rates of maltreatment are no greater (Casey. *Disproportionality*). This is true in Kentucky as well. Why are minority children overrepresented in foster care? What can be done to correct this situation?

There also are racial and cultural disparities between foster children and foster homes and between foster children and caseworkers. How great are these disparities? What is the effect of these disparities? What can be done to ameliorate any problems caused by these disparities?

Informal Relative Care

A large number of children are cared for by relatives without DCBS involvement. What are their experiences and what resources are available to the caregivers? What are the implications when parents leave their children with a relative yet continue to claim public assistance and Medicaid benefits based on their children? What custody arrangements are available and what are the legal issues facing informal relative caregivers? What would it cost the state if the neglect or abuse suffered by these children was reported and investigated? How much does the state save through the intervention of these willing relatives?

Formal Relative Care

When the court places children in the custody of relatives because of maltreatment, the children are not counted in foster care statistics. Does the cabinet provide adequate services to these children and their families? Should there be additional funds to support relatives in caring for these children? Are relative caregivers held to the same standards as foster parents? If not, should they be? What are the rates of maltreatment by relative caregivers? How often do relative caregivers allow children to return to their parents in violation of the case plan? What are the reunification and permanency rates?

Foster Home Reimbursement

Statute ties state resource home reimbursements to the estimated cost of caring for a child as published by the United States Department of Agriculture (USDA) (KRS 605.120(3)). USDA publishes national and regional urban expenditures and national rural expenditures for each of three income levels. The statute does not specify which expenditure estimate should be used.

Which USDA expenditure figures should be used in Kentucky? Can a reasonable standard of living be provided on less? Would it be better to have a lower base rate with additional expenses reimbursed when receipts are submitted? Should reimbursement rates vary from urban to rural areas of the state?

There are persistent anecdotal reports that some foster parents depend on foster care reimbursements to supplement their income. Are the amount and source of income of foster parents adequately verified? How many licensed foster parents receive public assistance?

Some birth parents have expressed concern that their children will not want to return because of the higher standard of living in foster care. Should a foster parent be required to provide the foster child a standard of living equal to that of the foster parent's own children? What if the foster child is accustomed to a higher or lower standard of living? What standard of living should the cabinet expect and reimburse?

The cabinet has been careful to ensure that no state resource home category can be classified as therapeutic, yet it has introduced a "high-risk supplement" that makes the reimbursement for some resource homes greater than the amount paid to private foster care agencies for therapeutic foster care. The treatment expenses in such a resource home are covered by the cabinet through Medicaid, further increasing the cost to the state. Is the high-risk supplement a cost-effective means of providing the necessary care?

Quality of the Placement Process

The levels of care system and placement coordinators were initiated after an earlier LRC study's findings about the placement process and methods of identifying the best placement for a child. Concerns continue to be raised about the best means to ensure that the first placement is the last placement. Is it better to place a child in a foster home before having a good idea of the child's history and needs, or is it better to place a child in a temporary assessment setting first? Is the information provided to foster parents and especially to private foster care agencies sufficient for making a decision on their fit with the child? Are providers pressured to take a child when they believe the fit is not good? Do providers refuse to take children they should be able to serve? How is the Children's Review Program's matching project working? Is it cost effective to provide wraparound services to foster families similar to the family preservation or diversion programs? Are there special training or mentorship services that would reduce the chance of placement disruption? Is there enough respite care provided for foster parents?

Quality of Foster Home Care

How can the quality of foster home care be measured? How can the quality of care be improved? How can training be put into action more effectively to help foster parents implement new methods? Would keeping a daily log of activities help foster parents assess their own effectiveness and provide caseworkers with better knowledge of what happens in foster homes? Are allegations of maltreatment in care investigated properly? Is there a conflict of interest in conducting investigations and deciding how to handle a substantiated outcome? When

substantiated, what corrective action is taken? Is the rate of fatalities from maltreatment in care greater than the rate of such fatalities in the general population?

Cost and Benefits of Levels of Care

The level of care system in Kentucky has been cited as one of the best in the country. How far has it gone in meeting its objectives and how much further might it go? Are budget-driven reductions in oversight by the Children's Review Program potentially detrimental to quality of service? Would it be beneficial to make a level-of-care determination for all children who are removed from their homes? Should there be a higher level of care to accommodate the children most difficult to serve?

Quality and Cost Effectiveness of Private Foster Care

Why do regulations require less training for private foster parents than for state resource parents? Are private foster parents trained and certified properly? Why were private foster parents found to have less experience than DCBS resource parents? Is there an issue with turnover among private foster parents? Are private agencies providing the services they are expected to provide? Are too many children being placed in therapeutic foster care instead of residential care? Should therapeutic foster care services be subject to a statewide strategic plan per KRS 194A.146 to ensure better geographic and specialty availability? What is the rate of maltreatment in private foster care? How well are investigations handled? What happens when maltreatment is substantiated?

Quality and Cost Effectiveness of Residential Care

Is residential foster care necessary? Does residential care result in a group culture that makes it more difficult to provide successful treatment? Given the increasing number of out-of-state placements, are the residential facilities in Kentucky adequate in terms of beds and expertise? What is the geographic distribution and are there regional shortages of beds? Are the reimbursement rates for residential foster care adequate? What is the quality of residential care? Are a strategic plan and regulations needed per KRS 194A.146 to ensure better geographic and specialty availability? What is the rate of maltreatment in private residential care? How well are investigations handled? What happens when maltreatment is substantiated?

Increasingly Challenging Behavioral and Treatment Needs

For decades, reports have indicated that the population of foster children has grown progressively more challenging in terms of behaviors and mental or emotional disorders. From 1985: "In summary, the sampled private child care agencies are most likely to serve the 'troubled' older child who has not been adjudicated by the courts as a delinquent or a status offender" (Commonwealth. Legislative. Program. *Cabinet for Human Resources Reimbursement* vii). From 1993: "Most parties connected with serving these children concur in one basic finding: due to major changes in recent years in the severity of problems facing these children, they have become more difficult to serve" (Commonwealth. Legislative. Program. *Out 5*). Staff heard similar statements in 2006.

If there has been an overall increase in the level of care needed for foster children, what are the causes and what can be done to prevent further increases and to improve services for children currently in the system? Some causes cited include more alcohol- and drug-exposed babies and more substance-addicted parents who are unable to care for their children. On the other hand, the number of children officially in foster care does not seem to have grown as much as expected. Is it possible that child protection and foster care practice have changed so that children least in need of treatment never enter foster care, such as

- changing the criteria for investigation and substantiation so as to screen out some children altogether,
- changing the criteria for removal so as to open more in-home cases, or
- placing more children in the temporary custody of relatives so they are never officially in foster care?

Youth Who Run Away While in Care

All states experience youth in care who run away from their placements. At any given time in recent months, there have been about 90 Kentucky youth who were absent from their placements, or about 1.2 percent of all children in care. What factors cause youth to run away? How can running away be reduced? How does the cabinet attempt to locate the youth? What does the cabinet do when a runaway youth is found or is not found? How has the percentage of runaway youth in Kentucky changed over time and how does it compare with other states?

Guardians *ad litem* and Court-appointed Counsel

The Administrative Office of the Courts, the Finance and Administration Cabinet, participating attorneys, and observers outside the courts have criticized aspects of the guardian *ad litem* (GAL) program in Kentucky. Although it appears that a GAL is appointed as required in every child protection case, there is evidence that not all the appointed attorneys have received the court system's training as required by the federal Child Abuse Prevention and Treatment Act. Courts also appoint counsel as needed to represent parents who cannot afford an attorney. The rates and overall budget for reimbursement of both kinds of court-appointed counsel have been especially subject to criticism. The Administrative Office of the Courts and the Finance and Administration Cabinet have developed a list of issues and possible solutions, which are contained in Appendix D.

Caseload and Workload

Despite the efforts of national standards organizations, it remains difficult to describe the appropriate workload for caseworkers, and it is difficult to measure their existing workload. "Caseload" usually is defined as either the number of open cases or as the number of children being served. Caseload has been used as a yardstick for workload, but workers have many tasks not directly related to cases. Furthermore, many workers handle a variety of case types that may have significantly different time demands. Because caseload standards are not readily available for all the types of cases and because there is no recent time study of Kentucky workloads, staff were unable to determine whether current caseloads are too high, as many caseworkers asserted. Workload also raises the question of the types of services a caseworker is expected to provide. A

caseworker should be able to complete all the tasks in the standards of practice for all his or her cases within the standard work week. Many caseworkers asserted that they cannot do so.

Conducting a work time study would be helpful in determining the time spent on various tasks as a precursor to creating a methodology to calculate each caseworker's caseload and overall workload.

Would it be feasible to assign weights on the basis of case participants, such as each alleged perpetrator of maltreatment, each child in the home, and each child outside the home? Would it be feasible to add or adjust weights based on characteristics of the participants, such as the level of care for a child, the type of placement, the types of issues facing the parents such as substance abuse, and distances of the participants from the caseworker and from each other? Would it be feasible to add or adjust weights based on the stage of the case, such as pre- and post-disposition or pre- and post-termination of parental rights? What other characteristics would be useful for weighting?

Casework Practice and Outcomes

Many best practices are incorporated into the cabinet's standards of practice. However, interviews and surveys with DCBS caseworkers and supervisors and others indicated concern that some caseworkers or some regional offices were interpreting standards of practice differently. Furthermore, there is a need to connect case-specific outcomes with case-specific practice. It might be feasible to incorporate some observational field research on this issue in the work time study suggested for caseload and workload determination. There is some research linking practice programs, such as Family to Family, to outcomes but more is needed.

Holding Child Maltreatment Hearings in Open Court

As many as 11 states hold child maltreatment and dependency hearings in open court (KidsCounsel 1). What are the benefits and drawbacks of this approach? How can confidential information be handled? Do open hearings promote accountability, rigor, and level of participation by the parties and counsel? Do open hearings enhance the public's understanding of the child protection and foster care system?

Funding of Child Welfare

What is the total cost of foster care and child protection to the state? What is the value of outside contributions to the child welfare system? What is the administrative cost due to the complexity of funding streams and eligibility standards? What could be done to fund child welfare more efficiently? What fundamental services must be provided by various state government agencies, including the judicial branch, to families and children in the system? What is the cost of the fundamental services and how can that cost be met?

Internal Cabinet Complaint Process

How well are the complaint processes working? How many complaints and appeals of different types are received? What have the trends been in terms of number of complaints and appeals received and how they have been resolved? Are improvements needed and, if so, how can they be accomplished?

Appendix B

Agencies Involved in Foster Care

Cabinet for Health and Family Services

Department for Community Based Services

Division of Protection and Permanency. This division handles reports of child maltreatment and dependency. It provides case management and services to in-home and out-of-home cases.

Out-of-Home Care Branch. This branch focuses on foster care.

Adoption Services Branch

Division of Child Care. This division provides child care assistance to the general public, including participants in the foster care system.

Division of Child Support. This division collects child support, including that owed for children in foster care.

Department for Medicaid Services. This department covers health care for foster children and many birth parents.

Department for Mental Health and Mental Retardation Services. This department serves foster children with special needs.

Kentucky Council on Developmental Disabilities

Division of Mental Health and Substance Abuse

Community Mental Health Centers. These agencies provide various services, such as counseling, IMPACT, family preservation, and therapeutic foster care.

IMPACT Plus

Division of Mental Retardation

Office of the Ombudsman. This office handles complaints about cabinet services.

Performance Enhancement Branch

Complaint Review Branch

Office of the Inspector General

Division of Regulated Child Care. This division licenses private foster care agencies and investigates maltreatment in them.

Division of Administrative Hearings. This division holds official hearings regarding service appeals and complaints.

Families and Children Administrative Hearings Branch

Health Services Administrative Hearings Branch

Office of Legal Services. This office provides legal support for foster care cases, particularly in termination of parental rights and court appeals.

Bluegrass Mental Health/Mental Retardation Board

Children's Review Program. This program determines the level of care needed for each child who enters therapeutic foster care or residential care; develops profiles of private agency providers to facilitate matching children with providers; and assists the cabinet in finding placements.

Judicial Branch**Administrative Office of the Courts, Department of Juvenile Services****Division of Dependent Children's Services.**

Citizen Foster Care Review Board office. This branch oversees volunteer groups that review every foster care case every 6 months.

Court Improvement Project. This branch monitors court performance in maltreatment and dependency cases and proposes improvements.

Court Appointed Special Advocates office. This section provides support for the program that provides volunteer advocates for children.

Guardian *ad litem* office. This branch provides training for court-appointed counsel for children and parents in child protection cases.

Division of Court Designated Workers. This division oversees staff who work with juvenile offenders, some of whom have been or will be in foster care.

Judges and Courts

District Courts. In districts without Family Court, District Courts hear all maltreatment and dependency cases.

Circuit Courts. In circuits without Family Court, Circuit Courts conduct hearings on termination of parental rights and hear appeals from District Court.

Family Courts. In their circuits, Family Courts hold all hearings in maltreatment and dependency cases, including termination of parental rights.

Court of Appeals. This court hears appeals from Circuit and Family Courts.

Justice and Public Safety Cabinet**Department of Public Advocacy**

Division of Protection and Advocacy. This division advocates for the rights of children with disabilities.

Department of Juvenile Justice. This department receives custody of juvenile offenders, some of whom have been in foster care. The department also places some offenders in foster care.

County Attorneys. These officials represent the Commonwealth in child maltreatment and dependency cases.

Court Appointed Special Advocates. These volunteers get to know the children and other parties in the case and make recommendations to the court.

Citizen Review Panels. These independent panels of citizen volunteers review the performance of the child welfare system and make recommendations to the cabinet.

Personnel Cabinet. This cabinet establishes job classes, determines applicant qualifications, and processes job offers for Protection and Permanency staff.

Kentucky Department of Education.

Kentucky Education Collaborative for State Agency Children. This agency distributes state funds to help equalize education costs for children in foster care.

School systems. Local school systems are responsible for providing education and special educational services to foster children residing in their districts.

Finance and Administration Cabinet. This cabinet tracks and pays fees to guardians *ad litem* and court-appointed counsel for parents and approves DCBS electronic equipment purchases.

Public universities. Most public universities in Kentucky participate in child protection training and evaluation through a number of contracts with the cabinet.

Private contractors and service providers. These private agencies provide residential care, private foster care, and visitation services. Others provide counseling for substance abuse, domestic violence, financial issues, and other issues.

Appendix C

Summary of Kentucky Statutes and Regulations Relevant to the Foster Care System

Statutes

Chapter 23A Circuit Courts

KRS 23A.100 establishes the jurisdiction of Family Courts.

Chapter 31 Department of Public Advocacy

KRS 31.100-125 covers the determination of need for appointment of counsel for indigent persons, including parents and guardians of children in child protection cases.

Chapter 158 Conduct of Schools

KRS 158.137 provides for an “educational passport” for state agency children.

Chapter 164 State Universities and Colleges

KRS 164.2847 governs the waiver of undergraduate tuition and fees for Kentucky foster or adopted children.

KRS 164.2849 sets forth a legislative finding encouraging adults to adopt and provide foster care for children in the custody of the state.

Chapter 194A Cabinet for Health and Family Services

KRS 194A.146 creates the Statewide Strategic Planning Committee for Children in Placement that is administratively attached to Department for Community Based Services (DCBS).

KRS 194A.365 requires the Cabinet for Health and Family Services (CHFS) to make an annual report no later than December 1 of each year and specifies information that must be included.

KRS 194A.370 requires professional development for all CHFS staff and the staff of local public agencies who work with children or families. The training must include child development, the dynamics of physical and sexual abuse, the impact of violence on child development, the treatment of offenders, and related issues.

Chapter 199 Protective Services for Children

KRS 199.011 establishes definitions for the chapter.

KRS 199.461 creates a caseload limit for family service workers and reporting requirements for DCBS.

KRS 199.462 requires criminal background checks for foster care providers.

KRS 199.467 requires goals for numbers of children in foster care for more than 24 months.

KRS 199.473 specifies a fee for adoption applications that is used to subsidize special needs adoptions.

KRS 199.555 outlines the conditions for payment of a subsidy to adoptive parents and defines related terms.

KRS 199.557 governs monthly payment of adoption assistance to adoptive parents out of funds provided under Title IV-E of the Social Security Act.

KRS 199.560 ensures that parties to an adoption proceeding have the same rights of appeal as do parties to other types of proceedings.

KRS 199.565 creates swift adoption procedures and teams to expedite the adoption process; and requires quarterly reports to the Governor, the Legislative Research Commission, and the Chief Justice.

KRS 199.641 governs reimbursement of nonprofit child care centers and provides definitions.

KRS 199.800 defines the following terms:

- “department”
- “home county”
- “home district”
- “type of placement”
- “unmet need”

KRS 199.801 outlines the procedure for placing children and creates the placement coordinator positions.

KRS 199.805 requires DCBS to maintain an inventory of the number and types of placements available for children, by county, by district, and for the state. The inventory must be updated every week and show the number of beds filled and the number empty for each facility or foster home. The inventory also must report the type of child appropriate for referral. The inventory shall be readily accessible by the statewide and district placement coordinators.

Chapter 200 Assistance to Children

KRS 200.575-605 defines the Family Preservation Program.

Chapter 205 Public Assistance and Medical Assistance

KRS 205.175 ensures confidential treatment of all information and records.

KRS 205.177 sets the conditions under which information can be shared by state and local government agencies.

KRS 205.720 specifies how child support payments may be used to pay the costs of children who receive public assistance, including foster children.

Chapter 211 State Health Programs

KRS 211.684 authorizes the creation of a state child fatality review team and requires an annual report.

Chapter 387 Guardians

KRS 387.305 outlines the duties of a guardian *ad litem*.

Chapter 403 Dissolution of Marriage—Child Custody

KRS 403.270 provides criteria for the best interests of a child, which may be applied in the case of relative caregivers.

KRS 403.280 establishes the procedures for granting temporary custody orders, which may be applied in the case of relative caregivers.

Chapter 600 Introductory Matters (Unified Juvenile Code)

KRS 600.020 defines terms related to child maltreatment and dependency.

KRS 600.050 sets out requirements for designation and documentation of children needing protection and children needing extraordinary services.

Chapter 605 Administrative Matters (Unified Juvenile Code)

KRS 605.120 addresses payment to foster parents and relative caregivers.

Chapter 610 Procedural Matters (Unified Juvenile Code)

KRS 610.010 gives District Court jurisdiction.

KRS 610.050 provides for anyone to petition for removal.

KRS 610.080 requires bifurcated hearings, that is, separate adjudication and disposition hearings.

KRS 610.125 specifies conduct of permanency hearings.

KRS 610.127 sets forth the circumstances under which a judge may find that reasonable efforts to reunify a child with the family are not necessary.

KRS 610.160 allows the court to require parents or guardians to participate in the child's treatment.

KRS 610.170 allows the court to order child support payments to the cabinet.

KRS 610.310 allows the court to order or consent to medical treatment for the child.

Chapter 620 Dependency, Neglect, and Abuse

KRS 620.010 describes the fundamental rights of children and recognizes that it is sometimes necessary to remove a child from his or her parents to protect and preserve these rights.

KRS 620.020 defines the following terms and others:

- “foster care”
- “permanence”
- “preventive services”
- “reasonable efforts”
- “reunification services”

KRS 620.023 requires courts to consider the evidence listed below if it is relevant, whenever the court is charged with determining the best interest of the child. In determining the best interest of a child, a court also may consider the effectiveness of rehabilitative efforts made by the parent or caretaker intended to address the issues in this section.

- Mental illness or retardation of the parent, as attested to by a qualified mental health professional
- Acts of abuse or neglect toward any child
- Alcohol and other drug abuse
- A finding of domestic violence and abuse
- Any other crime committed by a parent that results in death or permanent disability of a family or household member
- The existence of any guardianship or conservatorship of the parent

KRS 620.025 provides that jurisdiction under this chapter takes precedence but does not preclude jurisdiction under other chapters of the juvenile code (termination of parental rights, status offenses, public offenses).

KRS 620.027 gives the District Court concurrent jurisdiction to determine child custody and visitation in cases that come before it where the need for a permanent placement and custody order is established. The court shall utilize Chapter 403 provisions in making the determination. If a child is actually residing with a grandparent in a stable relationship, the court may recognize the grandparent as having the same standing as a parent for evaluating custody arrangements.

KRS 620.030 requires any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused to immediately report such suspicions to local law enforcement, the Kentucky State Police, CHFS or its designee, the Commonwealth's attorney, or the county attorney.

KRS 620.040 describes the duties of the prosecutors, police, and CHFS; prohibits school personnel from conducting abuse or neglect investigations; and allows for the creation of multidisciplinary teams to assess investigations of child sexual abuse.

KRS 620.050 provides immunity from civil liability for reporting abuse, outlines CHFS's responsibilities after a report is received, and prohibits the release of information except to specified persons or agencies.

KRS 620.060 establishes the procedures to obtain an emergency custody order.

KRS 620.070 governs the filing of a petition and issuance of a summons.

KRS 620.080 requires a temporary removal hearing to be held within 72 hours and establishes the procedures.

KRS 620.090 governs temporary custody orders.

KRS 620.100 provides for a full adjudicatory hearing and specifies the appointment of and fees for court-appointed counsel.

KRS 620.190-290 establishes and defines the responsibilities of local Citizen Foster Care Review Boards.

KRS 620.310-340 establishes and defines the responsibilities of the State Citizen Foster Care Review Board.

KRS 620.360 (enacted 2006) establishes the rights and responsibilities of state resource (foster) parents.

KRS 620.515-545 regulates Court Appointed Special Advocates.

Chapter 615 Interstate Compact Regarding Juveniles

Chapter 615 provides for Kentucky's participation in the Interstate Compact on Juveniles, including the process for returning runaway youth.

Chapter 625 Termination of Parental Rights

Chapter 625 lays out the procedures for voluntary and involuntary termination of parental rights.

Administrative Regulations

Title 707 Education, Arts, and Humanities Cabinet; Kentucky Board of Education; Department of Education; Office of Special Instructional Services

707 KAR 1:280 defines terms.

707 KAR 1:290 establishes the requirements for providing a free, appropriate, public education of children identified as eligible for special education services.

707 KAR 1:310 sets requirements for the determination of eligibility for special education of children who have disabilities.

707 KAR 1:320 establishes requirements for the development, implementation, and revision of individual education programs for each child with a disability.

707 KAR 1:340 sets procedural safeguards for children with disabilities and their parents and lists the requirements for filing a written complaint.

Title 922 Cabinet for Health and Family Services, Department for Community Based Services, Protection and Permanency

922 KAR 1:130 establishes the Kinship Care Program in Kentucky.

922 KAR 1:140 establishes the maximum number of children remaining in foster care longer than 24 months and establishes permanency service available to children in placement.

922 KAR 1:230 establishes guidelines that protect children from danger of serious physical injury pending a temporary removal hearing by the court.

922 KAR 1:310 establishes basic standards for child-placing agencies.

922 KAR 1:330 establishes cabinet procedures for a child protection investigation or family-in-need-of-services assessment of abuse, neglect, or dependency.

922 KAR 1:350 sets criteria for resource homes and respite care providers caring for foster or adoptive children.

922 KAR 1:360 establishes the five levels of care based on the child's needs, procedures for classification, a payment rate for each level, gatekeeper responsibilities, provider requirements, and procedures to determine components of the model program cost analysis.

922 KAR 1:370 sets forth the criteria for out-of-state placement of children committed to the Department for Community Based Services.

922 KAR 1:490 establishes background check requirements for applicants seeking to provide foster or adoptive services and sets strict guidelines regarding circumstances under which the applicant can be denied.

922 KAR 1:520 establishes a supplemental reimbursement rate for resource homes that care for high-risk children.

922 KAR 2:160 enables the Cabinet for Health and Family Services to qualify for federal funds under the Child Care and Development Fund and establishes procedures for the implementation of Child Care Assistance Program to the extent that funding is available.

Appendix D

Documents Related to Guardians *ad litem* and Court-appointed Counsel

The Finance and Administration Cabinet provided a summary of the current situation and issues regarding payment for guardians *ad litem* and court-appointed counsel for parents in child maltreatment and dependency cases. That document begins on page 235.

The report of the 1999 Commission on Guardians *ad litem* begins on page 241 (Commonwealth Administrative Commission).



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MEMORANDUM

To: Van Knowles, Legislative Analyst
Program Review and Investigations Committee, Legislative Research Commission

From: Gwen R. Pinson, Executive Director *GRP*
Office of General Counsel, Finance and Administration Cabinet

Date: September 1, 2006

RE: Guardian ad Litem Payment

The following issues are directly related to challenges currently associated with the Guardian ad Litem ("GAL") program. This memorandum will discuss problems confronted by the Finance & Administration Cabinet ("FAC") in fulfilling its financial responsibility for the GAL program as well as issues identified in meetings between the FAC, Administrative Office of the Courts ("AOC"), Cabinet for Health and Family Services ("CHFS"), GALs, Court-Appointed Counsel ("CAC") and judges.

BACKGROUND

Initially, FAC invited AOC and CHFS to participate in meetings to coordinate and assist in the development of a FAC payment tracking system for GALs and CACs in cases relating to dependency, neglect and abuse actions and termination of parental rights actions. As will be further discussed below, since FAC is responsible for the payment of fees for representation in these actions, it determined the need for a collaborative, well-developed payment tracking system. After delving into issues relating to the payments, one issue identified was a problem with the court ordering FAC to pay fees for GALs when it was not statutorily authorized to do so. (There are a number of statutes requiring the courts to appoint a GAL; yet, often there is no payment provision for the appointment.) Therefore, FAC determined a need to clarify to the courts the type of appointments in which FAC was authorized to pay. A copy of a December 2005 letter to judges describing same is attached. [See Exhibit 1.]

Due to the lack of appropriated funding for GAL/CAC fees in the 2006-2008 biennium budget, FAC sent another letter in June 2006 to judges to provide notification of its opinion which strictly interpreted the applicable statutes. [See Exhibit 2.] These issues will be discussed further herein. Thereafter, FAC, AOC, CHFS and judges met to discuss options relating to payment that will ensure

that children, parents and non-parental custodians will continue to be adequately represented in these actions, as well as address FAC's concerns regarding payment. The issues and short answers included herein list ideas that have been discussed.

KRS 620.100 governs the appointment of counsel for parties involved in a dependency, neglect, and abuse proceeding. This statute specifically states that "if the court determines, as a result of a temporary removal hearing, that further proceedings are required, the court shall advise the child and his parent or other person exercising custodial control or supervision of their right to appointment of separate counsel." The statute requires that FAC pay the counsel's fees for representing the child (KRS 620.100(1)(a)); CAC fees for representing an indigent parent (KRS 620.100(1)(b)); or, may pay the CAC fees for an indigent non-parent that exercises custodial control over the child (KRS 620.100(1)(c)). These sections explicitly state that "[t]he fee to be fixed by the court shall not exceed five hundred dollars (\$500); however, if the action has final disposition in the District Court, the fee shall not exceed two hundred fifty dollars (\$250)."¹ As a result, the statute limits the amount of attorney's fees that FAC can pay to \$500 for Family and Circuit Court disposition and \$250 for District Court disposition.²

In previous years there appears to have been a liberal interpretation applied to these sections. It seems that, among other things, GALs and CACs were permitted to submit attorney's fees to the court for their hourly rate multiplied by the number of hours spent on each case, not to exceed \$500/\$250, at various levels of the case such that the amounts paid often exceeded what FAC now believes to be the statutory maximum. For example, the GAL/CAC would tender an Order for Payment to the court after the disposition hearing in the dependency, neglect and abuse case. These cases are required to be scheduled for a permanency review within 12 months of a child being removed from the home. Thus, if the same GAL/CAC were reappointed to represent the child, parent and/or non-parental custodian at the permanency review hearing, that GAL/CAC would tender another Order for Payment to the court. Because dependency, neglect and abuse cases have become increasingly more complicated since the enactment of the payment statute, the statute does not address payment for such permanency review hearings.

As previously mentioned, FAC has recently issued an opinion which strictly interprets these statutes and the monetary limitations set forth in same as to the amount it is allowed to pay GAL and CAC attorneys per action. FAC has now interpreted these statutes (and the associated civil rule, CR 17.03) to limit attorney's fees for the entire action to \$500/\$250, regardless of the number of times the action is remanded, the number of hearings involved in each action or the number of hours spent in each action by the attorney. Two opinions from the Court of Appeals adopt this strict interpretation.³ FAC's recent decision to enforce what it believes to be the statutory limits has created much controversy among the GAL and CAC attorneys, as well as judges throughout the state, which has been

¹ The term "final disposition" has always been a matter of controversy as it is interpreted differently by district and circuit judges around the Commonwealth.

² KRS 625.080 governs the appointment of counsel for indigent parents involved in any involuntary termination of parental rights proceeding. KRS 625.0405 governs the appointment of counsel for indigent parents involved in any voluntary termination of parental rights proceeding. KRS 625.041 governs the appointment of a GAL for the child in any voluntary termination of parental rights proceeding. All of these referenced statutes establish a maximum fee for court-appointed counsel of \$500 to be paid by FAC if custody of the child is given to CHFS.

³ The Kentucky Court of Appeals strictly interpreted the maximum statutory limits in KRS Chapter 199 (the precursor to KRS 625.080) for GAL fees in Commonwealth v. Coleman, 699 S.W.2d 755, 756 (Ky. App. 1985). See Section III below. In a 2005 unpublished opinion, the Court of Appeals reaffirmed Coleman's holding in Commonwealth, Cabinet for Health & Family Services v. K.B.H., No. 2004-CA-001760-ME, 2005 WL 2108126 (Ky. App. 2005), which discussed the maximum fee available under KRS 625.080. The court stated: "Counsel is entitled to an award of fees in an amount determined by the court not to exceed \$500.00. An order awarding a larger sum is unauthorized by the clear wording of the statute." Id. at 3.

demonstrated by increased phone calls, the filing of motions to hold FAC in contempt and reported withdrawals by GALs and CACs in these actions. Judges have alerted both FAC and AOC of their concern that they will start to lose experienced GAL and CAC attorneys if the fee situation is not addressed.

ISSUES

- I. What proceedings are covered by the \$500/\$250 maximum fee set by KRS 620.100 for GAL/CAC fees in dependency, neglect & abuse (“DNA”) cases? Does this mean ALL proceedings, including the permanency review and/or appeal?
- II. Is there a means for increasing attorney’s fees to keep up with the cost of inflation?
- III. May a separate payment be provided for a matter on appeal?
- IV. What happens if a new attorney is assigned to a pre-existing case?
- V. Is there a way to increase accountability among GAL/CACs to ensure that they are adequately representing their client and earning the fees they are receiving?
- VI. What are any suggestions or recommendations on how to strengthen the system while providing adequate representation for the children and parents involved in these cases?

SHORT ANSWERS

- I. FAC and existing case law interpret the GAL/CAC statutes such that the maximum fees established therein apply to all proceedings in a DNA case, including all hearings, conferences, meetings and other activities associated with a DNA case from initial appointment until the case is finally resolved. This representation can involve a full adjudicatory hearing as allowed by KRS 620.100(2) that provides “the opportunity to confront and cross-examine all adverse witnesses, present evidence on their own and to an appeal.” This appointment could last multiple years, as mandatory post-disposition hearings are often required at least annually to monitor the child’s status. While post-disposition hearings, conferences and other duties have been added to the responsibilities of GAL/CAC attorneys over the years, the statutory fee for their services has not been increased so as to compensate the attorneys for the heavier workload.
- II. Because as written KRS 620.100 imposes a strict statutory limitation on the amount allowed to be paid per action, regardless of inflation or the duration of the case, a statutory amendment would be necessary to increase fees paid to GAL/CAC attorneys in order to adequately compensate attorneys practicing these increasingly complex matters.
- III. The Kentucky Court of Appeals case of Commonwealth v. Coleman, 699 S.W.2d 755, 756 (Ky. App. 1985), denied additional GAL fees for appellate work, with the court explaining “the [circuit] court has only the authority given it by the legislature to assess a fee against the Commonwealth.” Id. at 756 (internal citations omitted). The court further explained that the statute did not distinguish between trial and appellate advocacy, concluding that “[a]bsent a statute explicitly awarding additional amounts for representation on appeal, the [maximum amount allowed by statute at that time⁴] stands

⁴ The Coleman case dealt with KRS 199.603, the statutory predecessor of KRS 625.080, which provided for a maximum fee award of \$300 in involuntary termination of parental rights actions, instead of the current \$500 maximum limits. The same reasoning can easily be extended to deny additional attorney’s fees for a DNA appeal under KRS 620.100.

as the outer limit of monies which may be awarded appointed counsel in representing indigent parents in [GAL] actions, whether the rendered services are provided at trial, on appeal, or both.” Id. Therefore while KRS 620.155 allows for an appeal of a District Court Order (and presumably a Family Court Order) involved in a DNA case, the legislature has not provided any specific statutory authority for the courts to provide a separate fee for services provided by the appellate attorney. As a result, under the current system, no separate fee can be paid in appellate matters.

- IV. The statute is silent on what happens to an action where FAC has paid the maximum amount allowed to an attorney prior to having a new attorney assigned to the case. This may occur if an attorney relocates, retires, dies, etc. Obviously, the new attorney is entitled to a fee. The same is true for an attorney who withdraws from a case after being paid the maximum amount but prior to the completion of the action. An unscrupulous attorney could manipulate the system by withdrawing from the action after receiving the maximum fee, forcing the Court to appoint another GAL/CAC and the Commonwealth to bear the expense of at least two GAL/CACs in one action.
- V. Currently, the attorneys serving as GAL/CACs prepare the fee orders and submit them to the Court and/or Court Clerk for execution. It is burdensome, and may be difficult, for judges to pull case files on each case and review same prior to signing fee orders. Additionally, it is impossible for judges to know with certainty the amount of time a GAL or CAC has spent on a particular case. Therefore, judges depend in large part upon the affidavit of the attorneys submitting the orders.
- VI. Several ideas are being developed in discussions held by various FAC, AOC and CHFS employees which may address the issues set forth above. Some of these ideas were recommended by the Chief Justice’s Commission on Guardians ad Litem in 1999.
 - a. Amend current statute to implement a payment schedule designating a set amount FAC is authorized to pay for GAL/CAC fees in each hearing/ disposition/ adjudication/ permanency review/ conference/ appeal, etc.
 - b. Raise the statutory maximum amount that FAC is authorized to pay for attorney’s fees involved in DNA cases.
 - c. Substitute a reduced hourly rate for the statutory maximum currently in place for payment in DNA cases. Currently, there is no hourly rate assigned for DNA cases statewide; therefore, attorneys charge different rates across the Commonwealth.
 - d. Clarify what the current maximum amount involves in a case and whether additional fees are allowed if deemed appropriate by the Court.
 - e. If the maximum amount continues to apply to each case, allow a separate fee for permanency review hearings and appellate work involving DNA cases. As the statutes currently stand, attorneys have to appeal a case pro bono if they believe the outcome should have been different.

- f. Create a program to allow FAC to contract with attorneys selected by the Courts to serve as GAL and CAC attorneys. These attorneys would serve as GAL and CAC attorneys on a part-time basis and would be paid as an independent contractor, with their contracts averaging out to no more than the statutory maximum per case. If the attorneys take on more cases than originally planned, their contract amounts would stay the same.
- g. Create a GAL/CAC state-operated program with an appropriate budget for administration of the program and compensation of state employees who would serve as GALs and CACs.

These are just a few suggestions on ways the payment system for GAL and CAC attorneys could be clarified and/or improved in order to resolve the problems with the current system. If the Legislative Research Committee would like to further discuss these ideas and suggestions, please feel free to contact me or Jennifer Sheehan, an attorney in my office, at 564-6660. Thank you for your interest in this matter.

Recommendations of the Commission on *Guardians ad litem*



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Governor of Kentucky

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By:

Commission on Guardians *ad litem*
Justice William S. Cooper, Chair

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Introduction

At the request of the Finance and Administration Cabinet, the Auditor of Public Accounts studied guardian *ad litem*¹ (GAL) practice in Kentucky. In 1998, results of the performance audit were released. The auditor's report recommended 15 changes to improve the legal representation of children in dependency, neglect or abuse (DNA) cases in the Commonwealth. Many of the recommendations suggested action by the Judicial Branch. To determine whether any of the 15 suggestions should be implemented, Chief Justice Joseph E. Lambert created the 24-member Commission on Guardians *ad litem*.

Chaired by Justice William S. Cooper of the Kentucky Supreme Court, the Commission began its work in May, 1999. At five monthly meetings, Commission members heard testimony from various groups involved in DNA cases in Kentucky. These groups included attorneys serving as guardians *ad litem* in both rural and urban areas, the judiciary, advocacy groups, law schools and state agencies. The Commission also considered the various approaches taken by at least a dozen other states that are tackling similar challenges in improving the legal representation of children. In June, several Commission members attended and evaluated a full day pilot training session for attorneys serving as GALs in Laurel and Knox Counties.

The scope of the Commission was limited to GALs representing children in DNA cases. While GALs are appointed in other cases, those situations are not addressed by this report. Specific topics considered by the Commission include:

- ▶ reasonableness of fees paid to GALs
- ▶ documentation required to justify payment of the fee earned by a GAL
- ▶ appropriate agency to shoulder financial responsibility for payment of GALs
- ▶ qualifications and training required for attorneys who serve as GALs
- ▶ appropriate agency to ensure GALs are qualified and adequately trained
- ▶ creation of an office to administer the GAL program
- ▶ need for written court rules specifying the duties of GALs
- ▶ revision of forms and the mandated use of statewide forms
- ▶ need for statutory revision to specify the responsibilities of the Executive and Judicial Branches for oversight, monitoring and payment of GALs
- ▶ rural and urban needs
- ▶ unified data collection



¹ Appointment of a GAL for a child is mandated by KRS 620.100 when further proceedings are required following a temporary removal hearing. KRS 387.305(2) requires that a GAL "be a regular, practicing attorney of the court."

Recommendation

The adequacy of GAL representation in the Commonwealth has been a topic of study and conversation for some time by many individuals and groups. As the discussions continue and multiply, the number of children in out-of-home care in Kentucky grows at an alarming rate. To move these children toward permanency, Kentuckians must recognize the immediate need for knowledgeable and energetic GALs. To achieve the goal of a well-trained pool of attorneys who are willing and able to serve as GALs, it is imperative that Kentucky devote adequate funding to this important work as well as enact statutory amendments and adopt court rules. To this end, the Commission urges all three branches of government to work toward funding and implementing the following recommendations:

I. Responsibilities of the GAL

A recurring theme heard and expressed by Commission members and witnesses was the lack of a clear understanding of what is expected of a guardian *ad litem*. To correct this deficiency, the Commission recommends the following responsibilities of GALs be statutorily enacted by the 2000 General Assembly. It is further urged that a Supreme Court Rule incorporating similar language be adopted.



- A. A GAL should determine the facts of the case by interviewing the child, Cabinet for Families and Children (CFC) family services worker, family members, therapist and others as necessary and by reviewing reports and other information. When interviewing a child is impractical (due to age or other circumstances), inspection of the home or place of care and/or an interview with the foster parent or caretaker is an adequate substitute. If these events do not occur, perhaps due to hostility toward the GAL or other safety concerns, the GAL should document the reason the action did not occur;
- B. A GAL should meet with and observe the child, assess the child's needs and wishes with regard to the representation and issues in the case, and explain the proceedings to the child according to the child's ability to understand;
- C. A GAL should appear at all hearings concerning the child;
- D. A GAL should make recommendations for specific and clear orders for evaluation, services, and treatment for the child and the child's family;

- E. A GAL should file all necessary pleadings and papers, and maintain a complete file with notes rather than relying upon court files;
- F. During the term of the appointment, a GAL should monitor the implementation of court orders and determine whether service(s) ordered by the court for the child or the child's family are being provided in a timely manner and are accomplishing their purpose. If a GAL believes services are not being provided in a timely manner, or if he/she believes the family has failed to take advantage of these services, or if the GAL believes the services are not accomplishing their purpose, he/she should file a motion for appropriate relief. The GAL should assess whether the Cabinet for Families and Children (CFC) is making reasonable efforts as defined in state and federal law and should challenge the adequacy of those efforts when appropriate;
- G. Representation by the GAL continues so long as the appointing authority retains jurisdiction over the child;
- H. Consistent with the Rules of Professional Responsibility, a GAL should identify common interests among the parties and, to the extent possible, promote a cooperative resolution of the matter;
- I. A GAL should consult, as necessary and consistent with existing rules of confidentiality, with other persons knowledgeable about the child and the child's family to identify the child's interests, current and future placements that would be best for the child, and necessary services for the child;
- J. A GAL should submit, as ordered, an oral or written report to the court;
- K. A GAL should advocate the child's best interests, but advise the court when the child disagrees with the attorney's assessment of the case.

II. Administration



To increase accountability of attorneys who serve as GALs and to organize training which is specific to attorneys practicing DNA cases, the Commission recommends creation of an office to coordinate GAL representation throughout the Commonwealth. Responsibility for training GALs should rest with the Kentucky Bar Association (KBA).

- A. The Administrative Office of the Courts (AOC) should create an Order of Appointment in DNA Cases which will provide the GAL access to

necessary records and reports and outline the responsibilities of the GAL. The order should also require the CFC to inform the court and the GAL of any disruption in the disposition of the child. Use of this standard order should be mandatory.

- B. A technology committee [composed of representatives from CFC, the AOC, the KBA, the Finance and Administration Cabinet (FAC) and the Chief Information Officer] should be established to oversee the sharing of electronic data to satisfy existing as well as future state and federal reporting requirements.
- C. A coordinator and one staff person, attached to the AOC, should be responsible for organizing training at district bar meetings in conjunction with the KBA; coordinating additional training of GALs with other agencies and CLE sponsors; recruiting GALs from the private bar; compiling and providing training material for GALs (including the Best Practice Model for DNA Cases developed by the Community Action Group); directing complaints about GAL practice to the KBA; coordinating and maintaining a list and an internet webpage of qualified GALs; serving as a resource person for GALs; and acting as a liaison with Court Appointed Special Advocates (CASA), Citizen Foster Care Review Board (CFCRB) volunteers as well as the CFC, the courts, Children's Advocacy Centers and others.
- D. The GAL should be added to the distribution list on the CFCRB review form to allow the GAL to receive a copy of each review on the child.
- E. A procedure should be created whereby the GAL is clearly identified in the court file.

III. Training

The lack of training for GALs is another concern. It is believed all attorneys serving as GALs in DNA cases will benefit from basic training. For this reason, the Commission recommends adoption of a Supreme Court Rule implementing mandatory continuing legal education (CLE) for GALs.



- A. A GAL must be a practicing member, in good standing, of the KBA.
- B. To be included on the list of certified/qualified GALs and to be eligible to serve as a GAL in a DNA case, an attorney should be required to complete an initial training of 7.5 hours of KBA-approved CLE in the following areas:
 - 1.) Roles, responsibilities and duties of guardian *ad litem* representation;
 - 2.) Laws governing child abuse, neglect, dependency, foster care review, and termination of parental rights;
 - 3.) Role of social service agencies in handling dependency, abuse or neglect petitions;
 - 4.) Characteristics of abusive and neglectful families and of children who are victims; physical and medical aspects of child abuse and neglect;
 - 5.) Communication with children, especially when children are witnesses, and the use of closed circuit television;
 - 6.) Factors or conditions which indicate risk to a child's health or safety;
 - 7.) Domestic violence as it affects children and families;
 - 8.) Determining what is the best interest of the child;
 - 9.) The roles and functions of CASA and CFCRB;
 - 10.) Overview of district, circuit and family court;
 - 11.) Developmental needs of children;
 - 12.) Substance abuse issues; and
 - 13.) Cultural awareness.
- C. Each year, one track of district bar meetings should be devoted to GAL training.
- D. To remain eligible to be appointed a GAL in a DNA case, an attorney should be required to complete two (2) hours of GAL training every year after receiving initial training.
- E. Four (4) years after implementation of mandatory initial training for GALs, no attorney should be permitted to serve as a GAL unless he/she has completed the initial training.
- F. Certification of attendance at CLE for GALs should be submitted to the KBA. To provide flexibility in fulfilling the annual training requirement, a one-year carryover of two (2) credit hours should be permitted.
- G. During the four-year window while initial training is occurring, courts are encouraged to appoint attorneys as GALs who are adequately qualified to represent children.



- H. GALs should be encouraged to engage in training relevant to the practice of DNA cases over and above the mandatory training.
- I. Once standards are in place, AOC should provide training to the judiciary on the duties of GALs and items for which payment by FAC is permitted. This training should emphasize the differences between juvenile delinquency cases and DNA cases.
- J. Court Improvement Project should develop a training handbook for GALs.

IV. Funding

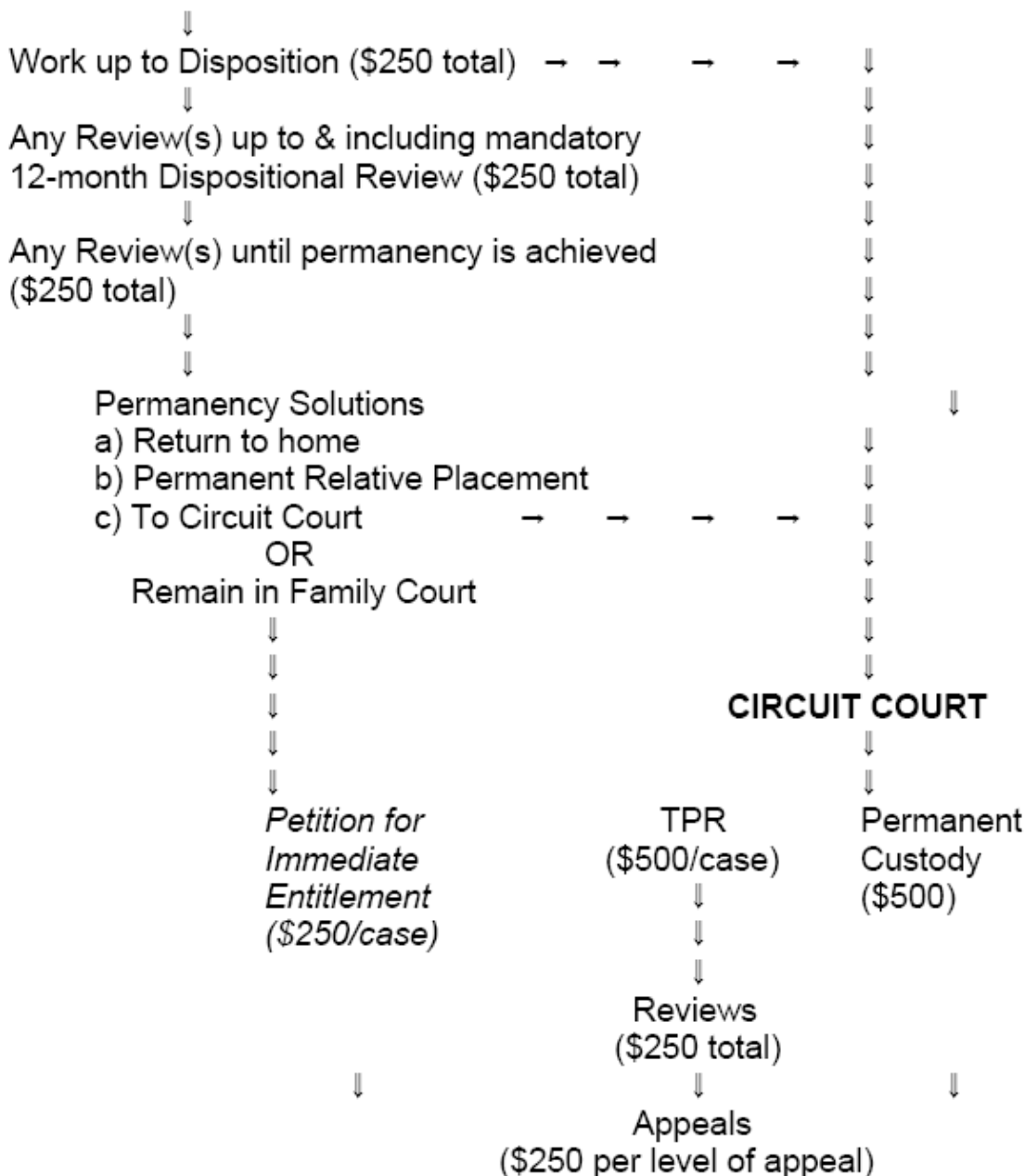
Payment of GALs is a function of the Executive Branch. For this reason, it is urged that FAC retain fiscal responsibility for paying GALs. To ensure uniformity of payment, the AOC should develop an appropriate *Request For Payment* form in conjunction with FAC. This form should collect data FAC deems vital to paying the GAL's itemized request for payment and document the services rendered.



Improving the legal representation of children in DNA cases will require an increased commitment of money. In light of the Commission's recommendation that the training of GALs should be mandatory, there must be an incentive for an attorney to attend training and accept appointment as a GAL. Unless the fee structure for GALs is improved, implementing the desired training requirements and responsibilities will fail. Therefore, the Commission offers the following recommendations to the General Assembly:

- A. Change the current statutory funding limits for GAL practice. Currently, a GAL receives a maximum of \$250 for a case which is resolved in district court and a maximum of \$500 when the case is resolved in circuit court. KRS 620.100 and CR 17.03. The Commission suggests statutory enactment of the following fee structure:
 - up to \$250 for representation of one child or multiple children in the same family unit through disposition in district or family court
 - up to \$250 for all reviews up to and including the mandatory 12-month dispositional review
 - up to \$250 for all subsequent reviews between the 12-month dispositional review and the termination of parental rights (TPR) or other permanency solution (maximum of \$250 regardless of number of reviews)
 - up to \$250 for petition for immediate entitlement (when filed in circuit or family court)
 - up to \$500 for circuit or family court TPR and/or permanent custody
 - up to \$250 for reviews after TPR (could be multiple reviews, but still a maximum of only \$250)
 - up to \$250 per level of appeal

DISTRICT COURT OR FAMILY COURT



Payment should be based upon representation of one child or multiple children in the same family unit

- B. The GAL should submit his/her request for payment to the judge for approval. There should no longer be a court order for payment. When the judge approves the payment, he/she should also certify the GAL has fulfilled all applicable statutory responsibilities.
- C. While a GAL may represent multiple siblings, payment under the recommended fee structure is based upon representation of all children within the same family unit.

V. **Miscellaneous**

- A. The Commission endorses expansion of CASA and CFCRB programs.
- B. The Commission encourages law schools to include specific discussion of GAL responsibilities within the family law curriculum.
- C. The fee schedule proposed by the Commission may create a disparity between the money available for GALs and that available for attorneys representing parents under KRS 620.100(1)(b) and (c). While outside the scope of the Commission's task, there may be a need to amend KRS 625.080.
- D. The GAL should be appointed at the filing of the petition.



CONCLUSION

The Commission has grappled with these issues since May, 1999. While debate has been polite, Commission members have been passionate in seeking ways to improve the legal representation of children in DNA cases. The Commission voted unanimously on many items, such as mandatory training for GALs, but there are other issues for which there was less than total agreement. For example, the Commission is recommending an increase in the fee cap for GALs. Several members consider the suggested increase to be inadequate. Some believe the cap should be eliminated. Others have suggested adoption of an hourly rate for attorneys, perhaps the same rate used for personal service contracts.



The Commission firmly believes specialized training for attorneys serving as GALs is critical. The Commission further realizes that to make training mandatory will require an incentive for attorneys to participate in the training. In many instances, that incentive is money. Unless significant increased funding is paired with the implementation of mandatory GAL training, Kentucky runs the risk of depleting the already small group of attorneys who are willing and able to serve as GALs in DNA cases and jeopardizing future federal funding opportunities.



The Commission has also suggested creation of a GAL coordinator attached to the AOC to organize GAL training and serve as a resource person and liaison for GALs. Since the AOC does not train attorneys, it may be more appropriate for the coordinator to be attached to the KBA.

The Commission's study and analysis of GAL representation in Kentucky did not reveal a perfect solution. However, the time has come for action and we urge all three (3) branches of government to unite and improve the representation of children in dependency, abuse and neglect cases.

Appendix E

Past and Future Child and Family Services Reviews

This appendix contains four documents related to the federal Child and Family Services Reviews.

The Key Findings Report for Kentucky begins on page 255 (U.S. Department. Administration. Children's. *Child and Family Services Reviews State by State*).

A federal letter regarding the results of Kentucky's Program Improvement Plan begins on page 261 (U.S. Department. Administration. Letter).

A DCBS document explaining the new federal measures begins on page 265.

A Federal Register entry for the new federal review guidelines begins on page 273.

Key Findings Report From the 2003 Child and Family Services Review of Kentucky

Children's Bureau Child and Family Services Review Key Findings Report Kentucky Cabinet for Children and Families

The Children's Bureau and the Administration for Children and Families (ACF) administer the child and family services reviews. The reviews comprise two phases: (1) the Statewide Assessment, during which the State analyzes its child welfare data and practice, and (2) the onsite review, during which Federal and State teams examine outcomes for children and families by conducting case record reviews and case-related interviews, and assess State systemic issues through stakeholder interviews.

Following the onsite review, Federal staff prepare a Final Report, which is provided to the State within 30 days following the onsite review or resolution of a discrepancy. States are provided a courtesy copy of the Final Report before the official Final Report is issued. In order for the State to be found in substantial conformity in any one of the seven outcomes reviewed, the outcome must be determined to be substantially achieved in 95 percent (90 percent during the first review) of the cases reviewed. States that are found not to be in conformity on any of the seven outcomes or seven systemic factors must prepare a Program Improvement Plan (PIP) that includes action steps and benchmarks for bringing the State into conformity. The PIP is due not more than 90 days after the State receives the courtesy copy of the Final Report. This report presents key findings from the Kentucky Final Report of the review.

I. Identifying Information and Review Dates

ACF Region: IV

Date of Onsite Review: March 3–7, 2003

Period Under Review: October 1, 2001–March 3, 2003

Date Final Report Issued: June 2, 2003

Date Program Improvement Plan Due: August 31, 2003

Date Program Improvement Plan Approved: October 31, 2003

Estimate Penalty: \$1,783,737

II. Highlights of Findings

- A. The State met the national standards for one of the six standards.
- B. The State achieved substantial conformity for one of the seven outcomes.
- C. The State achieved substantial conformity for five of the seven systemic factors.

III. State's Conformance With the National Standards:				
Data Indicator	National Standard (Percentage)	State's Percentage	Meets Standard	Does Not Meet Standard
Repeat Maltreatment	6.1 or less	8.6		X
Maltreatment of Children in Foster Care	.57 or less	.65		X
Foster Care Re-Entries	8.6 or less	10.8		X
Length of Time To Achieve Reunification	76.2 or more	82.5	X	
Length of Time To Achieve Adoption	32 or more	15.9		X
Stability of Foster Care Placements	86.7 or more	80.3		X
IV. State's Conformance With the Outcomes:				
Outcome	Achieved Substantial Conformity		Did Not Achieve Substantial Conformity	
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.			X	
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.			X	
Permanency Outcome 1: Children have permanency and stability in their living situations.			X	
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			X	
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			X	
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	X			
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.			X	

V. State's Conformance With the Systemic Factors		
Systemic Factor	Achieved Substantial Conformity	Did Not Achieve Conformity
Statewide Information System	X	
Case Review System		X
Quality Assurance System	X	
Training	X	
Service Array		X
Agency Responsiveness to the Community	X	
Foster and Adoptive Parent Licensing, Recruitment, and Retention	X	
VI. Key Findings by Outcome and Systemic Factor ¹		
<p>A. The review noted the following strengths regarding the outcomes:</p> <ul style="list-style-type: none"> • Making sufficient efforts to reduce the risk of harm to children • Making efforts to assist children in attaining the permanency goal of emancipation • Placing children in close proximity to their biological families • Meeting the educational needs of children • Meeting the physical and dental health needs of children <p>B. The review noted the following concerns regarding the outcomes:</p> <ul style="list-style-type: none"> • Not investigating reports of child maltreatment in a timely manner • Not preventing repeat maltreatment of children • Not making diligent efforts to maintain children safely in their homes • Not preventing children from re-entering foster care within 12 months of a previous discharge • Not providing stable placements for children in foster care • Not establishing appropriate permanency goals for children in a timely manner 		

¹ Visit the Children's Bureau Web site at <www.acf.hhs.gov/programs/cb/cwrp/tools/sumfinding.doc> for more detailed information about the child and family services reviews outcomes and systemic factors.

VI. Key Findings by Outcome and Systemic Factor (Continued)

- Not making efforts to achieve permanency for children through reunification, permanent placement with relatives, or guardianship
- Not making diligent efforts to achieve adoption in a timely manner
- Not placing children with their siblings, when appropriate
- Not facilitating visitation of children in foster care with their parents and siblings
- Not preserving children's connections to their family, faith, community, culture, and friends
- Not making diligent efforts to locate and assess relatives as potential placement resources for children
- Not making efforts to support the parent-child relationship of children in foster care
- Not assessing the needs of, nor providing services to, parents, foster parents, and children
- Not involving parents and children in case planning
- Not visiting with children or parents frequently enough to monitor and promote the safety and well-being of children
- Not meeting the mental health needs of children

C. The review noted the following strengths with regard to the systemic factors:

- Statewide Information System
 - The statewide automated information system can determine the status, demographics, location, and goals for all children in foster care.
- Quality Assurance System
 - Standards have been implemented to ensure that children in foster care are provided with quality services to address their needs.
 - The State operates an identifiable quality assurance system that has the capacity to monitor the quality of services, identify strengths and needs of the service delivery system, provide reports, and evaluate program improvement measures.

VI. Key Findings by Outcome and Systemic Factor (Continued)

- Training
 - The State operates a staff development and training program.
 - The State provides ongoing training addressing the skills and knowledge needed for staff to perform their duties.
 - The State provides training addressing the skills and knowledge needed for current and prospective foster and adoptive parents and staff of State-licensed facilities that care for children in foster care to carry out their responsibilities.
- Agency Responsiveness to the Community
 - The State engages in ongoing consultation with consumers, service providers, courts, and other stakeholders.
 - The State jointly develops with its stakeholders annual reports of progress.
 - The State's services are coordinated with services or benefits of other Federal programs serving the same population.
- Foster and Adoptive Parent Licensing, Recruitment and Retention
 - The State has implemented standards for foster and adoptive family homes and child care institutions.
 - The State conducts criminal clearances for foster care and adoptive families and operates a case planning process that includes provisions for ensuring children's safety.
 - The State diligently recruits foster and adoptive families that reflect the ethnic and racial diversity of the children for whom homes are needed.
 - The State uses cross-jurisdictional resources to facilitate timely adoptive or permanent placements for children.

D. The review noted the following concerns regarding the systemic factors:

- Case Review System
 - Children in foster care do not have written case plans and children and parents are not consistently involved in case planning.
 - Permanency hearings are not held for children in foster care within 12 months of entry into care.

VI. Key Findings by Outcome and Systemic Factor (Continued)

- Delays exist in achieving termination of parental rights.
- Foster parents, pre-adoptive parents, and relative caretakers of children in foster care are not routinely notified of, and given an opportunity to participate in, hearings for children.
- Service Array
 - The State does not offer an array of services to meet the needs of children and families.
 - Services are not accessible to families and children in all locations of the State.

Federal Letter Regarding the Results Of Kentucky's Program Improvement Plan



Department of Health and Human Services

*Administration For Children and Families
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March 14, 2006

Mark Birdwhistell, Secretary
Cabinet for Health and Family Services
Department for Community Based Services
275 E. Main Street, 5W-A
Frankfort, Kentucky 40621

Dear Secretary Birdwhistell:

I would like to congratulate the state of Kentucky on the completion of all of the action steps associated with each item, outcome and systemic factor in the Program Improvement Plan (PIP). This accomplishment is directly attributed to the leadership of former Commissioner Mike Robinson; James Grace, PIP Coordinator; Dr. Ruth Huebner, Child Welfare Researcher; and Tina Webb, Internal Policy Analyst/Child Fatality Specialist and their assigning a high priority on the successful implementation of this plan of improvement.

The Administration for Children and Families conducted the onsite Child and Family Services Review (CFSR) in Kentucky in March of 2003. As a result of that review, the State was required to develop a Program Improvement Plan (PIP) to address six outcome areas related to Safety, Permanency, and Well-Being and two systemic factors associated with its Case Review System and Service Array. The PIP was approved on 11/4/03 with the subsequent two year period of implementation ending on 11/3/05. During that period, Kentucky submitted quarterly reports and worked closely with ACF to implement the PIP and address issues in a timely manner. Throughout the process ACF approved a number of the State's requests for renegotiation as barriers were identified.

At the close of the PIP implementation period the State had a total of 100 action steps in the outcome areas of Safety, Permanency, and Well-Being; 23 action steps in the systemic areas of Case Review and Service Array; and 40 action steps associated with the five initiatives of the PIP: CQI Process, Kentucky CFSR, Coaching, Mentoring, and Monitoring, Family Team Meetings, and Court Improvement Projects. ACF has determined that Kentucky has successfully completed all work associated with the action steps as required by the PIP.

The Kentucky PIP also included four National Standards: Recurrence of Maltreatment, Foster Care Re-Entries, Stability of Placement, and Adoption. The State was able to reach or exceed the agreed upon amount of improvement for all of the above except the Safety Outcome 1 measure of Recurrence of Maltreatment. In addition, the PIP also

Secretary Mark Birdwhistell

March 14, 2006

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included improvements toward seven indicators, including Repeat maltreatment, Timeliness of investigations, Foster Care Re-Entries, Adoption, Preserving Connections, Needs and Services of Children, Parents, and Foster Parents, and Worker Visits with Child. The State was able to meet its goals toward all of these indicators except Timeliness of Investigations. Therefore, penalties are hereby rescinded in seven areas: Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 3, Case Review, and Service Array. Kentucky will be required to enter into a one year period of non-overlapping data to track progress in meeting the goals for Safety Outcome 1 related to Recurrence of Maltreatment and Timeliness of Investigations. Penalties associated with Safety Outcome 1 will continue to be held in abeyance during this period which will begin on April 1, 2006 and end March 31, 2007.

ACF will continue to work closely with Kentucky during the period of non-overlapping data to discuss strategies, monitor performance, and review data. The State will need to provide the Regional Office quarterly updates of progress which will be discussed further on a conference call with the State, Regional Office, and the Children's Bureau. During discussions held with the State last fall, ACF was informed of the State's intent to implement a review protocol specific to monitoring timeliness of investigations. As agreed during our discussion, the Regional Office staff would conduct an onsite visit to review the protocol, data collection, and any other relevant matters. Although this visit was originally scheduled in December it had to be cancelled due to inclement weather. Please be advised that prior to moving forward with the State's intent to renegotiate this item the onsite visit needs to occur and should be scheduled at the State's earliest convenience.

The State is to be commended on its implementation of several different strategies and the positive outcomes seen both in PIP implementation and program improvement. During PIP implementation, Kentucky placed a high priority on research and provided training to State Office and field personnel on the interpretation and utilization of data. It has also developed the *Data at a Glance* system which is reported to be an extremely effective tool for staff. The University Training Consortium appears to be a strong partner with the agency helping to establish effective training programs and curricula for staff. Additionally, the State has demonstrated its commitment to collaborative relationships with a number of community partners, as well as, worked to enhance relationships between the agency and the courts. The State was able to establish an additional family court in the State during the implementation period and plans to add more during the coming year.

ACF has noted through review of quarterly data that the State has been less than successful in its ability to sustain performance levels in several areas: Item 9 Adoption, Item 14 Preserving Connections, and Item 19 Worker Visits with Child. In regard to Item

Secretary Mark Birdwhistell
March 14, 2006
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9, marked improvement was made during the PIP implementation period for the number of children adopted within 24 months of entry from a baseline of 16.2% to 29.0%. With this in mind, the State should explore underlying factors contributing to the performance decline as seen in the quarterly data as that data should include all children with a goal of adoption and efforts made toward achieving permanency for those not part of the calculation for the National Standard.

During this time, ACF strongly urges Kentucky to seek appropriate technical assistance in working towards improvement in order to address safety needs of children in the State. My staff will be available to assist in arranging technical assistance through our National Resource Centers.

At the end of PIP periods ACF is suggesting that States develop a summary narrative explaining what they accomplished in the two-year PIP period, in addition to the actions steps completed. Kentucky completed the action steps in the PIP; however, ACF is interested in the actual outcomes. It would be helpful for ACF and others to understand what actually happened as a result of the action steps, in terms of changing practice and improving outcomes for children and families. This could be used as a public relations document for both ACF and Kentucky when questions arise about successes and challenges experienced by the State during PIP implementation and how the State plans to continue work begun during the PIP. Additionally, discussion regarding barriers confronted in PIP implementation, persistent challenges and Kentucky's strategies to overcome those challenges and barriers would be beneficial.

We appreciate the competent and thorough work exhibited by the State in the implementation of the plan of improvement and the dedication to continuous improvement of services for Kentucky's children and families. We are most hopeful that Kentucky is successful in meeting the remaining goals in the near future and thereby completing the PIP. You may contact Delores Varner at 404-562-2885 should you need assistance.

Sincerely,



Carlis V. Williams
Southeast Regional Administrator

DCBS Explanation of New Federal Measures

The following document was provided by DCBS and is included here verbatim. It explains the measurement being used to evaluate states in the next round of Child and Family Services Reviews.

Measurement in the Child and Family Services Review

Introduction

The Child and Family Service Reviews are designed to spur the nation toward achieving better outcomes for children and families using principles of:

- Embracing family-centered strength-based practice
- Promoting community-based services
- Strengthening parental capacity to care for children
- Delivering individualized services
- Building collaboration and partnerships
- Engaging youth, courts, tribes as change agents in the agency
- Engaging service providers and consumers as change agents.

States are expected to make continuous, incremental and sustainable improvements guided by knowledge building and analysis, innovation, and a sense of striving toward improvement.

States are accountable for making progress in achieving these outcomes:

Safety

- Children are protected from abuse and neglect
- Children are safely maintained in their homes

Permanency

- Children have permanency and stability in their living arrangements.
- Family connections are preserved

Child and Family Well-Being

- Families have enhanced capacity to care for children.
- Children have services for educational needs
- Children have services for health needs

States are accountable for developing the infrastructure to support positive outcomes:

States in collaboration with the federal government need to develop:

- A statewide information system that supports monitoring of outcomes and analysis and knowledge building
- A case review system that ensures that each child has a written case plan, reviews case progress at least every 6 months, have regular court hearings, and appeals.
- A quality assurance program that promotes continuous quality improvement.
- Staff and provider training that promotes professionalism and use of best practices
- A service array to meet the needs of children and families in their community.
- An ability to respond to community needs and community input
- A system for foster and adoptive parent licensing, recruitment and retention

The federal government partners with states in promoting better outcomes for children and families. They provide technical assistance, funding, and set expectations and goals with the state to achieve national improvement in child and family welfare outcomes.

Measuring State's Performance

Three methods of measurement for the Child and Family Service Review

- Self-assessment submitted to Administration for Children and Families and follow-up interviews on-site.
- On-site review of 65 cases (increased from 50) scored on all outcomes, case quality, and systemic factors.
- Six data indicators for two outcomes.
 - Safety One (National Child Abuse and Neglect Data System) (NCANDS)
 - ***Children are protected from abuse and neglect***
 - Recurrence of child abuse and neglect
 - Abuse and neglect in foster care
 - Permanency One Adoption and Foster Care Analysis and Reporting (AFCARS):
 - ***Children have permanency and stability in their living arrangements***
 - Four composite indicators, based on 15 measures, are for this one systemic outcome only.

What is changed and unchanged in Round Two of the CFSR?

1. Continue to use the data already being collected in NCANDS and AFCAR
2. Maintain the same outcomes and systemic factors.
3. Refine the process but maintain the basic structure for reviewing the state's performance
4. Generated composite scores for one permanency outcome (Permanency One) based on an analysis of existing data.

Data Composite

Data Composites were added for this round of the CFSR: Why?

- The four data composites measure aspects of stability in living arrangements. Stability is a fundamental necessity to promote optimal child outcomes. Children need continuity and nurturing relationships to heal from abuse and neglect, to achieve self-regulation of behavior, relationships, and their emotional state, and to acquire developmental skills.
- Multiple measures are needed to capture and monitor the experiences of children in many facets of foster care especially around permanency.
- Multiple measures stimulate program improvement in a wider range of foster care practices.
- Multiple measures provide flexibility by permitting averaging across measures so that a state's weaknesses might be balanced or compensated with the state's strengths.
- The combination of measures into a single indicator is more reliable and stable than a single measure.

What is a data composite?

A data composite is a summary score like a single course grade (A, B etc.), and IQ score, or a total score on a behavioral assessment that expresses performance on multiple measures. The composite can be broken down into components (grades on tests and assignments, verbal and performance IQ, or internalizing and externalizing behaviors). These components could contribute equally to the composite or be weighted.

The Administration for Children and Families (ACF) developed the composites by analyzing the existing data regularly submitted from states. The analysis was designed to uncover the measures that best expressed the desired outcome. By using principle component analysis with rotation, ACF identified the components of each composite and how much each measure contributed to the whole. The principle component analysis produced the best components for each composite and the weight for each measure.

How are the composites calculated?

The principle component analysis (PCA) used by ACF did not generate the composites. The PCA uncovered the structure or groupings (components) of the measures and the weights for each measure in the component. The composites are generated from the measures times the weight for each measures, summed for each component. Each component contributes equally to each composite. Finally, the scores are converted to a final composite using a transformation that puts all the scores on a scale of 50-150. The final four composites can be directly compared to each other and state performance can be directly compared between states on the same scale.

There could be a maximum of nine transformations/calculations of the data to compute the state scaled composite score:

1. Roll counties together so that each unit of analysis includes at least 50 children in foster care during the time period under study. (ACF has done this)
2. Calculate individual measures
3. Transform these measures so that they express performance and goals in a positive direction; higher scores are always better. Multiple negative measures by -1 to convert to positive values.
4. Compute standardized scores by subtracting the national mean from the measure and then dividing the result by the national standard deviation.
5. Calculate the computed component derived score by multiplying each standardized score by every component weight for all measures (from the PCA).
6. Calculate an unweighted county composite score by averaging across the components.
7. Calculate weighted county composite scores by multiplying the unweighted county (rolled up as needed) composite by the number of children served in foster care.
8. Calculate computed state composite by summing all state weighted county composites and dividing by the total number of children served in foster care.
9. Compute the scaled state composite as follows:
 - Compute the difference between the raw state composite score and the lowest performing state's composite score.
 - Divide this difference by the range of state composite scores (i.e., highest performing minus the lowest performing)
 - Multiply the above ratio by 100 and add 50

Because of the complexity of calculating the data composite using up to 9 transformations of the data, states will require assistance to calculate their own performance. ACF will supply excel spreadsheets with formulas for calculating the indicators.

Using the Data Composites

Understanding the Data Composite

State data managers will need to fully understand each measure and data composite. State's should begin with one composite that includes the measures that they are most confident of data integrity and master first the data measure. Each data measure will require new formulas with existing data. Once the measure is defined and measured, the state can attempt to approximate the composite using the ACF excel spreadsheet and their analysis.

Front line social service workers, supervisors, community partners, and some administrative staff should have a working understanding of the data composites. However, the major focus should be on the data measures and the other CFSR outcome indicators. These indicators can often be analyzed at the client, worker, supervisor, or county level and have inherent face value.

Data composite challenges and compensations

Data composite challenge	Potential state compensatory strategy
Multiple conversions of data make it difficult for staff and partners to understand the data.	Focus on performance for the individual measures.
Formulas are complex with increased opportunities for errors	Use spreadsheets from federal data consultants with formulas embedded.
Composites are a small part of the CFSR standards	Concentrate efforts on the whole picture and all aspects CPS.
The composites are not useful for inspiring better practice.	Use the measures and break down results to county, teams, workers
Composites don't tell why the state achieves its results.	Analysis and learning is needed about the practices that influence outcomes.
Composites calculations are needed quarterly and as currently as possible to ensure relevance for practice.	Dedicate one or more persons to create data pulls and approximations of federal standards.
Data composites require measurement of 'trial home visits'	Validation tests and work on data integrity will be needed.
Composites require tracking of children across multiple data submission.	Children need unique and consistent ID# and record # with work on data integrity.
TPR dates are used for several calculations	States will need to validate data and ensure consistency and completion.
Data composites require measurement of 'emancipation' as a discharge reason	Validation tests and work on data integrity will be needed.
Most current data reports and analyses will need revisions.	States should begin one composite at a time to revise reports and analysis.
Community partners and staff don't understand or see the 'child' behind the composite.	Data managers and leaders should concentrate on the measures and tell the story of the children.
Composites don't build understanding of what we have achieved.	Mark achievement by what is accomplished in the measures and how many children affected. 'Getting an A in the course doesn't explain what was learned'

Strategies to Inspire Continuous and Incremental Improvement in Practice:

- Tell the story of children that are behind the data
- Discuss what improvements in data mean for children and families

Drill down to the county, team, and worker level to identify high performers and help disseminate their practices.

Setting State Goals

High performing states are identified by ACF. Using this information, averages for the five high performing states are identified in the following tables. The national median (50% performance) and the higher performance anchors could be used as benchmarks for setting state goals. To help staff and community partners understand the state's goals, a state could estimate their performance on each measure and then use the anchors to set a reasonable goal to work toward.

Composite One: Timeliness and Permanency of Reunification

MEASURE	National Median*	Average of 5 high performing states
% exits to reunification in 12 mo from recent entry	66.9%	80.5%
Median Months in Care to reunification for all exits.	6.5 months	4.0 months
% entries reunified in 12 months	39.3%	58%
% exits to reunification with reenter in 12 months.	15.0%	9.0%

Composite Two: Timeliness of Adoption

MEASURE	National Median*	Average of 5 high performing states
% exits to adoption in 24 mo from recent entry	24.6%	52.8%
Median LOS to adoption.	32.5%	23.5 months
% Finalized adoption in 1 yr after 17 months in care	17.7%	18.9%
% Legally free for adoption in 6 months after 17 months in care	7.4%	8.7%
% Adopted with 12 months of becoming legally free	43.7%	67.8%

Composite Three: Achieving Permanency for Children in Foster Care

MEASURE	National Median	Average of 5 high performing states
% legally free children exiting to permanent home before 18 y/o.	97.0%	98.5%
% in care for ≥ 24 months exit to permanent home in 12 months (<18y/o)	24.5%	29.2%
% exit to emancipation in care for ≥ 3 years	50.7%	35.2%

Composite Four: Placement stability: 2 or fewer moves

MEASURE	National Median	Average of 5 high performing states
% with two or fewer moves in care from 8 days to <12 months.	82.4%	91.6%
% with two or fewer move in care for 12 to < 24 months.	59.5	77.1%
% with two or fewer moves in care for ≥ 24 months.	33.4	51.1%

Ruth Huebner, October 11, 2006

New Child and Family Services Review Measures

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TABLE 1.—RANGE, PERCENTILES, AND NATIONAL STANDARDS FOR THE MEASURES AND COMPOSITES TO BE USED IN THE SECOND ROUND OF THE CHILD AND FAMILY SERVICES REVIEW

Composites and performance measures	Range	Median	National standard
Performance Measures Associated with Performance on CFSR Safety Outcome 1—Children Are, First and Foremost, Protected from Abuse and Neglect			
Of all children who were victims of a substantiated or indicated maltreatment allegation during the first 6 months of FY 2004, what percent were not victims of another substantiated or indicated maltreatment allegation during a 6-month period?	86.0–98.0	93.5	95.2 or higher.
Maltreatment of children in foster care: Of all children in foster care in FY 2004, what percent were not victims of a substantiated or indicated maltreatment by a foster parent or facility staff member?	99.07–100	99.68	99.67 or higher.
Composites, Components, and Performance Measures Associated with Performance on CFSR Permanency Outcome 1—Children Have Permanency and Stability in Their Living Situations			
Permanency Composite 1: Timeliness and Permanency of Reunification			
Scaled Scores for the Timeliness and Permanency of Reunification Composite incorporating two components and four measures.	50–150	96.1	106.7 or higher.
Component A. Timeliness of reunification:			
Of all children discharged from foster care to reunification in FY 2004 who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the time of the latest removal from home? (This includes the Trial Home Visit adjustment.)	44.2–88.8	69.5	No Standard.
Of all children discharged from foster care to reunification in FY 2004 who had been in foster care for 8 days or longer, what was the median length of stay from the time of the most recent entry into foster care until discharge to reunification (in months)? (This includes the Trial Home Visit adjustment.)	2.0–13.7	6.5	No Standard.
Of all children entering foster care in the first 6 months of FY 2004 who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months of the time of entry into foster care? (This includes the Trial Home Visit adjustment.)	15.7–65.4	35.3	No Standard.
Component B. Permanency of reunification:			
Of all children discharged from foster care to reunification in FY 2003, what percent re-entered foster care in less than 12 months?	1.6–29.5	14.8	No Standard.
Composites, components, and performance measures			
	Range	Median	National standard
Permanency Composite 2: Timeliness of Adoptions			
Scaled scores for the Timeliness of Adoptions Composite incorporating three components and five measures.	50–150	96.5	102.1 or higher
Component A: Timeliness of adoptions of children discharged from foster care			
Of all children who were discharged from foster care to a finalized adoption in FY 2004, what percent was discharged in less than 24 months from the time of the latest removal from the home?	6.4–74.9	27.1	No Standard.
Of all children who were discharged from foster care to a finalized adoption in FY 2004, what was the median length of stay in foster care (in months) from the time of removal from the home to the time of discharge from foster care?	16.2–55.7	32.0	No Standard.
Component B: Progress Toward Adoption for Children Who Meet ASFA Time-in-Care Requirements			
Of all children in foster care on the first day of FY 2004 who were in foster care for 17 continuous months or longer, what percent were adopted before the end of the fiscal year?	8.0–25.1	18.0	No Standard.
Of all children in foster care on the first day of FY 2004 who were in foster care for 17 continuous months or longer, what percent became legally free for adoption (i.e., a TPR was granted for each living parent) within 6 months of the beginning of the fiscal year?	0.2–17.2	9.0	No Standard.
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption			
Of all children who became legally free for adoption during FY 2004, what percent were discharged from foster care to a finalized adoption in less than 12 months?	18.9–85.2	43.7	No Standard.
Permanency Composite 3: Achieving Permanency for Children in Foster Care			
Scaled scores for the Achieving Permanency Composite incorporating two components and three measures.	50–150	98.6	105.2 or higher.

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Composites, components, and performance measures	Range	Median	National standard
Component A: Achieving Permanency for Children in Foster Care for Extended Periods of Time			
Of all children who were discharged from foster care and were legally free for adoption (i.e., there was a TPR for each living parent), what percent exited to a permanent home defined as adoption, guardianship, or reunification prior to their 18th birthday?	84.6–100.0	96.8	No Standard.
Of all children in foster care for 24 months or longer at the start of the fiscal year, what percent were discharged to permanency in less than 12 months and prior to their 18th birthday?	8.0–35.2	24.6	No Standard.
Component B: Children Emancipated Who Were in Foster Care for Extended Periods of Time			
Of all children who exited foster care with a discharge reason of emancipation or who reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer?	17.5–80.4	50.6	No Standard.
Composites, components and measures	Range	Median	National standard
Permanency Composite 4: Placement stability			
Scaled scores for the Placement Stability Composite incorporating three measures	50–150	102.0	108.2 or higher.
Of all children in foster care for 8 days or longer and less than 12 months, what percent had two or fewer placement settings?	64.7–97.1	82.4	No Standard.
Of all children in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?	37.0–82.3	59.5	No Standard.
Of all children in foster care for at least 24 months, what percent had two or fewer placement settings?	14.1–53.8	33.4	No Standard.

Appendix F

Additional Information About Federal Funding of Foster Care and Related Programs

Title IV-E of the Social Security Act

The four categories of foster care expenditures for which states can seek reimbursement under Title IV-E are shown in Table F.1.

Table F.1
Foster Care Programs Within Title IV-E of the Social Security Act

Program	Description
Care and Maintenance Payments	Maintenance costs include room and board payments to licensed foster parents, relative foster homes, pre-adoptive placements, licensed public or private nonmedical group homes, and licensed nonmedical public residential facilities with a licensed capacity of less than 26 beds. Care and maintenance payments for eligible children are matched at the Medicaid rate, which is 69.26% for Kentucky in federal fiscal year 2006.
Administrative Expenses	Covered expenses include staff activities specifically identified in federal regulations. Activities eligible for reimbursement include case management, supervision of children in foster care, preparation for and participation in court hearings, recruitment and licensing of foster homes, placement of children, rate setting, and a proportionate share of overhead costs. The administrative cost covered is prorated according to the percentage of foster children who are Title IV-E eligible. The prorated amount of state dollars is matched at 50%.
Training Expenses	Reimbursement for training expenses is limited to costs associated with training agency staff to perform allowable Title IV-E administrative activities. States can also provide short-term training for current or prospective foster or adoptive parents through this funding source. Qualified training expenses, prorated by the percentage of foster children who are Title IV-E eligible, are matched at 75%. Training expenses that do not qualify for the 75% reimbursement rate may qualify for the administrative reimbursement. (Note: Title IV-B training plan requires a list of anticipated Title IV-E training.)
State Automated Child Welfare Information System	Funds are provided to support the operation of the automated child welfare information system. State funds are matched at 50% for operational costs only. Kentucky's information system is TWIST.

Source: Staff compilation of Title IV-E descriptive information.

To be eligible for Title IV-E funding, the state must submit a state plan, and the plan must be approved by the secretary of the Department of Health and Human Services.

Foster Care Maintenance - Qualification for Reimbursement

Qualification for reimbursement under Title IV-E for care and maintenance payments must be determined on a child-by-child basis. The eligibility requirements include

- that the child entered care either through a voluntary commitment, that the child was removed as a result of a court order stating that it was in the best interests of the child to be removed, or that it is contrary to the welfare of the child to remain in the home;
- that within 60 days of placement, a court must find that reasonable efforts to prevent the child's removal from the home were made or were not required; and
- that the child shall have lived with a parent or other specified relative within 6 months prior to the month of removal; and in that living arrangement, in the month the petition was signed that led to the child's removal or the month the voluntary commitment was signed by the child's parents, the child must qualify for Aid for Families with Dependent Children as it existed on July 16, 1996.¹

Eligibility for Title IV-E reimbursement is determined when the child enters care and continues as long as the child remains under the care of DCBS. After eligibility is determined, reimbursability must be determined. A child's reimbursability can change frequently. Federal rules require states to redetermine reimbursability for each child every 12 months; however, Kentucky monitors reimbursability on a real-time basis to avoid having to refund money to the federal government. The determination of reimbursability is based on seven criteria:

- The Cabinet for Families and Children has legal responsibility for the child.
- There has been a certification by the court in the last 12 months that reasonable efforts are being made to finalize a permanency plan or that reasonable efforts are not required.
- For voluntary commitments, there is a court order that includes an appropriate judicial determination obtained within 180 days.
- The placement is permissible for reimbursement.
- The child's income and assets must not exceed certain standards.
- The child must continue to lack the care of one or both parents.
- The child is younger than 18 or younger than 19 if in school and expected to graduate.

¹ The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) abolished the Aid for Families with Dependent Children program; however, the program's standards as they existed on July 16, 1996, remain as the eligibility standards for qualification for Title IV-E programs.

Federal and Restricted Funding Sources

Actual amounts received from all federal programs and the state match attributable to the receipt of the federal funds for FY 2004 and FY 2005 are provided in Table F.2. In addition, the table provides information of significant restricted funding sources.²

Table F.2
Federal and Restricted Funding With State Match
State Fiscal Years 2004 and 2005

Funding Source	Federal		State		Restricted	
	State FY 2004	State FY 2005	State FY 2004	State FY 2005	State FY 2004	State FY 2005
Foster Care Title IV-E						
Maintenance						
Admin & Training						
Total Foster Care IV-E	\$48,521,119	\$50,473,328	\$27,650,182	\$26,233,857		
Chafee Foster Care Independence Program	\$1,543,990	\$1,526,220	\$385,997	\$381,555		
Child Welfare Services State Grants (Title IV-B Subpart I)	\$4,438,133	\$4,525,935	\$1,479,379	\$1,508,645		
TANF*		\$11,216,387				
Title V Medicaid spent in out-of-home care**					\$40,770,964	\$38,602,538
Foster Care Receipts***					\$5,564,598	\$7,182,567
Adoption Fees					\$42,548	\$44,110
Totals	\$54,503,242	\$67,741,870	\$29,515,558	\$28,124,057	\$46,378,109	\$45,829,215

* Temporary Assistance for Needy Families

** See Table F.2 for total Title V Medicaid receipts and match.

*** Child support collections and benefits from Social Security and Supplemental Security Income.

Source: Staff compilation of information provided by DCBS.

² Restricted funds are defined by KRS 48.010 as funds that are restricted as to purpose by statute. The original source of restricted funds can be federal or state, or a fee or levy imposed for a specific purpose. Regardless of the original source, the funds are categorized as restricted if their use is somehow limited or directed.

Adoption-related Federal Funding

In addition to providing support for state foster care expenditures, Title IV-E also provides support for state adoption expenditures. The adoption assistance component is the second-largest area of federal expenditure under Title IV-E, both overall and in Kentucky. Federal funding for adoption assistance is described in Table F.3. Amounts expended by Kentucky to support adoptions under Title IV-E are provided in Table F.4.

Table F.3
Adoption-related Federal Funding Programs

Adoption Assistance (42 USC 670 <i>et seq</i>)	Title IV-E matches expenditures made by states for adoption assistance at the Medicaid rate, which was 69.26% for Kentucky in federal fiscal year 2006. Adoption assistance is paid to families that adopt special needs children to help defray expenses related to the adopted child's needs. ³ For an adoption to qualify for Title IV-E adoption assistance, there must be a written agreement between DCBS and the prospective adoptive parents that meets federal requirements. In addition, the child must be eligible for Title IV-E or Supplemental Security Income.
Adoption Assistance—Nonrecurring Cost Reimbursement	All parents adopting special needs children are eligible to be reimbursed for the nonrecurring cost of adoption. Expenditures in this category are matched at 50% up to \$2,000 per placement. The maximum reimbursement amount is established by the secretary of the Cabinet for Health and Family Services (KRS 199.557).
Administrative Expenses	Administrative expenses associated with child placement receive federal assistance. The expenses are prorated according to the percentage of foster children who are Title IV-E eligible. The prorated amount of state dollars is matched at 50%.
Training Expenses	Reimbursement for training expenses is limited to costs associated with training agency staff to perform allowable Title IV-E administrative activities. States can also provide short-term training for current or prospective foster or adoptive parents through this funding source. Qualified training expenses are prorated according to the percentage of foster children who are Title IV-E eligible. The prorated amount of state dollars is matched at 75%. Training expenses that do not qualify for the enhanced 75% reimbursement rate may qualify for the administrative reimbursement.
Adoption Incentive Payments (42 USC 673b)	Kentucky also receives funds from the Adoption Incentive Payment Program. The purpose of these funds is to increase special needs and older children adoption by providing states an extra payment for adoptions beyond an established baseline amount in three categories. These funds can be used to support special needs children and families eligible under Title IV-E and Title IV-B. The amount of the grant is based on the number of adoptions in the state. Funding for this program is 100% federal—no state match is required. Kentucky received \$242,110 in FY 2004 and \$452,000 in FY 2005 from the adoption incentive program.

Source: Staff compilation of information about federal adoption assistance.

³ "Special needs" is defined by each state as a special factor or condition that makes it reasonable to conclude that a child cannot be adopted without adoption assistance (CFDA 93.659).

Table F.4
Federal and State Adoption Assistance Expenditures in Kentucky
State Fiscal Years 2004 and 2005

	Federal		State		Totals	
	State FY 2004	State FY 2005	State FY 2004	State FY 2005	State FY 2004	State FY 2005
Adoption Assistance	\$15,703,104	\$21,157,818				
Nonrecurring Adoption Assistance	\$113,628	\$219,353				
Administration and Training	\$1,226,748	\$2,192,446				
Total	\$17,043,480	\$23,569,617	\$8,225,280	\$10,175,178	\$25,268,760	\$33,744,795

These categories correspond to Table F.3. Administration and Training were combined. The Adoption Incentive Payments are not included because they represent income, not expenditures.

Source: Staff compilation of information provided by DCBS

Adoption Subsidy Payments—Qualification for Reimbursement

To qualify for adoption subsidy payments, the following requirements must be met:

- The child must meet the definition of “special needs,” which is described as a special factor or condition that makes it reasonable to conclude that the child cannot be adopted without adoption assistance (CFDA 93.659) as determined by the state.
- The child must be eligible for either Title IV-E or Supplemental Security Income.
- The state must have determined that the child cannot or should not be returned home.
- A reasonable effort has been made to place the child without providing financial or medical assistance.

The subsidy is available from the time of the placement for adoption until the child turns 18 (or 21 if the state determines that the child has a disability and that the aid should continue).

Adopting parents receive the assistance regardless of income. The Kentucky statute establishing the criteria for adoption assistance is KRS 199.557.

Adoption Incentive Payments

With the added push to promote adoptions under the Adoptions and Safe Families Act, the number of adoptions in Kentucky has increased dramatically. Many of these adoptions qualify for federal adoption incentive payments. Some recent media reports have suggested that the increase in the number of foster children adopted in Kentucky is due in large part to the bonus funding. However, each adoption for which the state receives a bonus obligates the state to pay far more than that bonus in ongoing adoption support. Although the bonus defrays a small part of that cost, it is clearly not in the state’s financial interest to increase adoptions solely to obtain the incentive payments. The primary impetus for increasing adoptions comes from the federal mandate to do so, which is tied to federal permanency targets and the potential funding penalties if the targets are not met.

States earn adoption incentive payments by having adoptions beyond baseline goals in any year. Incentive payment amounts are equal to the sum of

- \$4,000 multiplied by the number of foster child adoptions in the state during the fiscal year that exceeds the base number of foster child adoptions in the state for the fiscal year; and
- \$4,000 multiplied by the number of adoptions of foster children aged 9 or older in that fiscal year that exceeds the base number of adoptions of foster children aged 9 or older in the state for the fiscal year; and
- \$2,000 multiplied by the number of special needs adoptions of children younger than 9 in the state during the fiscal year that exceeds the base number of foster children adoptions of special needs children younger than 9 in the state for the fiscal year.

The adoption of one child can qualify the state for subsidies in more than one category (CFDA 93.603).

Other Expenditures That Affect the Foster Care Budget

There are expenditures made through other programs that have a direct impact on the foster care program primarily because the programs offer services and support that help to reduce the number of children entering or remaining in the foster care system. These programs and their funding sources are discussed below.

Title IV-E Chafee Education and Training Vouchers Program

The training vouchers program was added to the Chafee Independence program in 2002 (42 USC 671). This program is a capped funding source. Funds may be used to provide vouchers for postsecondary education and training for youth who have aged out of foster care or who have been adopted from public foster care after age 16. The required state match is 20 percent. In state fiscal year 2005, the expenditures were \$340,451 in federal funds and \$85,113 in state funds, for a total of \$425,564.

Kinship Care Program

The mission of Kentucky's Kinship Care Program is to provide children who would otherwise be placed in foster care a more permanent placement with a qualified relative. Thus, the program is important to foster care because it provides alternative permanent placements for children who may otherwise be in foster care. In February 2004, there were 5,368 children in the program. In February 2005, that number grew to 6,165 children. Funding for the Kinship Care Program is provided through Temporary Assistance for Needy Families (TANF), which was described in Chapter 3. TANF funds devoted to the program for state fiscal year 2004 were \$18,812,055. For state fiscal year 2005, the amount increased to \$25,817,868. The Kinship Care Program is described in Chapter 1.

Title IV-B Subpart II—Promoting Safe and Stable Families

Funds provided under Title IV-B Subpart II may be used for services to support families to prevent the removal of children, to support families in reunification, and to promote adoption. Twenty percent of the funds must be spent on family preservation, family support services, time-limited family reunification services, and adoption promotion and support services. This program is a capped funding source. There is a 10 percent limitation on administrative expenses. This program requires a 25 percent state match, and there are also discretionary grant funds available under this program (42 USC 629). In state fiscal year 2004, Kentucky spent \$7,231,272 in federal funds and \$2,410,424 in state funds, for a total of \$9,641,696. In state fiscal year 2005, federal expenditures were \$8,402,121 and state expenditures were \$2,800,707, for a total of \$11,202,828.

Family Preservation and Reunification Services in General

In addition to the resources devoted to family preservation and reunification under Title IV-B Subpart II discussed above, the state also contributes close to \$3 million in general fund dollars to support intensive family services. In addition, DCBS supports a program called Families and Children Together Safely using approximately \$400,000 of Social Services Block Grant funds along with the appropriate state match (James. “LRC”). These programs either keep children in their homes and out of foster care or help children return home with less likelihood of returning to care.

Child Abuse and Neglect State Grants

The purpose of these grants per 42 USC 5101 is to improve child protective service systems. Funding from the grants may be used for 14 purposes specified in authorizing legislation. The funding may be used to support any abused or neglected children and their families. There are no eligibility requirements for this grant and no state match is required. Kentucky blends these funds with funds available for other services to assist families at risk of entering the foster care system and to support abuse and neglect investigations. Kentucky received \$249,448 from this program in state fiscal year 2004 and \$425,517 in state fiscal year 2005.

Community-based Child Abuse Prevention Grants

The purpose of these grants is to support community-based efforts develop, operate, expand, and enhance initiatives aimed at the prevention of child abuse and neglect. There are no eligibility requirements for beneficiaries. The grants require a 20 percent state match. The program requires that funds be made available to community agencies for child abuse and neglect prevention activities and family support programs.

One factor in the amount received is the amount of nonfederal funds leveraged toward program goals. Kentucky receives one of the largest distributions on this basis because of funds for the Family Resource and Youth Services Centers that are included in the DCBS budget. Kentucky expended \$1,508,465 in federal funds and \$377,116 in state funds, for a total of \$1,885,581 in

state fiscal year 2004; and \$1,007,007 in federal funds and \$251,945 in state funds, for a total of \$1,258,952, in state fiscal year 2005.

Children's Justice Act

The Children's Justice Act program is entirely funded through a federal grant. The purpose of the grant is to improve the handling, investigation, and prosecution of child abuse and neglect cases. Each state receives a base amount of \$50,000 with additional funding based on population of children younger than 18. Federal funds for this program are allocated from the Victims of Crime Fund in the Department of Justice. Most of the money received in Kentucky under this grant program goes to the Administrative Office of the Courts. Amounts expended by DCBS were \$146,322 in state fiscal year 2004 and \$59,891 in state fiscal year 2005.

Tuition Assistance Program

State law allows current and former foster youth and youth adopted from state foster care to receive state general fund tuition assistance and tuition waivers. This legislation became effective June 1, 2001. There were 381 tuition waiver recipients enrolled at the undergraduate level during the 2004-2005 academic year. During the 2004-2005 academic year, six recipients received a baccalaureate degree, six received associate's degrees, five received certificates, and one received a diploma (Layzell).

Appendix G

Department for Community Based Services Training

Employee Safety Training

Caseworker safety has been identified as a priority for training by the Department for Community Based Services (DCBS) commissioner. The DCBS Training Branch currently offers four courses related to safety in the workplace.

1. Safety First is an online course required for all new employees at orientation. The 2-hour Web-based course is available any time for any employee. Participants will learn to recognize potential dangers and learn how to deal with specific situations that occur in the field and in the office. The course includes practical steps for office safety and interpersonal safety skills.
2. Safety First Refresher is essentially the same as the “Safety First” course described above but for tenured staff.
3. Workplace Violence is a course conducted regionally by subcontracted police officers. This is a 1-day, 7.5-hour course for all DCBS staff. It consists of two components. The first half of the day includes a lecture to discuss recognizing and defusing workplace violence. Discussion includes expectations of interactions between police representatives and caseworkers during removals. The second half of the day presents basic self-defense tactics and tips for getting out of certain physical altercations. The training includes practical ways to arrange an office for maximum defense and escape potential from a hostile client and introduction of verbal skills and nonverbal behavior used to calm a hostile or combative client.
4. Assessing Child Protection Services Referrals in Out-of-Home Care Settings is a training program designed for experienced DCBS investigative caseworkers who initiate assessments on referrals alleging abuse or neglect in day cares, schools, residential facilities, resource homes, and other private child-caring placements. Part of the training is a focus on the safe physical restraint and escort of children.

A preliminary workgroup met and made recommendations related to caseworker safety issues for DCBS. As a result, DCBS will be integrating safety issues into the implementation of the Supervisory Training and Leadership Training Series that begins in November 2006. Any recommendations for enhancements to current training initiatives will be reviewed for inclusion.

In response to the recommendations, DCBS piloted a Critical Incident Reporting Tool for DCBS caseworkers and supervisors to report incidents of threats, assaults, or other personal safety related issues. The tool will be Web-based and will serve to collect data as a central repository of caseworker safety incidents and subsequent follow-up services for staff. Implementation will be effective as soon as the tool is formatted to a Web-based application. An information packet for

staff will accompany the tool. Research concerning caseworker safety incidents can be conducted upon review of the data received from the Critical Incident Reporting Tool.

Supervisory Training

The new supervisory training is a three-course series. The first course, Effective Leadership Habits, is intended to enhance managerial communication, explore feedback methods, define goals, identify elements of a productive work environment, and promote personal accountability. The second course, “Seven Habits of Highly Effective People,” is licensed by the Covey Foundation and provides training for personal and professional effectiveness. The third and final course, Effective Personnel Practices, focuses on selecting personnel, evaluating employees, coaching, and providing effective feedback.

Appendix H

Foster Care Reimbursement Rates

This appendix contains three documents.

A national survey of foster care reimbursement rates begins on page 289 (National Resource Center for Family-Centered Practice and Permanency Planning).

The Kentucky methodology for setting resource home rates as used in 2000 is on page 295.

The United States Department of Agriculture urban South expenditures for children from 1999 to 2005 begins on page 297 (Lino).

National Survey of Foster Care Reimbursement Rates

Foster Care Maintenance Payments

Updated 06/30/06



**National Resource Center for
Family-Centered Practice and Permanency Planning**
at the Hunter College School of Social Work

Foster Care Maintenance Payments

Individuals often attempt to compare the reimbursement payments made to foster parents in various states. The Child Welfare League of America's (CWLA) National Data Analysis System (NDAS) is generally considered to be the best source of comprehensive data on state foster care reimbursement. Their most recent data available is for 2002, based on a survey conducted by the CWLA in 2003. Access it at <http://ndas.cwla.org/>. Select "Access the Data" under "Data & Statistics." Then select "Out of Home Care," "Out of Home Care Homes and Facilities," and select either "Foster Care Basic Monthly Maintenance Rates for Children Ages 2, 9 and 16" or "Specialized Foster Care Basic Monthly Maintenance Rates for Children Ages 2, 9 and 16." The NDAS site provides a table that allows the user to compare basic monthly rates, with notes concerning items that may be covered by supplemental payments.

Our experience has shown that, while comparison tables have some use, they may be misleading in some instances. Factors affecting the usefulness of strict dollar comparisons include:

- variation in cost of living in different areas;
- variation in payments between regions or counties within a state;
- supplemental payments that may be provided for a variety of expenditures; and
- variation in criteria used to determine different levels of care that receive higher reimbursements.

To provide a fuller picture of the rates being provided, we have prepared a table listing basic maintenance payments at various age levels. Amounts of additional payments are footnoted, when available; the absence of such payments does not mean they are not made. Rates for emergency shelter and specialized or treatment levels of care will be provided in a separate document.

Since many states use a daily rate, we have computed a monthly rate using the same formula as the NDAS data, (daily rate) x 365 divided by 12. All rates have been rounded to the nearest dollar. NDAS provides payments for children ages 2, 9, and 16. We have gathered information that is more current in some states, and show a variety of age ranges, as states use a different cut-off ages. Month and year in which rates became effective have been listed, where known.

Sources of information are shown on page 5.

For information on the cost of raising a child in different regions of the country, see the annual U.S. Department of Agriculture reports, *Expenditures on Children by Families*, available at <http://www.usda.gov/cnpp/using2.html>

Basic Foster Care Maintenance Payment

	Under age 1	Age 1	Age 2	Age 3	Age 4	Age 5	Ages 6-8	Age 9	Age 10	Age 11	Age 12	Age 13	Age 14	Age 15	Ages 16+	Eff date
Alabama	\$410	\$410	\$410	\$423	\$423	\$423	\$434	\$434	\$434	\$434	\$434	\$446	\$446	\$446	\$446	4/02
Alaska ¹	\$652	\$652	\$652	\$580 ²	\$580	\$580	\$580	\$580	\$580	\$580	\$689	\$689	\$689	\$689	\$689	
Arizona ³	\$745	\$710	\$710	\$684	\$684	\$684	\$699	\$699	\$699	\$699	\$787	\$787	\$787	\$787	\$787	7/05
Arkansas	\$400	\$400	\$400	\$400	\$400	\$400	\$425	\$425	\$425	\$425	\$450	\$450	\$450	\$475	\$475	
California ⁴	\$425	\$425	\$425	\$425	\$425	\$462	\$462	\$494	\$494	\$494	\$546	\$546	\$546	\$597	\$597	7/01
Colorado ⁵	\$349	\$349	\$349	\$349	\$349	\$349	\$349	\$349	\$349	\$392	\$392	\$392	\$392	\$423	\$423	
Connecticut ⁶	\$726	\$726	\$726	\$726	\$726	\$726	\$739	\$739	\$739	\$739	\$807	\$807	\$807	\$807	\$807	7/05
Delaware	\$517	\$517	\$517	\$517	\$517	\$517	\$517	\$517	\$517	\$517	\$517	\$517	\$517	\$517	\$517	
D.C.	\$788	\$788	\$788	\$788	\$788	\$788	\$788	\$788	\$788	\$788	\$859	\$859	\$859	\$859	\$859	12/03
Florida	\$369	\$369	\$369	\$369	\$369	\$369	\$380	\$380	\$380	\$380	\$380	\$455	\$455	\$455	\$455	7/00
Georgia	\$388	\$388	\$388	\$388	\$388	\$388	\$411	\$411	\$411	\$411	\$411	\$433	\$433	\$433	\$433	
Hawaii	\$529	\$529	\$529	\$529	\$529	\$529	\$529	\$529	\$529	\$529	\$529	\$529	\$529	\$529	\$529	7/90
Idaho ⁷	\$274	\$274	\$274	\$274	\$274	\$274	\$300	\$300	\$300	\$300	\$300	\$431	\$431	\$431	\$431	7/04
Illinois ⁸	\$361	\$369	\$369	\$369	\$369	\$384	\$384	\$410	\$410	\$410	\$445	\$445	\$445	\$445	\$445	7/00

¹ Alaska's rate varies by geographic location; the state applies a multiplier of up to 1.42 times the listed rate. Each village is assigned a multiplier
Additional payment: Maximum \$300 initial clothing, based on documented need.

² The rate changes at age 31 months.

³ Additional payments may include maximum yearly amounts as follows: \$300 emergency clothing; \$165 books and school supplies; \$165 supplemental school fees in year-round schools; \$220 graduation expenses; \$45 holidays, birthdays; \$350 day camp or combined \$550 overnight camp and day camp, or family vacation

⁴ Rates at some age levels are slightly higher in the counties of Los Angeles, Orange, Santa Clara, and Marin.

⁵ Additional: \$20 respite allowance; the 64 counties have the authority to negotiate rates above the anchor rates and most do.

⁶ Additional: initial clothing allowance \$300

⁷ Additional payments: Christmas gifts \$30; birthday gifts \$20; clothing and school fees "based upon the Department's determination of each child needs."

⁸ Additional payments: initial clothing voucher if the child's clothing is inadequate; transportation/mileage up to \$50 per month to support sibling visits; \$25 per hour, up to \$100, to supervise sibling visits

	Under age 1	Age 1	Age 2	Age 3	Age 4	Age 5	Ages 6-8	Age 9	Age 10	Age 11	Age 12	Age 13	Age 14	Age 15	Ages 16+	Eff date
Indiana	Each county sets an individual scale; there is no State rate. Foster parents can negotiate with their county director															
Iowa ⁹	\$434	\$434	\$434	\$434	\$434	\$434	\$458	\$458	\$458	\$458	\$512	\$512	\$512	\$512	\$512	7/01
Kansas	\$568	\$568	\$568	\$568	\$568	\$568	\$568	\$568	\$568	\$568	\$568	\$568	\$568	\$568	\$568	
Kentucky ¹⁰	\$599	\$599	\$599	\$599	\$599	\$599	\$599	\$599	\$599	\$599	\$660	\$660	\$660	\$660	\$660	
Louisiana			\$331					\$365							\$399	
Maine ¹¹	\$502	\$502	\$502	\$502	\$502	\$502	\$502	\$502	\$502	\$502	\$502	\$502	\$502	\$502	\$502	
	\$913	\$913	\$913	\$913	\$913	\$913	\$913	\$913	\$913	\$913	\$913	\$913	\$913	\$913	\$913	
Maryland	\$635	\$635	\$635	\$635	\$635	\$635	\$635	\$635	\$635	\$635	\$650	\$650	\$650	\$650	\$650	07/06
Massachusetts	\$520	\$520	\$520	\$520	\$520	\$520	\$546	\$546	\$546	\$546	\$546	\$565	\$565	\$565	\$565	7/04
Michigan	\$433	\$433	\$433	\$433	\$433	\$433	\$433	\$433	\$433	\$433	\$433	\$535	\$535	\$535	\$535	
Minnesota ¹²	\$547	\$547	\$547	\$547	\$547	\$547	\$547	\$547	\$547	\$547	\$642	\$642	\$642	\$656	\$656	1/05
Mississippi			\$325					\$355							\$400	
Missouri ¹³	\$227	\$227	\$227	\$227	\$227	\$227	\$277	\$277	\$277	\$277	\$277	\$307	\$307	\$307	\$307	
Montana			\$415					\$415							\$507	4/00
Nebraska			\$222					\$292							\$352	
Nevada			\$592					\$592							\$682	
New Hampshire ¹⁴			\$373					\$406							\$479	
New Jersey	\$454	\$454	\$454	\$454	\$454	\$454	\$489	\$489	\$510	\$510	\$510	\$564	\$564	\$564	\$564	1/05

⁹ Additional payments: \$1 per day per child when a sibling group of 3 or more is placed in the same home; \$250 initial clothing allowance; \$200 replacement clothing per year; \$50 per year school fees.

¹⁰ Additional payments: initial clothing allowance may be authorized up to \$100 ages 0-1; \$120 ages 1-2; \$130 ages 3-4; \$180 ages 5-11; \$290 ages 12+; annual school clothing allowance \$50 ages 3-10; \$100 ages 11+; graduation expenses up to \$500; Christmas gifts \$60; \$25 birthday gifts;

¹¹ Maine has two regular foster care maintenance rates, for children with "minimal" needs (\$16.50/day) and children with "mild" needs (\$30/day). Additional: initial clothing allowance: \$365 ages 0-11; \$618 ages 12-14; \$698 ages 15-18.

¹² Additional payment: initial clothing allowance \$365 ages 0-11; \$618 ages 12-14; \$698 ages 15-18

¹³ Additional payments: infant allowance, \$50 ages 0-2; annual clothing allowance: \$150 ages 0-5; \$200 ages 6-12; \$250 ages 13+

¹⁴ Additional payments: Clothing at \$25 a month (paid at .75 a day) and special occasion allowances for Holiday, Back to School and Birthday paid 3 times a year - \$50 ages 0-5; \$58 ages 6-10; \$67 ages 11-13; \$100 ages 14-18.

	Under age 1	Age 1	Age 2	Age 3	Age 4	Age 5	Ages 6-8	Age 9	Age 10	Age 11	Age 12	Age 13	Age 14	Age 15	Ages 16+	Eff date
New Mexico			\$308					\$341								
New York ¹⁵	Each of 58 local districts is allowed to set its own rates. The state only determines the maximum amounts it will reimburse to the local districts; there is no minimum															
North Carolina	\$390	\$390	\$390	\$390	\$390	\$390	\$440	\$440	\$440	\$440	\$440	\$490	\$490	\$490	\$490	
North Dakota			\$344					\$389							\$507	
Ohio ¹⁶	Each county sets its own minimum and maximum per diem rates, which range from \$9.00 to \$118.00.															
Oklahoma ¹⁷	\$335	\$335	\$335	\$335	\$335	\$335	\$400	\$400	\$400	\$400	\$400	\$458	\$458	\$458	\$458	8/04
Oregon	\$378	\$378	\$378	\$378	\$378	\$378	\$393	\$393	\$393	\$393	\$393	\$485	\$485	\$485	\$485	11/03
Pennsylvania	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Rhode Island	\$438	\$438	\$438	\$438	\$415	\$415	\$415	\$415	\$415	\$415	\$480	\$480	\$480	\$480	\$480	
South Carolina			\$312					\$339							\$415	
South Dakota	\$415	\$415	\$415	\$415	\$415	\$415	\$415	\$415	\$415	\$415	\$415	\$498	\$498	\$498	\$498	7/03
Tennessee ¹⁸	\$504	\$504	\$504	\$504	\$504	\$504	\$504	\$504	\$504	\$504	\$580	\$580	\$580	\$580	\$580	11/04
Texas	\$608	\$608	\$608	\$608	\$608	\$608	\$608	\$608	\$608	\$608	\$608	\$608	\$608	\$608	\$608	9/03
Utah	\$418	\$418	\$418	\$418	\$418	\$418	\$418	\$418	\$418	\$418	\$449	\$449	\$449	\$449	\$479	7/03
Vermont	\$464	\$464	\$464	\$464	\$464	\$464	\$515	\$515	\$515	\$515	\$515	\$570	\$570	\$570	\$570	7/04
Virginia ¹⁹	\$294	\$294	\$294	\$294	\$294	\$344	\$344	\$344	\$344	\$344	\$344	\$436	\$436	\$436	\$436	7/00
Washington			\$366					\$442							\$515	
West Virginia	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	7/03
Wisconsin	\$302	\$302	\$302	\$302	\$302	\$329	\$329	\$329	\$329	\$329	\$375	\$375	\$375	\$391	\$391	1/01
Wyoming			\$400					\$400							\$400	

¹⁵ Additional payment: annual clothing replacement allowance \$304 ages 0-5; \$425 ages 6-11; \$659 ages 12-15; \$806 ages 16+; diaper allowance \$47 per month, ages 0-3. In addition, at first placement, the adequacy of the child's clothing is reviewed, and a clothing allowance may be issued.

¹⁶ See Source list for individual county rates.

¹⁷ Additional payment: initial clothing allowance \$100 ages 0-5; \$150 ages 6-12; \$200 ages 13+

¹⁸ If the child's clothing is not adequate, additional amounts: \$125 ages 0-2; \$175 ages 3-4; \$155 ages 5-12; \$200 ages 13+

¹⁹ Additional payment: clothing allowance \$300 per year

Sources

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Georgia	http://dhr.georgia.gov/vgn/images/portal/cit_1210/12833100Foster%20Care%20in%20Georgia.pdf
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Idaho	http://www2.state.id.us/adm/adminrules/rules/idapa16/0601.pdf
Illinois	http://www.state.il.us/dcs/docs/fpChapter9.pdf
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Kentucky	https://apps.chfs.ky.gov/pandp_process/foster_care_per_diem.htm
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Michigan	personal communication, Mary Chalmers
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Montana	NDAS
Nebraska	NDAS
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New Hampshire	NDAS, and personal communication, Gail DeGoosh
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North Carolina	personal communication, Esther High
North Dakota	NDAS
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Oklahoma	http://www.okdhs.org/forms/forms2/OKDHS_Ap-C-20.PDF
Oregon	http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e51.pdf
Pennsylvania	N/A
Rhode Island	http://www.dcyf.state.ri.us/questions/quest_fstr_care.htm#financial
South Carolina	State agency to cut monthly foster care stipend. (2002, June 25). <i>The State</i> .
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Tennessee	http://www.state.tn.us/youth/policies/Chapter%2016%20Foster%20Care/16-29%20Adoption-Foster%20and%20Kinship%20Care%20Board%20Rates.pdf
Texas	http://www.tdprs.state.tx.us/Adoption_and_Foster_Care/About_Foster_Care/foster_care_reimbursements.asp
Utah	personal communication, Angela Khairallah
Vermont	personal communication, Shaun Donohue
Virginia	personal communication, Therese Wolf
Washington	NDAS
West Virginia	http://www.wvdhhr.org/bcf/children_adult/foster/policy/FC%20Policy%20Foster%20Adoptive%20Family%20Care%204.pdf
Wisconsin	Wisconsin Administrative Code s. 48.62 (4), Stats.
Wyoming	NDAS

DCBS Foster Care Rate Methodology August 2000

FOSTER CARE RATE METHODOLOGY

This rate methodology is based on the Regular Advanced Rate. In comparison to the Regular Basic Rate, the only difference is a \$66 reduction in housing and \$2.20 reduction in respite.

Category of Care	100% USDA		100% USDA	DCBS Reimbursement Schedule/Advanced Rate		100% USDA		DCBS Advanced Rate
	Monthly		Annual	Monthly @ 21.90 per day	Monthly @ 21.90 per day	Monthly	Annual	Monthly @ 23.90 per day
	Age 0-11	Age 0-11	Age 0-11	Age 0-4	Age 5-11	Age 12 +	Age 12+	Age 12 +
housing (includes incidentals)	245.00	2,940.00	2,940.00	248.10	230.60	233.34	2,800.00	217.10
food	110.63	1,327.50	1,327.50	110.59	110.59	153.34	1,840.00	153.34
transportation (non-medical)	92.92	1,115.00	1,115.00	92.92	92.92 (309 miles)	125.42	1,505.00	125.42 (418 miles)
school supplies/fees	40.00	480.00	480.00	40.00	40.00	52.92	635.00	52.92
babysitting (does not include training)	50.21	602.50	602.50	50.11	50.11			20.00
sports/recreational/school activities	77.50	930.00	930.00	77.50	77.50	86.67	1,040.00	86.67
respite (not to exceed per diem)			520.00	21.90	21.90	75.84	910.00	23.90
*clothing	43.33			25.00	35.00			40.00
*allowance					7.50			20.00
Annual	659.58	7,915.00*	7,915.00	\$666.12	\$666.12	727.53	8,730.36*	739.35
				7,993.44	7,993.44	8,730.36*		8,872.20

*Required for each child. All other categories are flexible and to be used to meet child's needs.

Medical costs are separate from per diem

DCBS Reimbursement Schedule			
Basic	Age 0-11		Age 12+
	daily	19.70	21.70
monthly (31 days)	610.70	672.70	672.70
	annual (365 days)	7,190.50	7,920.50
Advanced	daily	21.90	23.90
	monthly (31 days)	678.90	740.90
annual (365 days)	7,993.50	8,723.50	8,723.50

Basic: Applicable to all children in DCBS foster homes that do not meet the criteria for emergency shelter, medically fragile, or family treatment home placement

Advanced: Paid to foster parents who have completed 24 hours of initial Advanced Foster Parent training and who complete 12 hours ongoing training each year.

Ongoing Day Care is Foster Parent Child Specific

United States Department of Agriculture Estimated Annual Expenditures on a Child 1999-2005

Table 4. Estimated annual expenditures* on a child by husband-wife families, urban South,[†] 1999

Age of Child	Total	Housing	Food	Transportation	Clothing	Health care	Child care and education	Miscellaneous [‡]
Before-tax income: Less than \$36,800 (Average=\$23,000)								
0 - 2	\$6,120	\$2,270	\$830	\$720	\$410	\$470	\$850	\$570
3 - 5	6,270	2,250	930	700	400	450	950	590
6 - 8	6,380	2,210	1,210	800	440	520	570	630
9 - 11	6,450	2,050	1,460	870	490	560	350	670
12 - 14	7,240	2,240	1,530	990	820	570	250	840
15 - 17	7,180	1,850	1,660	1,330	720	590	420	610
Total	\$118,920	\$38,610	\$22,860	\$16,230	\$9,840	\$9,480	\$10,170	\$11,730
Before-tax income: \$36,800 to \$61,900 (Average=\$48,900)								
0 - 2	\$8,540	\$3,070	\$1,000	\$1,080	\$480	\$620	\$1,380	\$910
3 - 5	8,780	3,050	1,160	1,060	470	590	1,520	930
6 - 8	8,820	3,010	1,490	1,170	520	680	990	960
9 - 11	8,800	2,850	1,770	1,240	570	720	650	1,000
12 - 14	9,510	3,040	1,770	1,360	950	730	490	1,170
15 - 17	9,740	2,650	1,980	1,710	850	760	840	950
Total	\$162,570	\$53,010	\$27,510	\$22,860	\$11,520	\$12,300	\$17,610	\$17,760
Before-tax income: More than \$61,900 (Average=\$92,700)								
0 - 2	\$12,540	\$4,790	\$1,320	\$1,520	\$620	\$720	\$2,050	\$1,520
3 - 5	12,850	4,770	1,500	1,500	610	690	2,230	1,550
6 - 8	12,740	4,740	1,810	1,600	670	780	1,560	1,580
9 - 11	12,650	4,580	2,120	1,670	730	830	1,100	1,620
12 - 14	13,460	4,770	2,220	1,790	1,190	840	860	1,790
15 - 17	13,920	4,380	2,350	2,160	1,080	870	1,510	1,570
Total	\$234,480	\$84,090	\$33,960	\$30,720	\$14,700	\$14,190	\$27,930	\$28,890

*Estimates are based on 1990-92 Consumer Expenditure Survey data updated to 1999 dollars using the regional Consumer Price Index. For each age category, the expense estimates represent average child-rearing expenditures for each age (e.g., the expense for the 3-5 age category, on average, applies to the 3-year-old, the 4-year-old, or the 5-year-old). The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.24. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.77. For expenses on all children in a family, these totals should be summed.

[†]The Southern region consists of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[‡]Miscellaneous expenses include personal care items, entertainment, and reading materials.

Table 4. Estimated annual expenditures* on a child by husband-wife families, urban South,[†] 2000

Age of Child	Total	Housing	Food	Transportation	Clothing	Health care	Child care and education	Miscellaneous [‡]
Before-tax income: Less than \$38,000 (Average=\$23,700)								
0 - 2	\$6,300	\$2,330	\$850	\$760	\$400	\$490	\$890	\$580
3 - 5	6,470	2,310	960	740	390	470	1,000	600
6 - 8	6,580	2,270	1,240	850	440	540	600	640
9 - 11	6,650	2,110	1,500	920	490	580	370	680
12 - 14	7,450	2,310	1,570	1,050	810	590	260	860
15 - 17	7,410	1,900	1,700	1,410	720	610	440	630
Total	\$122,580	\$39,690	\$23,460	\$17,190	\$9,750	\$9,840	\$10,680	\$11,970
Before-tax income: \$38,000 to \$63,900 (Average=\$50,500)								
0 - 2	\$8,830	\$3,150	\$1,030	\$1,150	\$480	\$640	\$1,450	\$930
3 - 5	9,090	3,130	1,190	1,130	470	620	1,600	950
6 - 8	9,090	3,090	1,530	1,240	510	700	1,040	980
9 - 11	9,080	2,930	1,810	1,310	570	750	690	1,020
12 - 14	9,810	3,130	1,820	1,440	940	760	520	1,200
15 - 17	10,070	2,730	2,030	1,820	840	790	890	970
Total	\$167,910	\$54,480	\$28,230	\$24,270	\$11,430	\$12,780	\$18,570	\$18,150
Before-tax income: More than \$63,900 (Average=\$95,600)								
0 - 2	\$12,990	\$4,930	\$1,360	\$1,620	\$620	\$740	\$2,160	\$1,560
3 - 5	13,280	4,910	1,540	1,590	610	710	2,340	1,580
6 - 8	13,150	4,870	1,860	1,700	660	810	1,640	1,610
9 - 11	13,050	4,710	2,180	1,780	720	860	1,150	1,650
12 - 14	13,880	4,900	2,280	1,910	1,180	880	900	1,830
15 - 17	14,380	4,500	2,410	2,300	1,070	910	1,590	1,600
Total	\$242,190	\$86,460	\$34,890	\$32,700	\$14,580	\$14,730	\$29,340	\$29,490

*Estimates are based on 1990-92 Consumer Expenditure Survey data updated to 2000 dollars using the regional Consumer Price Index. For each age category, the expense estimates represent average child-rearing expenditures for each age (e.g., the expense for the 3-5 age category, on average, applies to the 3-year-old, the 4-year-old, or the 5-year-old). The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.24. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.77. For expenses on all children in a family, these totals should be summed.

[†]The Southern region consists of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[‡]Miscellaneous expenses include personal care items, entertainment, and reading materials.

Table 4. Estimated annual expenditures* on a child by husband-wife families, urban South,[†] 2001

Age of Child	Total	Housing	Food	Trans- portation	Clothing	Health care	Child care and education	Miscel- laneous [‡]
Before-tax income: Less than \$38,900 (Average = \$24,300)								
0 - 2	\$6,500	\$2,410	\$880	\$760	\$400	\$510	\$940	\$600
3 - 5	6,660	2,390	980	740	390	490	1,050	620
6 - 8	6,740	2,350	1,270	850	430	550	630	660
9 - 11	6,810	2,180	1,540	920	480	600	390	700
12 - 14	7,610	2,380	1,610	1,050	800	610	280	880
15 - 17	7,590	1,970	1,750	1,410	710	640	470	640
Total	\$125,730	\$41,040	\$24,090	\$17,190	\$9,630	\$10,200	\$11,280	\$12,300
Before-tax income: \$38,900 to \$65,400 (Average = \$51,700)								
0 - 2	\$9,080	\$3,250	\$1,060	\$1,150	\$470	\$670	\$1,530	\$950
3 - 5	9,340	3,230	1,230	1,130	460	640	1,680	970
6 - 8	9,350	3,190	1,570	1,240	510	730	1,100	1,010
9 - 11	9,310	3,030	1,860	1,310	560	780	720	1,050
12 - 14	10,030	3,230	1,870	1,440	930	790	540	1,230
15 - 17	10,290	2,810	2,090	1,820	830	820	930	990
Total	\$172,200	\$56,220	\$29,040	\$24,270	\$11,280	\$13,290	\$19,500	\$18,600
Before-tax income: More than \$65,400 (Average = \$97,900)								
0 - 2	\$13,360	\$5,090	\$1,390	\$1,620	\$610	\$770	\$2,280	\$1,600
3 - 5	13,670	5,070	1,580	1,590	600	740	2,470	1,620
6 - 8	13,520	5,030	1,910	1,710	650	840	1,730	1,650
9 - 11	13,380	4,860	2,240	1,780	710	890	1,210	1,690
12 - 14	14,210	5,060	2,340	1,910	1,170	910	950	1,870
15 - 17	14,740	4,650	2,480	2,300	1,060	940	1,670	1,640
Total	\$248,640	\$89,280	\$35,820	\$32,730	\$14,400	\$15,270	\$30,930	\$30,210

*Estimates are based on 1990-92 Consumer Expenditure Survey data updated to 2001 dollars using the regional Consumer Price Index. For each age category, the expense estimates represent average child-rearing expenditures for each age (e.g., the expense for the 3-5 age category, on average, applies to the 3-year-old, the 4-year-old, or the 5-year-old). The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.24. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.77. For expenses on all children in a family, these totals should be summed.

[†]The Southern region consists of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[‡]Miscellaneous expenses include personal care items, entertainment, and reading materials.

Table 4. Estimated annual expenditures* on a child by husband-wife families, urban South,[†] 2002

Age of Child	Total	Housing	Food	Trans- portation	Clothing	Health care	Child care and education	Miscel- laneous [‡]
Before-tax income: Less than \$39,400 (Average = \$24,600)								
0 - 2	\$6,620	\$2,440	\$890	\$760	\$390	\$530	\$1,000	\$610
3 - 5	6,790	2,420	1,000	730	380	510	1,120	630
6 - 8	6,860	2,380	1,290	850	420	580	670	670
9 - 11	6,900	2,210	1,560	920	470	620	410	710
12 - 14	7,700	2,410	1,640	1,050	780	640	290	890
15 - 17	7,660	1,990	1,780	1,400	690	660	490	650
Total	\$127,590	\$41,550	\$24,480	\$17,130	\$9,390	\$10,620	\$11,940	\$12,480
Before-tax income: \$39,400 to \$66,200 (Average = \$52,400)								
0 - 2	\$9,270	\$3,300	\$1,080	\$1,140	\$460	\$700	\$1,620	\$970
3 - 5	9,550	3,280	1,250	1,120	450	670	1,790	990
6 - 8	9,520	3,240	1,590	1,230	500	760	1,170	1,030
9 - 11	9,470	3,070	1,890	1,310	550	810	770	1,070
12 - 14	10,160	3,270	1,900	1,430	910	820	580	1,250
15 - 17	10,450	2,850	2,120	1,800	820	860	990	1,010
Total	\$175,260	\$57,030	\$29,490	\$24,090	\$11,070	\$13,860	\$20,760	\$18,960
Before-tax income: More than \$66,200 (Average = \$99,100)								
0 - 2	\$13,640	\$5,160	\$1,420	\$1,610	\$600	\$800	\$2,420	\$1,630
3 - 5	13,970	5,140	1,610	1,580	590	770	2,630	1,650
6 - 8	13,760	5,090	1,940	1,690	640	880	1,830	1,690
9 - 11	13,630	4,930	2,280	1,770	700	930	1,290	1,730
12 - 14	14,410	5,130	2,380	1,890	1,140	950	1,010	1,910
15 - 17	14,980	4,710	2,520	2,280	1,040	980	1,780	1,670
Total	\$253,170	\$90,480	\$36,450	\$32,460	\$14,130	\$15,930	\$32,880	\$30,840

*Estimates are based on 1990-92 Consumer Expenditure Survey data updated to 2002 dollars using the regional Consumer Price Index. For each age category, the expense estimates represent average child-rearing expenditures for each age (e.g., the expense for the 3-5 age category, on average, applies to the 3-year-old, the 4-year-old, or the 5-year-old). The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.24. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.77. For expenses on all children in a family, these totals should be summed.

[†]The Southern region consists of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[‡]Miscellaneous expenses include personal care items, entertainment, and reading materials.

Table 4. Estimated annual expenditures* on a child by husband-wife families, urban South,† 2003

Age of Child	Total	Housing	Food	Transportation	Clothing	Health care	Child care and education	Miscellaneous‡
Before-tax income: Less than \$40,300 (Average = \$25,100)								
0 - 2	\$6,800	\$2,500	\$910	\$780	\$380	\$550	\$1,060	\$620
3 - 5	6,990	2,480	1,020	760	370	530	1,190	640
6 - 8	7,040	2,440	1,320	870	410	600	720	680
9 - 11	7,080	2,270	1,600	940	460	650	440	720
12 - 14	7,870	2,480	1,670	1,080	760	660	310	910
15 - 17	7,870	2,040	1,820	1,440	680	690	530	670
Total	\$130,950	\$42,630	\$25,020	\$17,610	\$9,180	\$11,040	\$12,750	\$12,720
Before-tax income: \$40,300 to \$67,800 (Average = \$53,600)								
0 - 2	\$9,560	\$3,390	\$1,100	\$1,180	\$450	\$720	\$1,730	\$990
3 - 5	9,860	3,370	1,280	1,160	440	690	1,910	1,010
6 - 8	9,790	3,320	1,630	1,270	490	790	1,240	1,050
9 - 11	9,720	3,150	1,940	1,340	540	840	820	1,090
12 - 14	10,420	3,360	1,940	1,480	890	860	620	1,270
15 - 17	10,740	2,930	2,170	1,860	800	890	1,060	1,030
Total	\$180,270	\$58,560	\$30,180	\$24,870	\$10,830	\$14,370	\$22,140	\$19,320
Before-tax income: More than \$67,800 (Average = \$101,400)								
0 - 2	\$14,050	\$5,290	\$1,450	\$1,650	\$580	\$840	\$2,580	\$1,660
3 - 5	14,400	5,270	1,650	1,630	570	800	2,800	1,680
6 - 8	14,170	5,230	1,990	1,740	620	910	1,960	1,720
9 - 11	14,000	5,060	2,330	1,820	680	970	1,380	1,760
12 - 14	14,780	5,270	2,430	1,950	1,110	990	1,080	1,950
15 - 17	15,390	4,830	2,580	2,350	1,010	1,020	1,900	1,700
Total	\$260,370	\$92,850	\$37,290	\$33,420	\$13,710	\$16,590	\$35,100	\$31,410

*Estimates are based on 1990-92 Consumer Expenditure Survey data updated to 2003 dollars using the regional Consumer Price Index. For each age category, the expense estimates represent average child-rearing expenditures for each age (e.g., the expense for the 3-5 age category, on average, applies to the 3-year-old, the 4-year-old, or the 5-year-old). The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.24. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.77. For expenses on all children in a family, these totals should be summed.

†The Southern region consists of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

‡Miscellaneous expenses include personal care items, entertainment, and reading materials.

Table 4. Estimated annual expenditures* on a child by husband-wife families, urban South,[†] 2004

Age of Child	Total	Housing	Food	Trans- portation	Clothing	Health care	Child care and education	Miscel- laneous [‡]
Before-tax income: Less than \$41,300 (Average = \$25,800)								
0 - 2	\$7,030	\$2,560	\$950	\$810	\$370	\$570	\$1,140	\$630
3 - 5	7,240	2,540	1,060	790	370	550	1,280	650
6 - 8	7,270	2,500	1,370	900	410	630	770	690
9 - 11	7,290	2,320	1,660	980	450	670	470	740
12 - 14	8,100	2,540	1,730	1,120	750	690	340	930
15 - 17	8,110	2,090	1,890	1,500	670	720	560	680
Total	\$135,120	\$43,650	\$25,980	\$18,300	\$9,060	\$11,490	\$13,680	\$12,960
Before-tax income: \$41,300 to \$69,500 (Average = \$54,900)								
0 - 2	\$9,870	\$3,470	\$1,140	\$1,220	\$440	\$750	\$1,850	\$1,000
3 - 5	10,190	3,450	1,320	1,200	430	720	2,040	1,030
6 - 8	10,100	3,400	1,690	1,320	480	820	1,330	1,060
9 - 11	10,030	3,230	2,010	1,400	530	870	880	1,110
12 - 14	10,710	3,440	2,010	1,530	880	890	660	1,300
15 - 17	11,070	3,000	2,250	1,930	780	930	1,130	1,050
Total	\$185,910	\$59,970	\$31,260	\$25,800	\$10,620	\$14,940	\$23,670	\$19,650
Before-tax income: More than \$69,500 (Average = \$104,000)								
0 - 2	\$14,530	\$5,420	\$1,500	\$1,720	\$570	\$870	\$2,760	\$1,690
3 - 5	14,890	5,400	1,700	1,690	560	840	2,990	1,710
6 - 8	14,630	5,360	2,060	1,810	610	950	2,090	1,750
9 - 11	14,420	5,180	2,410	1,890	670	1,010	1,470	1,790
12 - 14	15,190	5,390	2,520	2,030	1,100	1,020	1,150	1,980
15 - 17	15,880	4,950	2,670	2,440	1,000	1,060	2,030	1,730
Total	\$268,620	\$95,100	\$38,580	\$34,740	\$13,530	\$17,250	\$37,470	\$31,950

*Estimates are based on 1990-92 Consumer Expenditure Survey data updated to 2004 dollars using the regional Consumer Price Index. For each age category, the expense estimates represent average child-rearing expenditures for each age (e.g., the expense for the 3-5 age category, on average, applies to the 3-year-old, the 4-year-old, or the 5-year-old). The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.24. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.77. For expenses on all children in a family, these totals should be summed.

[†]The Southern region consists of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[‡]Miscellaneous expenses include personal care items, entertainment, and reading materials.

Table 4. Estimated annual expenditures* on a child by husband-wife families, urban South,† 2005

Age of Child	Total	Housing	Food	Trans- portation	Clothing	Health care	Child care and education	Miscel- laneous‡
Before-tax income: Less than \$42,800 (Average = \$26,700)								
0 - 2	\$7,310	\$2,650	\$970	\$870	\$370	\$600	\$1,210	\$640
3 - 5	7,520	2,630	1,090	850	360	570	1,360	660
6 - 8	7,530	2,580	1,400	970	410	650	820	700
9 - 11	7,560	2,400	1,700	1,060	450	700	500	750
12 - 14	8,370	2,620	1,780	1,200	750	720	360	940
15 - 17	8,410	2,160	1,930	1,610	670	750	600	690
Total	\$140,100	\$45,120	\$26,610	\$19,680	\$9,030	\$11,970	\$14,550	\$13,140
Before-tax income: \$42,800 to \$72,000 (Average = \$56,900)								
0 - 2	\$10,280	\$3,580	\$1,170	\$1,320	\$440	\$780	\$1,970	\$1,020
3 - 5	10,590	3,560	1,350	1,290	430	750	2,170	1,040
6 - 8	10,490	3,520	1,730	1,420	480	850	1,410	1,080
9 - 11	10,370	3,330	2,050	1,500	530	910	930	1,120
12 - 14	11,090	3,560	2,060	1,650	870	930	700	1,320
15 - 17	11,480	3,100	2,300	2,080	780	960	1,200	1,060
Total	\$192,900	\$61,950	\$31,980	\$27,780	\$10,590	\$15,540	\$25,140	\$19,920
Before-tax income: More than \$72,000 (Average = \$107,700)								
0 - 2	\$15,100	\$5,600	\$1,540	\$1,850	\$570	\$900	\$2,930	\$1,710
3 - 5	15,500	5,580	1,750	1,820	560	870	3,180	1,740
6 - 8	15,180	5,530	2,110	1,950	610	990	2,220	1,770
9 - 11	14,950	5,350	2,470	2,030	670	1,050	1,560	1,820
12 - 14	15,710	5,570	2,580	2,180	1,090	1,060	1,220	2,010
15 - 17	16,490	5,120	2,730	2,630	1,000	1,100	2,150	1,760
Total	\$278,790	\$98,250	\$39,540	\$37,380	\$13,500	\$17,910	\$39,780	\$32,430

*Estimates are based on 1990-92 Consumer Expenditure Survey data updated to 2005 dollars using the regional Consumer Price Index. For each age category, the expense estimates represent average child-rearing expenditures for each age (e.g., the expense for the 3-5 age category, on average, applies to the 3-year-old, the 4-year-old, or the 5-year-old). The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.24. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.77. For expenses on all children in a family, these totals should be summed.

†The Southern region consists of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

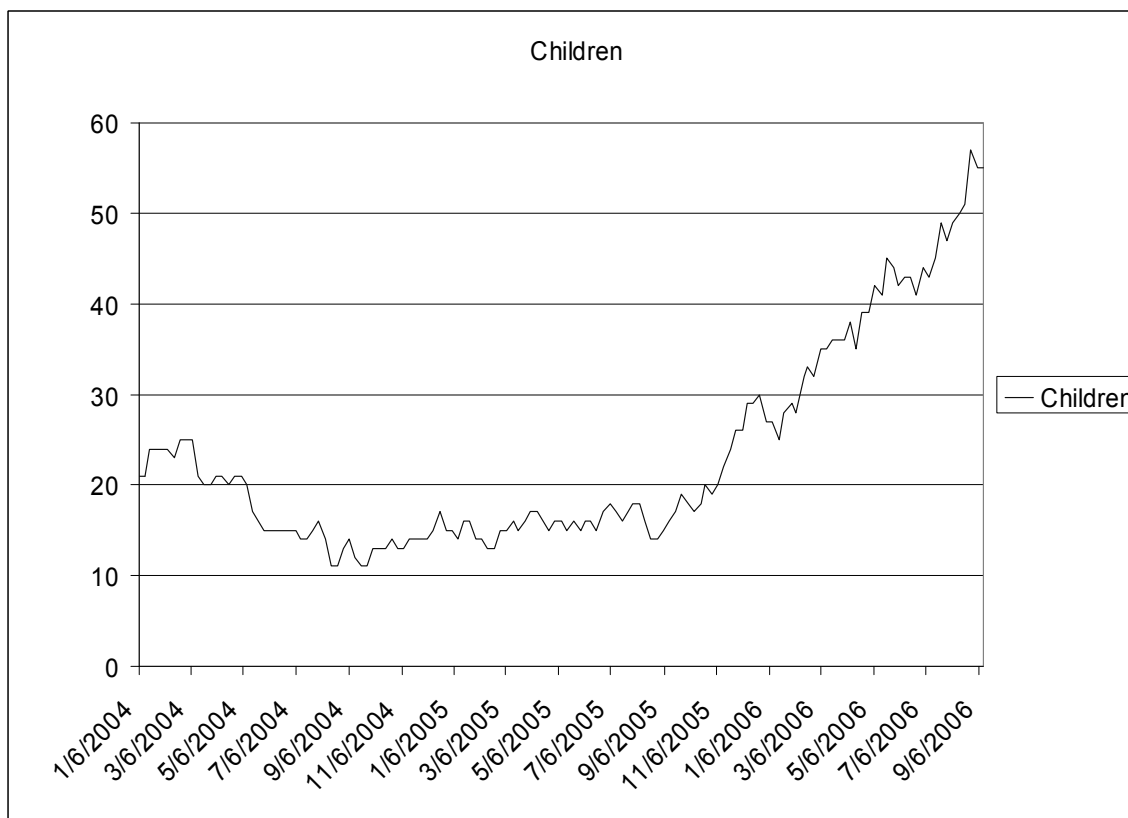
‡Miscellaneous expenses include personal care items, entertainment, and reading materials.

Appendix I

Children Placed Out of State

The number of children placed out of state has been cited as evidence of a lack of placement options in Kentucky. There are a number of reasons that children might be placed out of state, such as to stay with relatives or foster or adoptive parents who live or have moved elsewhere. However, the key statistic is the number of children placed out of state in order to obtain treatment not available in Kentucky. According to cabinet data, the number of children placed for treatment outside Kentucky has risen far faster than the number of children in care. Figure I.A shows that the number has risen from a low of 11 in August 2004 to 57 in August 2006, for an increase of 518 percent. Almost all of that increase has occurred since August 2005.

Figure I.A
Children Placed Out of State, January 2004-September 2006
Including Only Children Likely To Be in Treatment



Placements with relatives, adoptive families, and out-of-state foster homes were excluded.
Source: Program Review staff analysis of TWS-058 Children in Placement report data.

Various explanations have been given for the increase in out-of-state treatment. Some professionals who were interviewed asserted that private residential agencies, treatment programs, and psychiatric hospitals may have a “no-fly list” of children deemed too difficult or risky to handle. Others have suggested that the reimbursement for the most-difficult placements is not enough and that a higher reimbursement category should be created. Another hypothesis is that there are not enough beds in Kentucky at the highest level of care or for specialized needs. West Virginia has provided a small piece of evidence for a shortage of beds in Kentucky. Although West Virginia has acknowledged a crisis and has placed many more of its most-difficult children out of state than has Kentucky, no children from West Virginia have been placed in Kentucky (Hage).

A single private treatment facility in Georgia, Coastal Harbor Treatment Center in Savannah, receives almost half of Kentucky’s out-of-state treatment placements. The table shows the location of all of Kentucky’s out-of-state treatment placements as of September 10, 2006. Children’s Review Program officials stated that many of these children had assaulted staff at residential facilities in Kentucky and were considered too dangerous to treat here. Staff did not examine these cases in detail, but it appears that a significant number also involve children who have been sexually aggressive. Treatment for these behaviors is limited in Kentucky.

**Location of Children Placed
Out of State for Treatment
as of September 10, 2006**

State	Children	Percent
Georgia	27	49.1
Texas	7	12.7
Indiana	6	10.9
Tennessee	6	10.9
Alabama	4	7.3
Ohio	2	3.6
Pennsylvania	2	3.6
Illinois	1	1.8

Placements with relatives, adoptive families, and out-of-state foster homes were excluded.

Source: Program Review staff analysis of TWS-W058 Children in Placement report data.

A 1993 Program Review report cited a similar issue. At that time, Kentucky extensively used a treatment center in Florida, and an outside consultant found that it would be cost effective to expand facilities in Kentucky to serve the children placed out of state (Commonwealth. Legislative. Program. *Out*). Recent numbers suggest that such an increase in capacity is needed again.

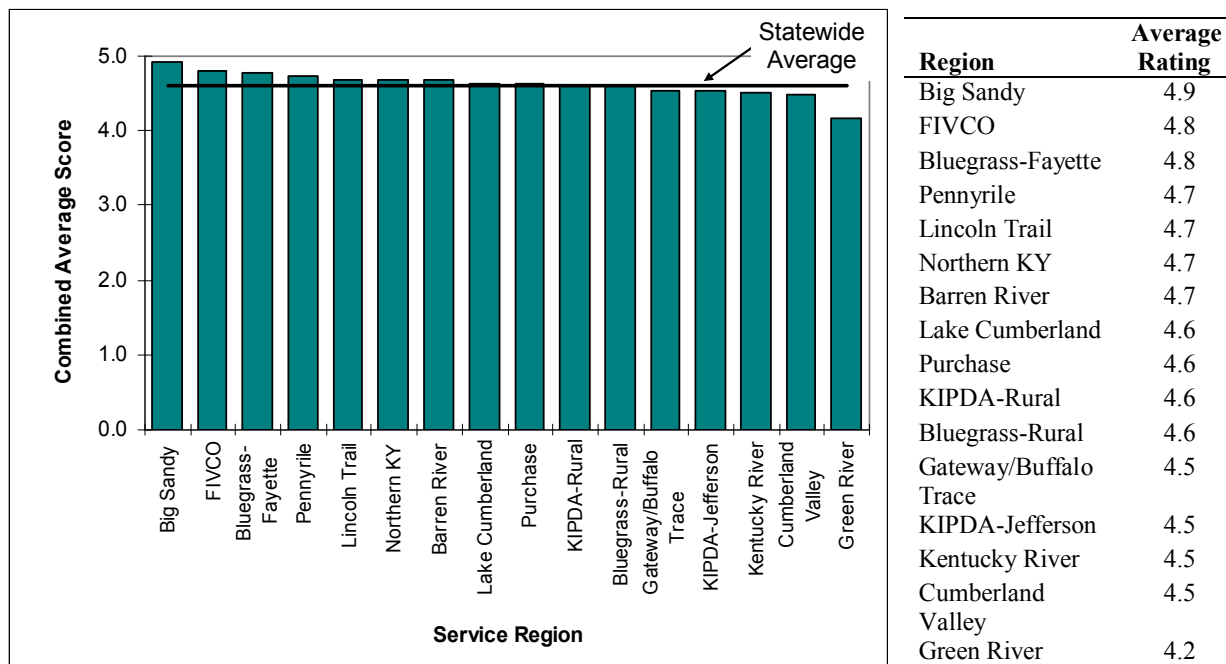
The statutory entity charged with such strategic planning is defined in KRS 194A.146 as the Statewide Strategic Planning Committee for Children in Placement. Chapter 1 of this report discusses the committee in more detail.

Appendix J

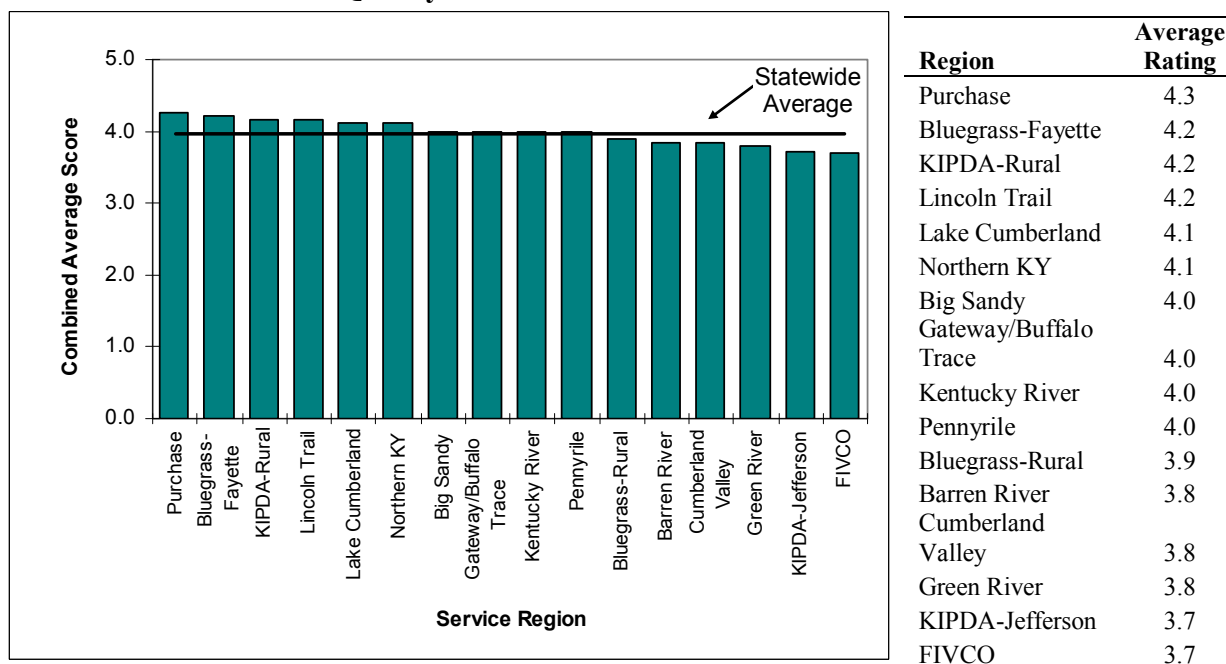
Supervisor and Caseworker Ratings of the Quality and Availability of Services by Region

Program Review staff conducted surveys of caseworkers and supervisors. The respondents were asked to assess the quality and availability of several types of services for foster children and birth families. Because there appeared to be regional variation in quality and availability of services, staff further analyzed the responses by region. This appendix displays the results of the regional analysis. When a regional variation was statistically significant, the section title is followed by an asterisk. Statistical significance means there is a 95 percent likelihood that the regional differences among survey respondents reflect actual differences among all caseworkers and supervisors.

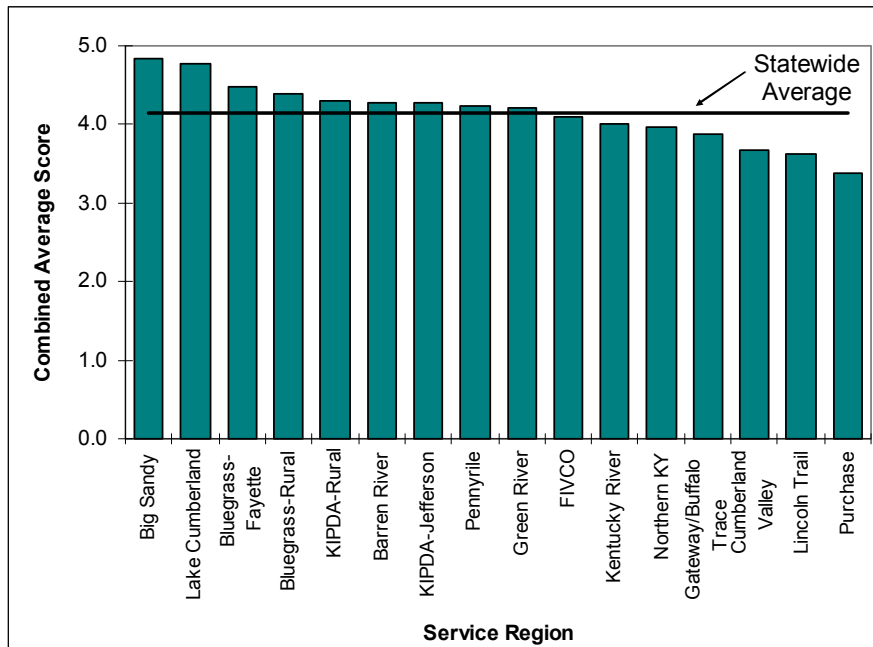
Availability of Medical Services for Children



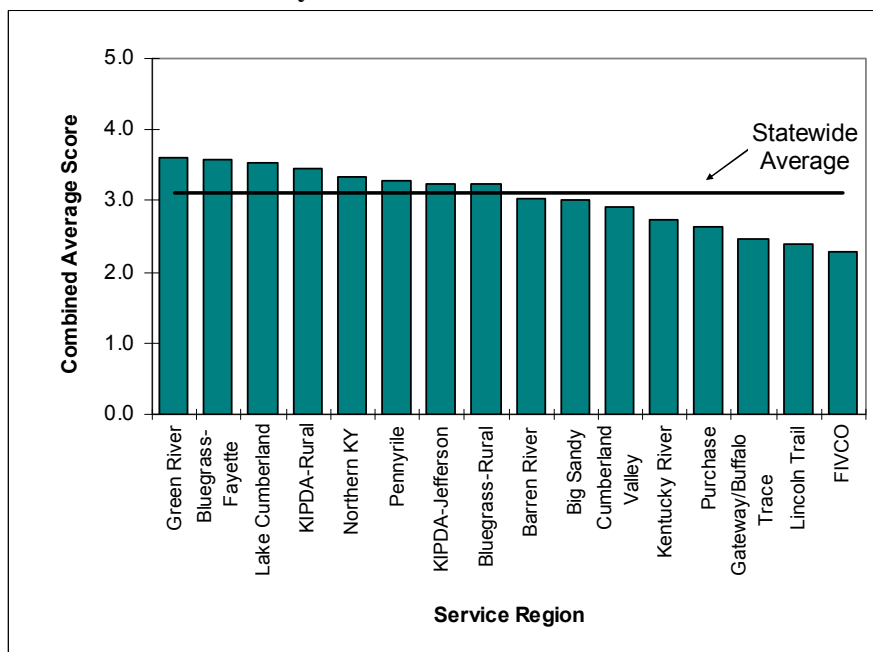
Quality of Medical Services for Children*



* Rated differences between regions are statistically significant, which indicates there is a 95 percent likelihood that the regional differences among survey respondents reflect actual differences among all caseworkers and supervisors. Statistical significance was determined using Pearson's chi-square statistic with $p < .05$.

Availability of Mental Health Services for Children*

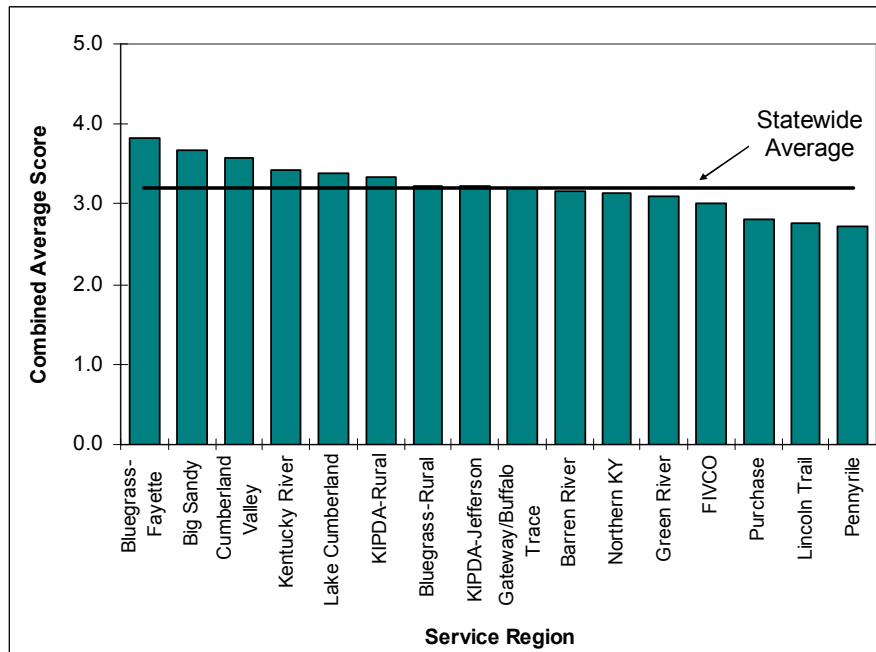
Region	Average Rating
Big Sandy	4.8
Lake Cumberland	4.8
Bluegrass-Fayette	4.5
Bluegrass-Rural	4.4
KIPDA-Rural	4.3
Barren River	4.3
KIPDA-Jefferson	4.3
Pennyryle	4.2
Green River	4.2
FIVCO	4.1
Kentucky River	4.0
Northern KY	4.0
Gateway/Bufalo Valley	3.9
Trace	3.9
Cumberland	3.7
Valley	3.7
Lincoln Trail	3.6
Purchase	3.4

Quality of Mental Health Services for Children*

Region	Average Rating
Green River	3.6
Bluegrass-Fayette	3.6
Lake Cumberland	3.5
KIPDA-Rural	3.5
Northern KY	3.3
Pennyryle	3.3
KIPDA-Jefferson	3.2
Bluegrass-Rural	3.2
Barren River	3.0
Big Sandy	3.0
Cumberland Valley	2.9
Kentucky River	2.7
Purchase	2.6
Gateway/Bufalo Valley	2.5
Trace	2.5
Lincoln Trail	2.4
FIVCO	2.3

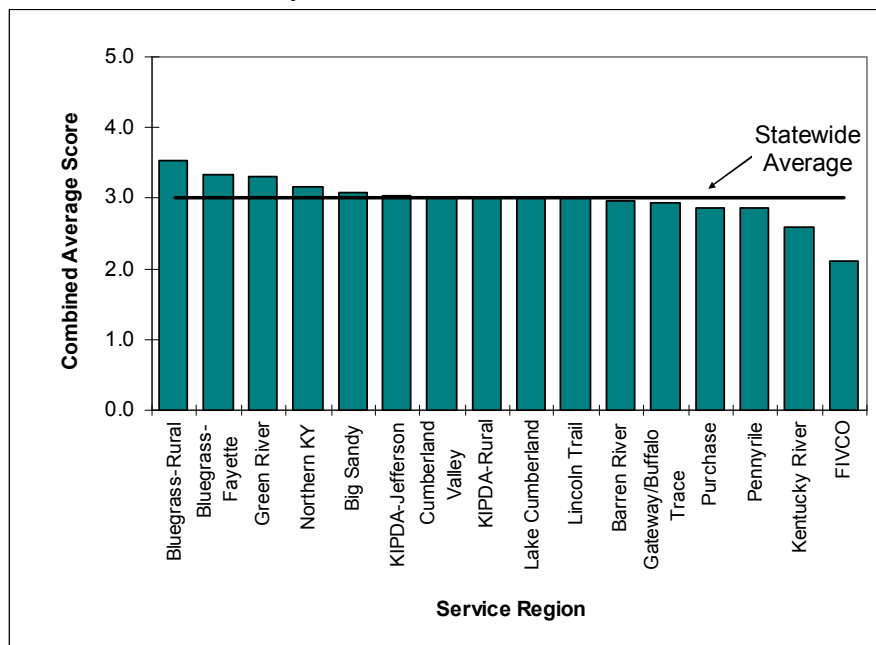
* Rated differences between regions are statistically significant, which indicates there is a 95 percent likelihood that the regional differences among survey respondents reflect actual differences among all caseworkers and supervisors. Statistical significance was determined using Pearson's chi-square statistic with $p < .05$.

Availability of Substance Abuse Services for Children

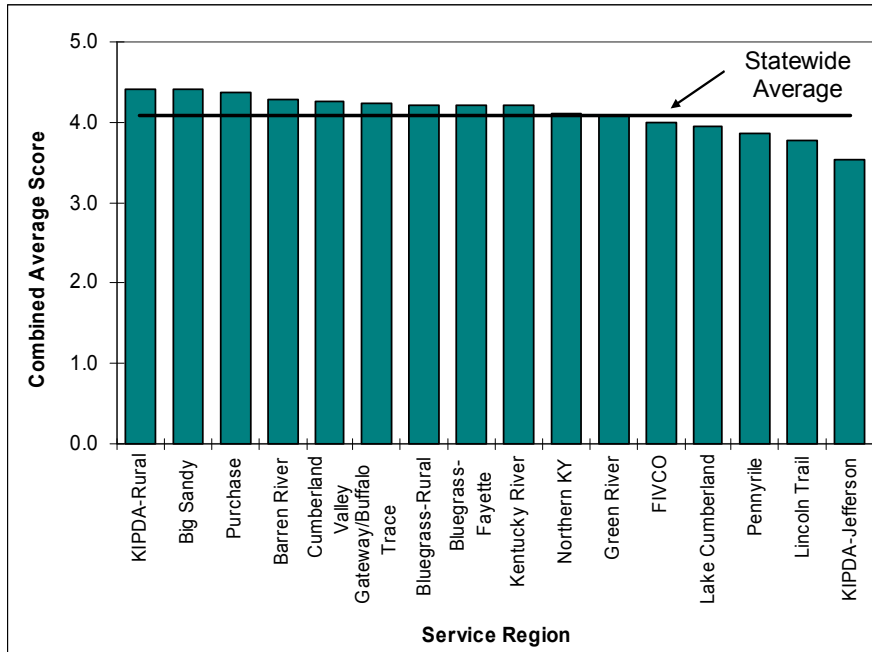


Region	Average Rating
Bluegrass-Fayette	3.8
Big Sandy	3.7
Cumberland Valley	3.6
Kentucky River	3.4
Lake Cumberland	3.4
KIPDA-Rural	3.3
Bluegrass-Rural	3.2
KIPDA-Jefferson	3.2
Gateway/Bufalo Trace	3.2
Barren River	3.2
Northern KY	3.1
Green River	3.1
FIVCO	3.0
Purchase	2.8
Lincoln Trail	2.8
Pennyrile	2.7

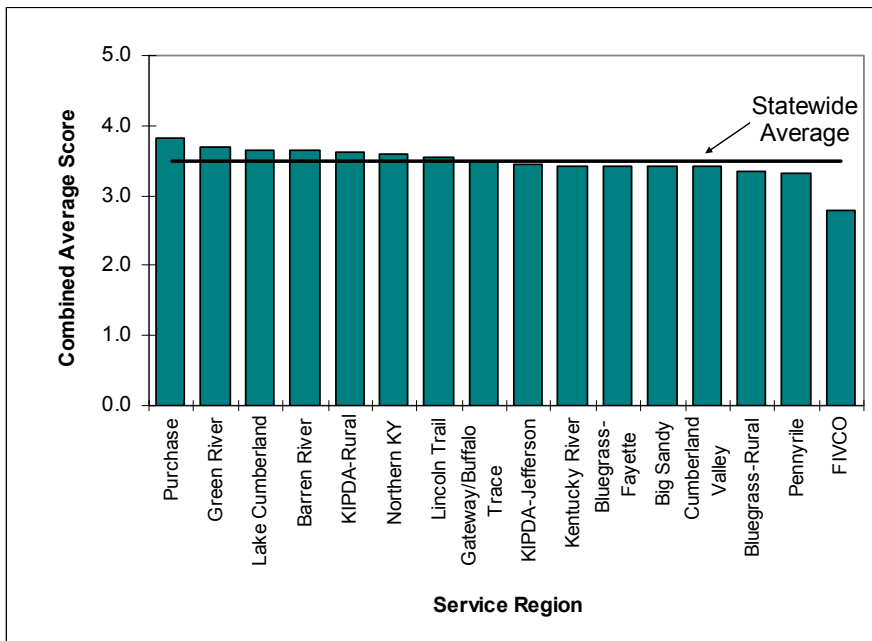
Quality of Substance Abuse Services for Children



Region	Average Rating
Bluegrass-Rural	3.5
Bluegrass-Fayette	3.3
Green River	3.3
Northern KY	3.2
Big Sandy	3.1
KIPDA-Jefferson	3.0
Cumberland Valley	3.0
KIPDA-Rural	3.0
Lake Cumberland	3.0
Lincoln Trail	3.0
Barren River	3.0
Gateway/Bufalo Trace	2.9
Purchase	2.9
Pennyrile	2.9
Kentucky River	2.6
FIVCO	2.1

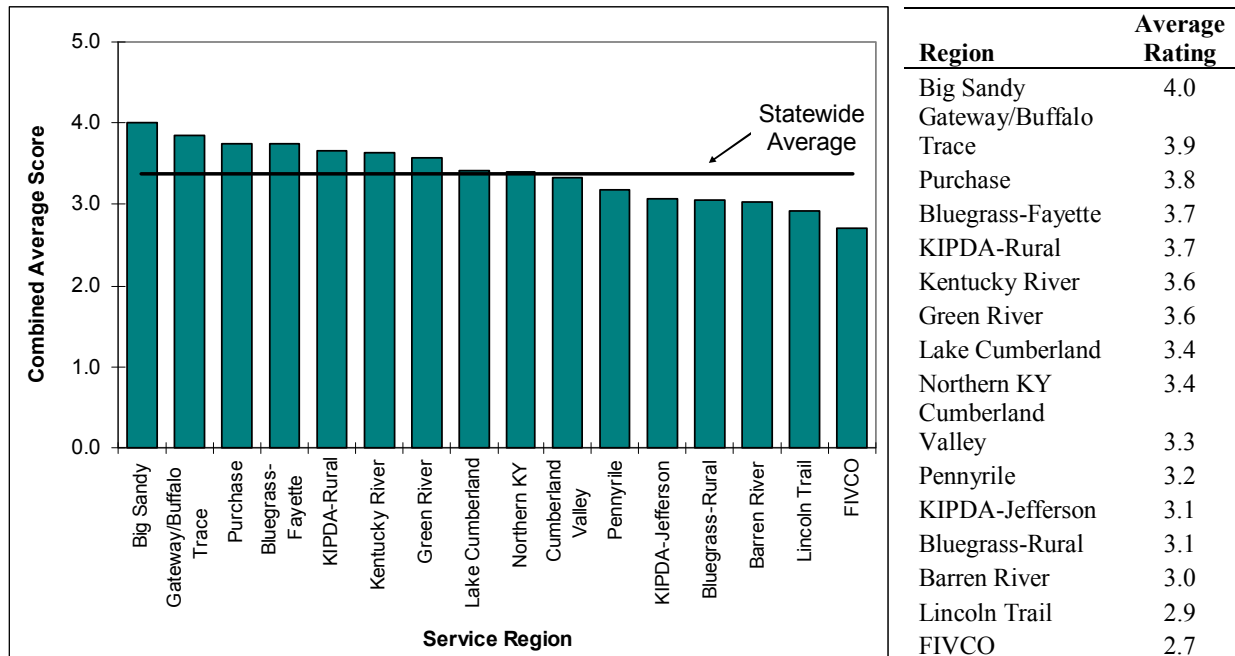
Availability of Special Education Services for Children

Region	Average Rating
KIPDA-Rural	4.4
Big Sandy	4.4
Purchase	4.4
Barren River	4.3
Cumberland Valley	4.3
Gateway/Bufalo Trace	4.2
Bluegrass-Rural	4.2
Bluegrass-Fayette	4.2
Kentucky River	4.2
Northern KY	4.1
Green River	4.1
FIVCO	4.0
Lake Cumberland	3.9
Pennyrile	3.9
Lincoln Trail	3.8
KIPDA-Jefferson	3.5

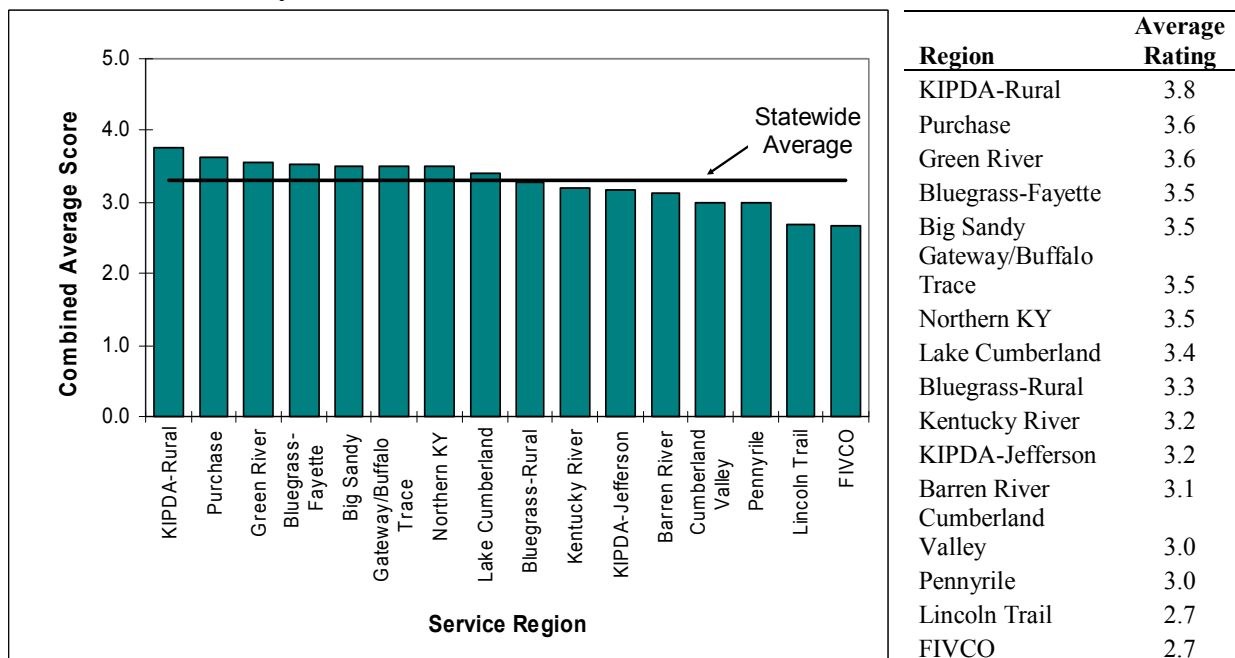
Quality of Special Education Services for Children

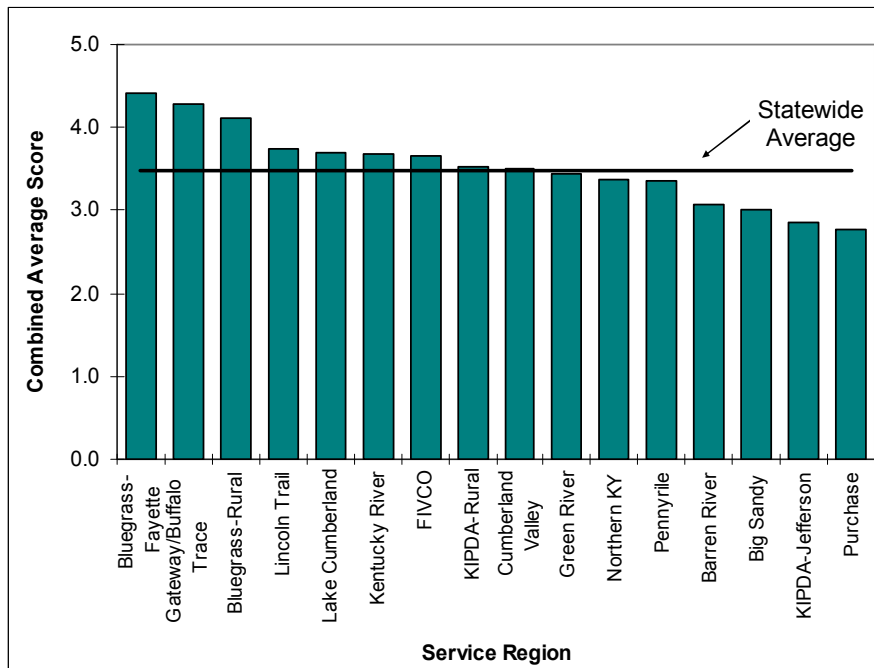
Region	Average Rating
Purchase	3.8
Green River	3.7
Lake Cumberland	3.6
Barren River	3.6
KIPDA-Rural	3.6
Northern KY	3.6
Lincoln Trail	3.5
Gateway/Bufalo Trace	3.5
KIPDA-Jefferson	3.4
Kentucky River	3.4
Bluegrass-Fayette	3.4
Big Sandy	3.4
Cumberland Valley	3.4
Bluegrass-Rural	3.3
Pennyrile	3.3
FIVCO	2.8

Availability of Other Educational Services for Children

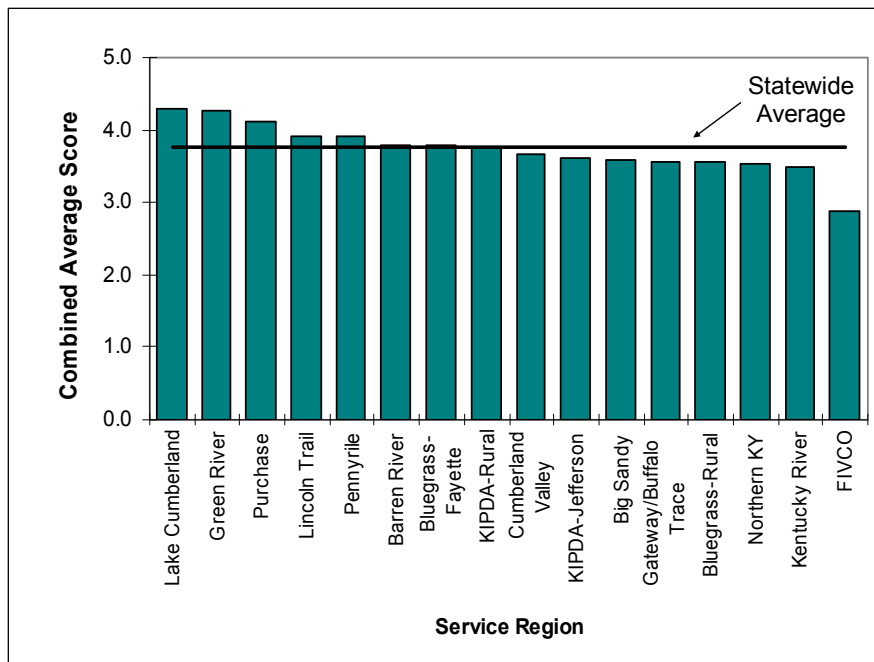


Quality of Other Educational Services for Children



Availability of Family Preservation Services*

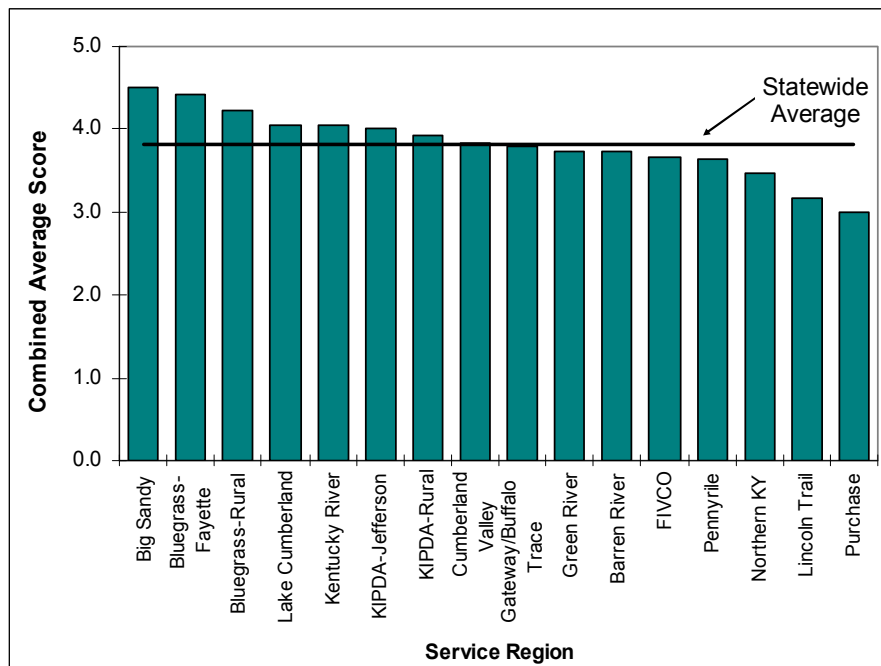
Region	Average Rating
Bluegrass-Fayette	4.4
Gateway/Bufalo Trace	4.3
Bluegrass-Rural	4.1
Lincoln Trail	3.8
Lake Cumberland	3.7
Kentucky River	3.7
FIVCO	3.7
KIPDA-Rural	3.5
Cumberland Valley	3.5
Green River	3.4
Northern KY	3.4
Pennyriple	3.4
Barren River	3.1
Big Sandy	3.0
KIPDA-Jefferson	2.9
Purchase	2.8

Quality of Family Preservation Services*

Region	Average Rating
Lake Cumberland	4.3
Green River	4.3
Purchase	4.1
Lincoln Trail	3.9
Pennyriple	3.9
Barren River	3.8
Bluegrass-Fayette	3.8
KIPDA-Rural	3.8
Cumberland Valley	3.7
KIPDA-Jefferson	3.6
Big Sandy	3.6
Gateway/Bufalo Trace	3.6
Bluegrass-Rural	3.6
Northern KY	3.5
Kentucky River	3.5
FIVCO	2.9

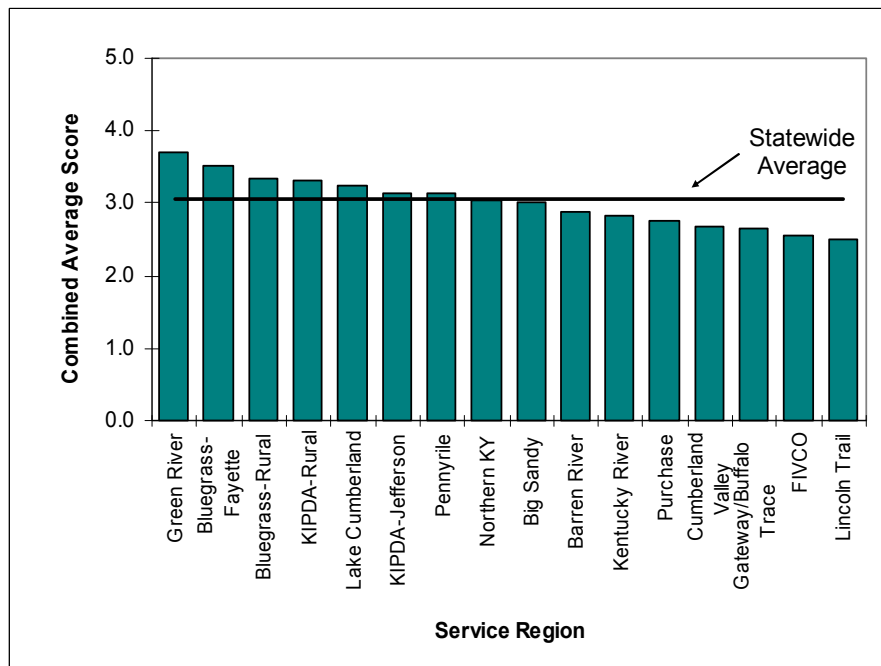
* Rated differences between regions are statistically significant, which indicates there is a 95 percent likelihood that the regional differences among survey respondents reflect actual differences among all caseworkers and supervisors. Statistical significance was determined using Pearson's chi-square statistic with $p < .05$.

Availability of Mental Health Services for Families*



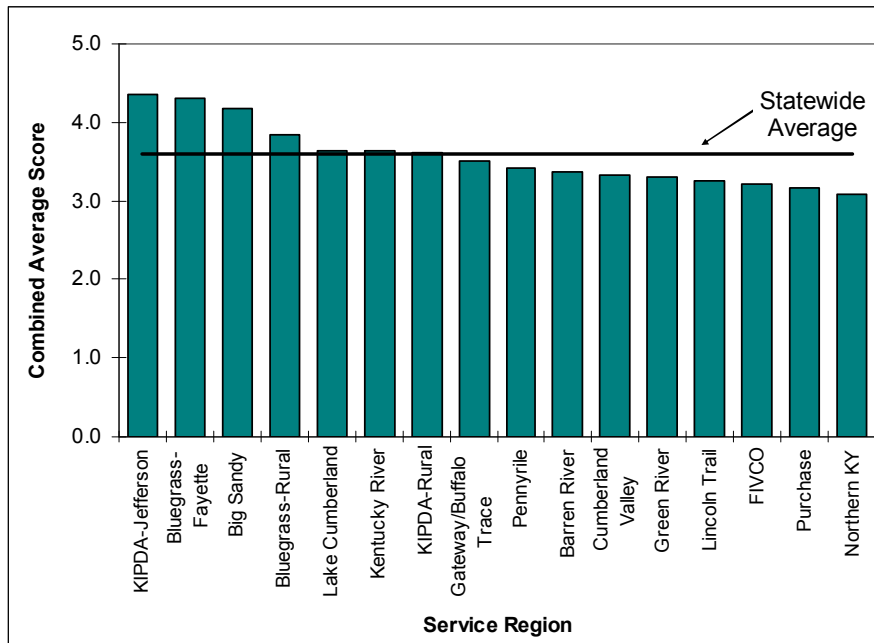
Region	Average Rating
Big Sandy	4.5
Bluegrass-Fayette	4.4
Bluegrass-Rural	4.2
Lake Cumberland	4.1
Kentucky River	4.1
KIPDA-Jefferson	4.0
KIPDA-Rural	3.9
Cumberland Valley	3.8
Gateway/Buffalo Trace	3.8
Green River	3.7
Barren River	3.7
FIVCO	3.7
Pennyrite	3.6
Northern KY	3.5
Lincoln Trail	3.2
Purchase	3.0

Quality of Mental Health Services for Families*

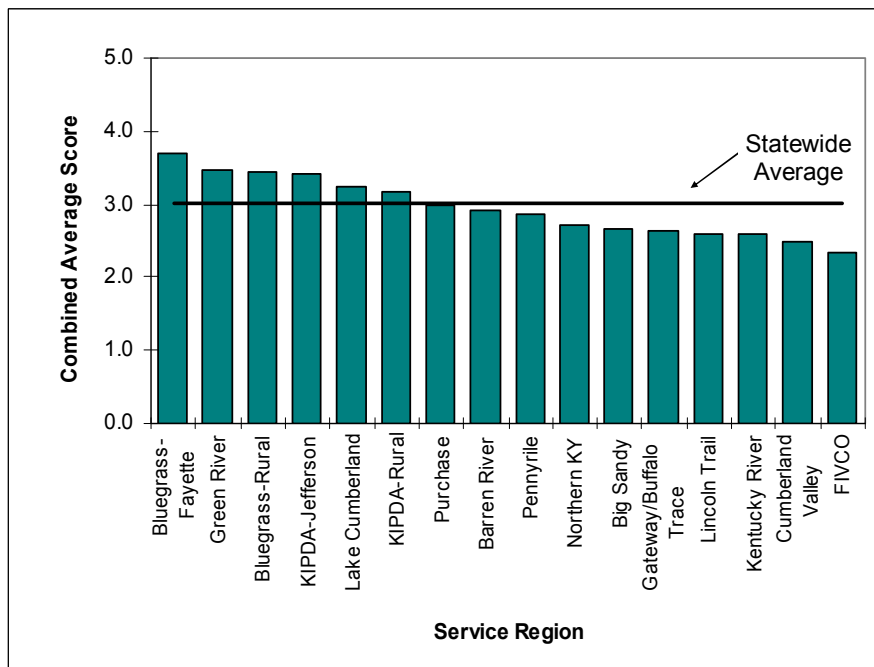


Region	Average Rating
Green River	3.7
Bluegrass-Fayette	3.5
Bluegrass-Rural	3.3
KIPDA-Rural	3.3
Lake Cumberland	3.2
KIPDA-Jefferson	3.1
Pennyrite	3.1
Northern KY	3.0
Big Sandy	3.0
Barren River	2.9
Kentucky River	2.8
Purchase	2.8
Cumberland Valley	2.7
Gateway/Buffalo Trace	2.6
FIVCO	2.6
Lincoln Trail	2.5

* Rated differences between regions are statistically significant, which indicates there is a 95 percent likelihood that the regional differences among survey respondents reflect actual differences among all caseworkers and supervisors. Statistical significance was determined using Pearson's chi-square statistic with $p < .05$.

Availability of Substance Abuse Services for Families*

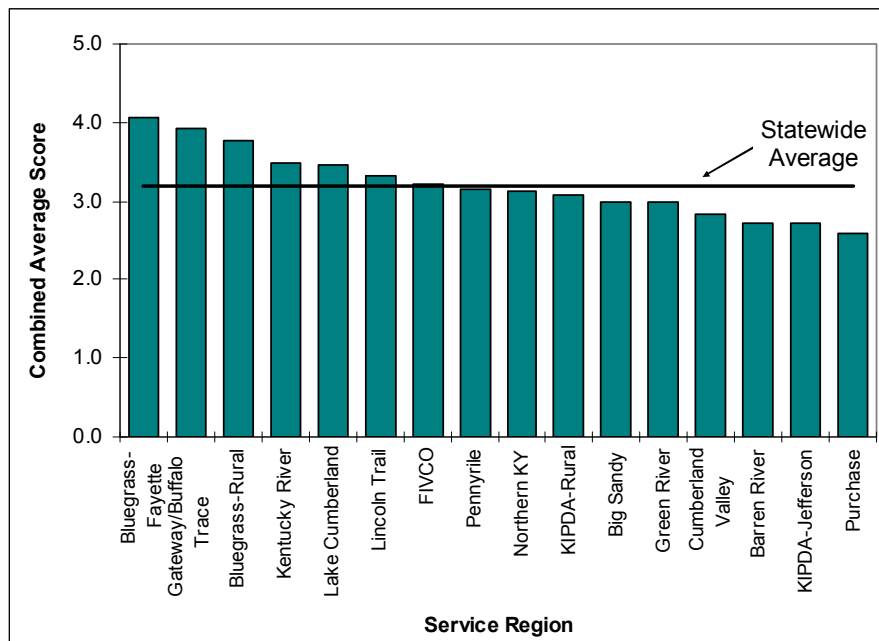
Region	Average Rating
KIPDA-Jefferson	4.3
Bluegrass-Fayette	4.3
Big Sandy	4.2
Bluegrass-Rural	3.8
Lake Cumberland	3.6
Kentucky River	3.6
KIPDA-Rural	3.6
Gateway/Buffalo Trace	3.5
Pennyrile	3.4
Barren River	3.4
Cumberland Valley	3.3
Green River	3.3
Lincoln Trail	3.3
FIVCO	3.2
Purchase	3.2
Northern KY	3.1

Quality of Substance Abuse Services for Families*

Region	Average Rating
Bluegrass-Fayette	3.7
Green River	3.5
Bluegrass-Rural	3.4
KIPDA-Jefferson	3.4
Lake Cumberland	3.2
KIPDA-Rural	3.2
Purchase	3.0
Barren River	2.9
Pennyrile	2.9
Northern KY	2.7
Big Sandy	2.7
Gateway/Buffalo Trace	2.6
Lincoln Trail	2.6
Kentucky River	2.6
Cumberland Valley	2.5
FIVCO	2.3

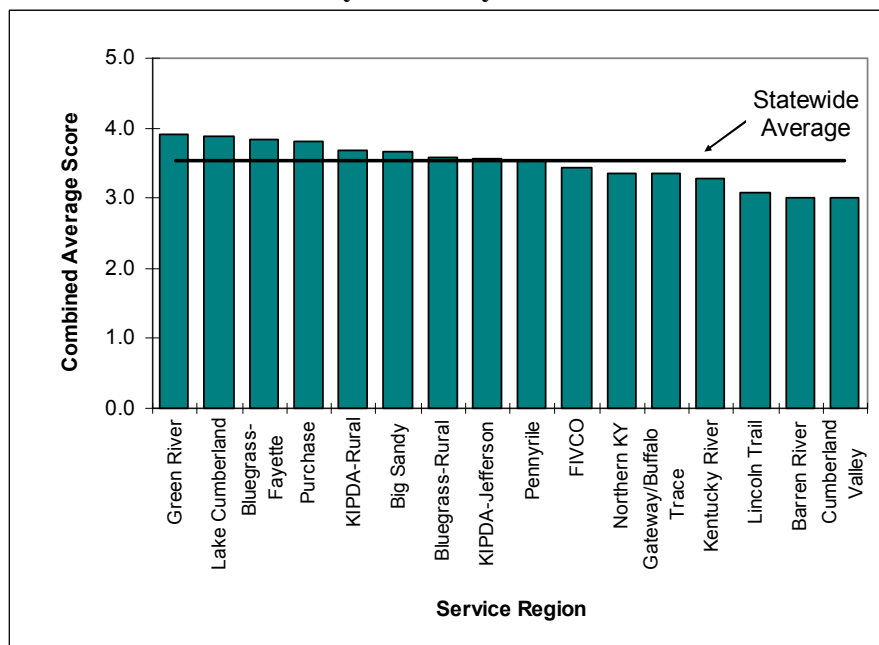
* Rated differences between regions are statistically significant, which indicates there is a 95 percent likelihood that the regional differences among survey respondents reflect actual differences among all caseworkers and supervisors. Statistical significance was determined using Pearson's chi-square statistic with $p < .05$.

Availability of Family Reunification Services*



Region	Average Rating
Bluegrass-Fayette	4.1
Gateway/Bufalo Trace	3.9
Bluegrass-Rural	3.8
Kentucky River	3.5
Lake Cumberland	3.5
Lincoln Trail	3.3
FIVCO	3.2
Pennyriple	3.1
Northern KY	3.1
KIPDA-Rural	3.1
Big Sandy	3.0
Green River	3.0
Cumberland Valley	2.8
Barren River	2.7
KIPDA-Jefferson	2.7
Purchase	2.6

Quality of Family Reunification Services*



Region	Average Rating
Green River	3.9
Lake Cumberland	3.9
Bluegrass-Fayette	3.8
Purchase	3.8
KIPDA-Rural	3.7
Big Sandy	3.7
Bluegrass-Rural	3.6
KIPDA-Jefferson	3.6
Pennyriple	3.5
FIVCO	3.4
Northern KY	3.4
Gateway/Bufalo Trace	3.4
Kentucky River	3.3
Lincoln Trail	3.1
Barren River	3.0
Cumberland Valley	3.0

* Rating differences between regions are statistically significant, which indicates there is a 95 percent likelihood that the regional differences among survey respondents reflect actual differences among all caseworkers and supervisors. Statistical significance was determined using Pearson's chi-square statistic with $p < .05$.

Appendix K

Summary of Findings and Recommendations From Other Evaluations of the Kentucky Child Welfare System

There have been at least five previous LRC studies, one Department of Human Resources Special Committee Report, and several Citizen Foster Care Review Board annual reports and Citizen Review Panel reports in the child welfare realm over the past 30 years or so. Brief summaries of selected findings and recommendations are presented below because the issues remain relevant today.

Department for Human Resources Special Committee Report (1974)

This investigation by a blue ribbon panel was conducted in response to the death of a 3-year-old foster child. Some of the committee's recommendations are summarized here.

- Roles and responsibilities for child abuse investigations, including foster care abuse investigations, should be clearly understood by all social service agencies involved.
- Compulsory foster parent training should be implemented by the department.
- Consistent and regular staff training on all levels of responsibilities is imperative as part of staff orientation and on an ongoing basis.
- Specialized training should be provided for supervisors.
- The current method of recording case notes should be evaluated, with an emphasis on providing more meaningful and pertinent data.
- Foster home study policies and procedures in the department's manual should be followed.
- There should be an open and operable communication system among all levels of staff within the department.
- Regular supervisory conferences should be held focusing on case dynamics, significant recording, and the manual's policies and procedures.
- Caseload/workload evaluation needs to be performed.
- Review of the policy for hiring caseworkers in sensitive positions is needed to ensure they have appropriate educational credentials.
- A checks and balances system should be established in the department to prevent judgment errors by staff.

Source: Commonwealth of Kentucky. Department for Human Resources. Bureau for Social Services. *Report Special Committee Department for Human Resources Bureau for Social Services*. Frankfort: DHR. Nov. 14, 1974.

Cabinet for Human Resources Reimbursement to Private Child Care Agencies (1985)

This evaluation was conducted in response to House Concurrent Resolution 30 of the 1984 Regular Session. The resolution directed the Program Review and Investigations Committee to study the Cabinet for Human Resources' reimbursement system for services rendered to children by private, nonprofit child-caring agencies. Specifically, the report presented the cost of services provided by private, nonprofit child-caring agencies; a comparative analysis of costs of services rendered by state-operated and private agencies; and a comparative analysis of reimbursement systems in southeastern states. The study's recommendations are reproduced here verbatim.

1. The Cabinet for Human Resources should revise its reimbursement system to private child care agencies in order to correct existing inequities. The actions taken should include a budget request for funds to support the services provided by the private child care program.
2. The Department for Social Services should establish an assessment process regarding all agencies in which committed children are placed. The assessment should contain a formal means of collecting data on an annual basis, with routine updating based on program changes or irregularity in casework....
3. In order for the department to achieve more accurate assessment and appropriate placement of committed children, it should establish a list of characteristics of children to be incorporated into the agencies' "Request for Proposal," the Schedule of Payment form, or a negotiated contract. Subsequently, the agency should specify from this list the characteristics which it is able and willing to serve, thereby better enabling a social worker to pair a child with an appropriate private child care agency. The agency should then accept such delineated children from the department as space becomes available....
4. The Cabinet for Human Resources, in cooperation with private child care agencies, should determine effective child care programs for the following three groups of committed children:
 - (1) the chronic runaway juvenile;
 - (2) the child who is hard to place because of behavioral or emotional problems; and
 - (3) older teenagers with a goal of independent living....

Recommendation 1 may have influenced the development of the current rate-setting methodology for private agencies. Recommendations 2-4 were clearly precursors to the formation of the level of care system and the formation of the Children's Review Program nearly a decade later. In 2006, the availability of appropriate care for every child remains an issue, as does the adequacy of reimbursement.

Source: Commonwealth of Kentucky. Legislative Research Commission. Program Review and Investigations Committee. *Cabinet for Human Resources Reimbursement to Private Child Care Agencies*. Research Report No. 217. Frankfort: LRC, 1985.

Out-Of-Home Child Care in Kentucky (1993)

This study reviewed out-of-home child care in accordance with Senate Joint Resolution 69 of the 1992 Regular Session. Some of the study's recommendations are reproduced here verbatim.

1. The Cabinet for Human Resources and the Department for Social Services should continue to expedite the appropriate return of children in out-of-state placements to Kentucky. The Cabinet and Department should closely monitor additional and different types of treatment and psychiatric beds in Kentucky to ensure that they are most appropriately utilized....
2. The Cabinet for Human Resources and the Department for Social Services should develop a request for proposal to be sent to private child-care providers, as future additional facilities and/or programs are required.
3. The Cabinet for Human Resources and the Department for Social Services, in consultation with the providers, should develop a reimbursement system for child care services that considers the level of need of the child and provides incentives for the development of effective, high quality programs, including features for cost-containment and periodic review to determine the adequacy of reimbursement. The Department for Social Services should request the funds necessary to implement such a service.
4. The Cabinet for Human Resources and the Department for Social Services should develop outcome measures for [children placed] in private child-care facilities. Consideration should be given to using the same method of outcome measuring in public and private facilities....
5. The Cabinet for Human Resources and the Department for Social Services should hold regular regional meetings with private child-care providers, the Kentucky Department for Education, local boards of education, and school superintendents, to resolve problems regarding the enrollment of children and education-related funding....
6. The Cabinet for Human Resources, the Department for Social Services, and the Department for Education should resolve paying for the education of children placed in out-of-state facilities through elementary and secondary school funding, rather than [Department for Social Services funding]....
7. The Department for Education should include state agency children and children placed in private care in the KERA accountability index, including both the district of placement for the child and the district of residence after treatment....
8. The Cabinet for Human Resources and the Department for Social Services should report progress in resolving the problems of social worker caseloads, placement, group home staffing and service, the data collection system, and payments to Adanta as they relate to out-of-home child-care....

The recommendations of this study followed up on those in the 1985 report and led to the development of the private agency rate-setting methodology, the level-of-care system, and the Children's Review Program. The Kentucky Educational Collaborative for State Agency Children was created just prior to the 1993 study.

Source: Commonwealth of Kentucky. Legislative Research Commission. Program Review and Investigations Committee. *Out-Of-Home Child Care in Kentucky*. Research Report No. 263. Frankfort: LRC, 1993.

Cabinet for Human Resources Family Service Worker's Caseloads (1996)

This study, conducted in 1995, reviewed the Cabinet for Human Resources' Department for Social Services (DSS) caseloads to ascertain whether caseload numbers were high and, if so, whether this was affecting service delivery. Indeed, the study found that DSS caseloads routinely exceeded state statutory mandates. Results of field interviews and surveys with caseworkers revealed that their caseloads were becoming increasingly complex and hard to manage. The study also found that DSS had no standard way of monitoring or measuring workloads, but was making an effort to do so. The study made four recommendations, which are reproduced here verbatim.

1. The Cabinet for Human Resources and the Department for Social Services (DSS) should re-examine the formula used to calculate the average statewide worker caseloads, to ensure that the information used is accurate and timely. The DSS should validate the accuracy of the data used....
2. The Cabinet for Human Resources (CHR), the Department for Social Services (DSS), and the Administrative Office of the Courts (AOC) should review court-related activities and requirements imposed on family service workers (FSWs), and the amount of time FSWs spend waiting to make Court appearances or attend to other court-related duties. This review should identify ways of reducing the waiting time in the courts and determine whether the actions or requirements mentioned above can be reduced or modified, or whether other persons can substitute for the FSWs in these capacities....
3. The Cabinet for Human Resources and the Department for Social Services should review and identify the duties and tasks which require the skills and qualifications of a family service worker and those which could be performed by non-professional support staff, other professionals, agencies or volunteers....
4. The Cabinet for Human Resources and the Department for Social Services should continue to develop client outcome and program effectiveness measures for each program, and integrate these into the management decision-making process at all levels....

By 1995-1996, caseloads had been reduced because of statutory changes made in 1986. However, as the recommendations above indicate, the cabinet had been unable to reduce caseloads to the statutory mandate. The cabinet has made considerable progress in the past 10 years in reducing caseloads further, but the standards have tightened and the reported difficulty of cases has increased. All of the recommendations appear to be relevant today.

Source: Commonwealth of Kentucky. Legislative Research Commission. Program Review and Investigations Committee. *Cabinet for Human Resources Family Service Worker's Caseloads*. Research Report No. 275. Frankfort: LRC, 1996.

Recommendations of Senate Resolution No. 105 Residency Task Force (1997)

Senate Resolution 105, which was passed by the 1996 General Assembly, directed the Kentucky Board of Education

...to review all statutes and administrative regulations to determine whether they clearly establish the programmatic and fiscal responsibilities of local school districts relating to education services for students residing in the district, including but not limited to, students not living with their parents, students in detention and residential programs, students with disabilities and placed in institutions by the state or by their parents for both educational purposes, for rehabilitation purposes, or for detention purposes...

The Kentucky Department of Education appointed a task force to review the pertinent statutes and regulations in order to comply with the mandate. The task force consisted of representatives from the Cabinet for Families and Children, Cabinet for Health Services, the Kentucky Department of Education, Public Protection and Advocacy, Office of Education Accountability, Kentucky Educational Collaborative for State Agency Children, and school districts. The recommendations of the task force are presented here verbatim.

Below are statutes, regulations and legal precedent commonly practiced in the Commonwealth. It is recommended that if any and all of the proposed legislation below is enacted, these statements be included within that language.

1. A child or youth who resides in a school district with his parents, legal guardian, or legal custodian is said to be a resident of that district and shall be entitled to a free appropriate public education by that school district.
2. Programmatic responsibility for educational services of children and youth who are living in a residential facility is with the school district where the child sleeps. Programmatically, if a child sleeps in a school district, the child must be educated by that school district.
3. If an admissions and release committee makes an out-of-district placement for educational purposes of an identified special education student, residency of the student remains with the school district where the child's parent resides.
4. If a parent unilaterally places a child, with or without disabilities, for educational purposes in a private school or educational facility outside his district of residency, the parent assumes responsibility for all costs of educational services if the school district of the parent's residence has made available a free and appropriate public education to the child.
5. When the Cabinet for Families and Children or Comprehensive Care makes a placement, that placement shall be considered to be for other than educational purposes. Residency in these instances shall be with the school district where the child sleeps.
6. If an out-of-state agency or individual placed a child in Kentucky, residency for school purposes remains with the school district where the child resides.
7. If a parent of a child with a disability moves to Kentucky, the school district where the parent resides may temporarily place the child or youth pursuant to 707 KAR 1:230 and proceed with identification, evaluation and placement procedures.
8. If a court makes an educational placement out-of-district, residency shall remain with the parents or pursuant to the court order. If the courts make a placement for other

than educational purposes, residency shall be the district where the child or youth sleeps.

9. In situations where residency is disputed, the school district where the child sleeps shall provide services pending resolution. Once the dispute is resolved, the local education agency where the child sleeps may recoup expenses for the excess cost of serving the child from the party determined responsible by the court.

RECOMMENDATIONS REQUIRING NEW LEGISLATION

10. Financial responsibility for educational placement and services for children and youth, including those with disabilities, shall be based upon residency.
11. If a parent unilaterally places a child for noneducational purposes in a residential program outside the parent's district of residency, the district where the child sleeps shall be fiscally responsible for the child's educational needs. Districts serving a child under this condition may apply to the Kentucky Department of Education for reimbursement of excess costs that are not reimbursable through other public and private funds generated by the child (including but not limited to SEEK, Medicaid, the Kentucky Educational Collaborative for State Agency Children (KECSAC), and the Kentucky Education Technology System). This reimbursement fund shall be generated by an annual \$360,000 appropriation from the Kentucky General Assembly....
(In the event funds are unavailable from the General Assembly, a second option is to reimburse districts by retaining up to one percent of federal dollars generated from Part B of the Individuals with Disabilities Act (the dollars that flow to the school districts). This option provides for needed statewide sharing of the excess costs for the students, but is much less desirable because it results in a decrease from the top of the federal funds allotted to school districts.)
12. An interagency agreement among the Department of Education, the Cabinet for Families and Children, the Cabinet for Health Services, and the Justice Cabinet shall clearly identify and clarify the responsibilities of each agency in the provision and funding of educational services for students in state operated, financed or contracted day or residential programs, detention facilities and those unilaterally placed by parents. Furthermore, the agreement shall specify provisions for record release, release of students, and notification of placement.
13. A prerequisite to the licensing and establishment or expansion of state and/or private residential facilities shall be submission of a Certificate of Resources to a Review Board. This Review Board would evaluate and determine accessibility of necessary resources in the proposed locality, the prudence of the location, and the impact on the community in responding to the Certificate of Resources.
14. An educational passport shall accompany any student returning to or from a residential facility, detention center, etc. The passport is a form that is completed by the school or facility from which a student is leaving. Its purpose is to provide the receiving school or facility with basic demographic and academic information about the student as well as records that are available regarding the student. The passport is submitted when the student is presented for enrollment, avoiding the problem of a school/facility enrolling a student without any knowledge of his specific

needs/background. The passport will be carried by the agency or person presenting the student and not by the student.

15. KECSAC dollars should be tied to SEEK so that school districts get automatic incremental funding when the number of children increases.
16. The 1998 General Assembly should revise statutory language in KRS 157.230, 157.350 (4), 158.030, 158.100, and 158.120 to reflect the programmatic and fiscal responsibilities as outlined in the above recommendations. Legislation should also be enacted to require the Certificate of Resources approval process and the Educational Passport.
17. The 1998 General Assembly should appropriate \$360,000 annually to the Kentucky Department of Education for the cost of students unilaterally placed by their parents for noneducational purposes in a residential program outside the parents' district of residency.
18. The 1998 General Assembly should appropriate an additional \$2.2 million to cover the excess cost of some KECSAC students (around 15/20 percent currently). These funds would create an excess cost category for school districts to count KECSAC students for excess dollars when documentation exists (based on a set formula for calculation) that the student's cost is 20 percent or more above all state and federal funds received for the child.

Source: Commonwealth of Kentucky. Department of Education. *Recommendations of Senate Resolution No. 105 Residency Task Force*. Presentation to the Legislative Research Commission. Frankfort. Feb. 1997.

Citizen Foster Care Review Board Recommendations (1997)

The Kentucky Citizen Foster Care Review Board identified seven problems with the out-of-home care system in 1997. The document listed the problems and some recommendations to the legislature, the Governor, the judiciary, and the Cabinet for Families and Children (CFC) Department for Social Services (DSS). The selected recommendations below include only some of those addressed to the legislature and the cabinet. The text of the recommendations is reproduced verbatim.

Problem 1—Funding Issues. The board stated, “The major problem ... is adequate funding to meet the needs of children” committed to the state.

RECOMMENDATIONS TO THE LEGISLATURE

1. Mandate that programs for children are funded to meet the existing needs....
5. Mandate that DSS develop measurable outcomes for children....
6. Request the formation of an Independent *Advisory Group for Children* to advocate for the needs of children....

RECOMMENDATIONS TO THE CFC/DSS ADMINISTRATION

2. Promote community-based services, with state responsibility and/or oversight, which offer the full array of services for children and families. Community-based services to meet the specific needs of the individual child can be provided more rapidly and at less expense.

4. Form an Independent Advisory Group Representing Children to advocate for the needs of children. Include all groups so a united approach can be developed that will ensure success. This group would review existing models of child welfare systems for success or failure and assist the Cabinet in developing marketing techniques.

Problem 2—Staffing. The board found that case recordings by caseworkers were rarely up to date after court activity regarding intake and commitment of children to the cabinet, nor did they indicate any activity associated with case plan compliance. Caseworkers appeared to perform crisis intervention rather than supporting foster parents, visiting children in the home, providing services to foster families, and monitoring case progress.

RECOMMENDATIONS TO THE LEGISLATURE

1. Request a list from DSS of all tasks needed to provide mandated services to families and children currently in care.
2. Provide funding and statute changes to provide enough workers to meet the needs of children and families currently in care.
3. Identify the cost of current needs and the cost of anticipated future needs.
4. Provide funding and legislate the hiring of paralegals and case aides.
5. Designate a regional financial officer to monitor cost of services and [assist] foster parents with financial issues relating to foster children.
6. Mandate the exemption of DSS from the state employment ceiling.
7. Direct DSS to seek accreditation from the Child Welfare League of America.

RECOMMENDATIONS TO THE CFC/DSS ADMINISTRATION

1. Create a list of all the tasks needed to provide services to the child, family, and foster family.
2. Assign each task and see where the gaps are. Assign case loads accordingly.
3. Hire paralegals and case aides.
4. Designate a financial officer to monitor the cost of services and assist foster families.
5. Ask for an exemption from the state employment ceiling.
6. Seek accreditation for the DSS from the Child Welfare League of America.
7. Monitor employee performance and compliance with statute and DSS policy.
8. Develop a way of identifying children who appear that they will have multiple moves, flag the files, and assign an advocate ... to monitor and track....

Problem 3—Case Plan. The board reported that case plan goals “are more philosophical than practicable. They are not specific enough to give the family direction and clear expectations.” The board also found that children stay in care much too long due to inappropriate utilization of the case plan and lack of regular monitoring for compliance.

RECOMMENDATIONS TO THE LEGISLATURE

1. If the child remains in care beyond six months and the parent, GAL [guardian *ad litem*], the age appropriate child, and the foster parent ... do not attend the treatment planning conference, the statute should require that the court review and approve a plan for the child and family.

RECOMMENDATIONS TO THE CFC/DSS ADMINISTRATION

1. Case plans should be written as a contract with the parent, easy to understand, and specific about what the parent is expected to do before the child is returned.
2. Case plans should have measurable outcomes with time lines and consequences that are understood by the family.
3. Case planning process should include:
 - a. Multidimensional assessment
 - b. ... [The] participation of all parties (GAL, age appropriate child, foster parent, CASA [Court Appointed Special Advocate]) with information from the school, mental health agency, and other significant persons working to promote the child's well being.
4. Create a new permanency goal to include shared guardianship (dual goals) between state agency and foster parents or agency and relative to reduce the need for TPR [termination of parental rights] and give the child some family connectedness.
5. Case planning meetings should be held at a time the family can participate.
6. Case planning does not have to wait for another six months but should be held as often as needed for the child's permanency.

Problem 4—Child's First Placement. The board found that current practice was to place the child wherever the caseworker can find a bed or a willing foster parent. Children were reported to endure multiple placements in a brief time span after removal. The board stated, "Placing a child where their needs are not being met, even for a short time, is counter productive for the state and the child."

RECOMMENDATIONS TO THE LEGISLATURE

1. Assure that staff and funding is available to do an assessment of the child at the initial removal.
2. Provide funding to support the retention and recruitment of good foster families where at least one parent does not work outside the home.

RECOMMENDATIONS TO THE CFC/DSS ADMINISTRATION

1. Provide for a complete multidimensional assessment of the child initially so that they get a secure and appropriate placement.
2. Complete assessments of the child's placement needs should be done within the first week after removal.
3. Provide adequate support of foster families to promote retention.
4. Decisions to change placements should be made jointly by DSS and the foster parents. Decisions of this nature should never be done by one person.
5. Assure that each child who is placed has his/her educational, physical, and emotional needs met.
6. Provide for training and support of foster parents to understand and participate in all educational and mental health decisions about the child.
7. Flag those children, as early as possible, who will likely move from place to place....

Problem 5—Lack of Permanent Facilities. The board stated that many children committed to the Cabinet underwent multiple placements until they turned age 18 and found themselves in a homeless shelter. "These children will cost society in many ways (illegitimate children, crime, health care) for years to come."

RECOMMENDATIONS TO THE LEGISLATURE

1. Provide funding and necessary legislation for these children to be placed in an appropriate place (therapeutic foster home, psychiatric hospital or ... private child care facility) until they reach age 18 or age 21 if they are in school full time.
2. Introduce and pass necessary legislation for DSS services past the age of 18 for extended skills training for a minimum of six months.

RECOMMENDATIONS TO THE CFC/DSS ADMINISTRATION

1. Encourage the establishment of facilities with a continuum of care (various levels) on one campus (i.e., treatment facilities to therapeutic foster homes).
2. Resist moving children from one end of the state to another for treatment purposes.
3. Cooperate with the psychiatric facilities in fulfilling aftercare protocols for children leaving psychiatric facilities to assure that the prescribed medication and therapy sessions continue. The child should transition back to his/her permanent appropriate placement in accordance with his psychiatric treatment plan.
4. Work with other state agencies in providing housing, emotional and psychological support as well as job counseling for children following the release of commitment at age 18....

Problem 6—Dispositional Reviews as Part of Permanency Planning. The board reported that Kentucky had an 18 month dispositional review for all dependent, neglected, and/or abused children. In most areas of the state, the board found that the dispositional review was attended only by the caseworker and sometimes by one who was not familiar with the case. “It will be a waste of court time and money, in addition to further neglect of the child to have a dispositional review that is not a full hearing with all parties involved.”

RECOMMENDATIONS TO THE LEGISLATURE

1. Assure that funds are available for legal representation for the child by a GAL at all court hearings, including the dispositional review.
2. Provide ... for all participants to the case be notified of all hearings. ... Parents should be subpoenaed.
3. Mandate training for all judges and Guardians Ad Litem who hear protection and permanency cases.
4. The Citizen Foster Care Review Board supports a thorough court review of the child as soon as the case warrants and no less than annually. This would be determined by a lack of progress by the parent to have the child returned.

RECOMMENDATIONS TO THE CFC/DSS ADMINISTRATION

1. Notify all parties of all court hearings and case conferences including the CASA volunteer as provided in current statute.
2. Have written documentation of school progress/attendance available for court review.
3. Have current reports of mental, emotional, and physical condition of child available for all court reviews.
4. Support foster parent in attending and participating (speaking to judge) in the dispositional review

Problem 7—Legal Representation of Children at Every Court Hearing (Including Dispositional Review) and All Case Conferences. The board found that most children did not have legal representation in court hearings after the dispositional hearing. The exception was in Family Court.

RECOMMENDATIONS TO THE LEGISLATURE

1. Mandate and provide funding based on hourly fee for service provided by a GAL who represents children.
2. Provide for the GAL who is originally appointed to continue throughout the commitment, including TPR proceedings.

RECOMMENDATIONS TO THE CFC/DSS ADMINISTRATION

Cooperate with and support the GAL and the CASA in speaking for the best interest of the child at all hearing and case conferences.

Many of these recommendations remain relevant, although much progress has been made. The cabinet has made great strides in coordinating community-based services, for example. Representation of children in court has improved dramatically.

Source: Commonwealth of Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. *Mandated Recommendations to the Legislature, Governor, and the Supreme Court 1997-1998*. Frankfort: CFCRB. November 1997.

Final Report of the Interim Membership Task Force on Children in Placement (1998)

The 1996 General Assembly enacted Senate Concurrent Resolution 107 that created a task force to examine and evaluate the system of care at that time, explore alternatives intended to improve service delivery, and propose recommendations for consideration by the 1998 General Assembly. The task force issued the recommendations in December 1997 and the final report in November 1998. The report's findings are summarized here.

- The demand for services exceeded the available resources.
- More children needed placement than there were placements available.
- Children should be provided services as close to home as possible.
- Geographic distribution of the needed services or facilities would better serve children.
- Placements should be kept to the minimum.
- The Department for Social Services (DSS) had no control over private programs.
- Licensing requirements should be the minimum standards for operating a facility.
- Prudent purchasing of services is required to ensure quality services.
- DSS should have been assessing outcomes for children and buying quality services that work. However, the state was not in a bargaining position to provide the best placement first. Often, available bed space was utilized because it was available, not because it was the best placement for the child.
- Some children might remain at home due to a lack of placement alternatives.
- Transitions for children exiting care are vital to sustaining the progress made in treatment.
- Aftercare and independent living are critical steps to supporting and sustaining progress.

The task force made many recommendations, some of which are summarized here.

- The Cabinet for Families and Children should determine an accurate level of funding needed and use it as a baseline for budget requests, and the governor should utilize those figures as the starting point for the budget.
- The cabinet should determine an accurate level funding needed to reimburse facilities and foster homes.
- The cabinet should replace the current method of making DSS placements. A district-level placement coordinator should be established.
- The cabinet should create a mechanism to maintain and manage an inventory of the number and type of available beds.
- An agency should be created with the authority to manage development of placement alternatives and facilities.
- The cabinet should adopt a philosophy of finding the best placement first for each child and should expand the scope of the Children's Review Program.
- The cabinet should accurately inform service providers or caregivers of children's needs.
- The cabinet should create a treatment passport that documents the efforts, treatment, and progress at each placement and is provided to each new placement. Treatment records should routinely follow the child to each placement.
- Use of an educational passport should be mandated. Information important to enrollment and educational continuity should be included, and the passport should be held by the person or agency responsible for the child.
- The cabinet should provide services to prevent the disruption of a placement and support foster parents to maintain placements. Foster parents and facility staff should be included in case conferences and service planning for placement changes.
- The cabinet should take action to respond to children with multiple placements, such as creating a mechanism to flag the file of such children.
- Reporting requirements for the state Citizen Foster Care Review Board should be established as a quality assurance measure.
- The cabinet should invite all appropriate agencies to develop a strategic plan and procedures for working together successfully.
- There should be lower caseloads and additional caseworkers in order to ensure adequate attention to children in care.
- The cabinet should ensure that accurate information is available on each child. A unified information system should be created to link data from the cabinet, courts, and other involved agencies.
- The cabinet should develop credible outcome measures and report on them.
- The General Assembly should amend statutes to separate dependency into two categories—commitment because of maltreatment or inadequate supervision and commitment because of complex treatment needs.
- Public school teachers should be trained on how to deal with children who are at risk of or have experienced abuse, neglect, or out-of-home placement.
- The General Assembly should expand education funding for state agency children through the Kentucky Educational Collaborative for State Agency Children.
- The General Assembly should clarify and strengthen the regulation of facilities that care for children in state custody.

- The General Assembly should allow limited authority for regulatory waivers for child-caring facilities that can meet a regulatory objective in an alternate way.
- Permanency should be achieved by removing barriers to adoption, subsidizing adopted children up to age 21, considering long-term foster care as a permanency option where appropriate, and exploring other permanency options such as subsidized guardianship.
- The cabinet should ensure that workers consider both reunification and other permanent arrangements and the courts should review cases periodically until permanency is achieved.
- Funding streams should be created to pay for services that would prevent parents from having to declare their child dependent in order to receive services and for less expensive services that might lessen the need for psychiatric hospitalization and residential treatment.
- Termination of parental rights should be expedited in an appropriate manner.
- Reimbursement rates paid to foster parents should be adjusted to more closely reflect the cost involved in caring for foster children, and the rates should increase with the cost of living. All foster parents caring for children of comparable difficulty should receive comparable payment, regardless of where they live or whether they are paid by the state or a private child-placing agency. The cabinet should request adequate funding for foster care reimbursement.
- The current system of determining the needed level of care should be expanded and revised to include all children in out-of-home care who are in the custody of the cabinet.

The study also suggested areas for further study. Some of them are summarized here.

- Conduct surveys of foster homes and private child-caring facilities.
- Examine outcomes for children after the court has terminated parental rights.
- Develop a profile of children who remain in custody after age 18 and their needs.
- Investigate length of stay and length of commitment for children in custody.
- Analyze the reasons children enter temporary custody and determine length of time children remain under these orders.
- Explore the circumstances of children who enter care under voluntary commitment and length of time children remain under these orders.
- Analyze data concerning adoption disruption.
- Conduct a longitudinal study to determine how children progress through stages of dependency, status offenses, and public offenses.

The 1998 General Assembly passed much legislation as a result of this task force's recommendations. However, many of them remain pertinent today.

Source: Commonwealth of Kentucky. Legislative Research Commission. 1996 Interim Membership Task Force on Children in Placement. *Final Report of the Task Force on Children in Placement: The Challenge of 1996 Senate Concurrent Resolution 107*. Research Report No. 280. Frankfort: LRC. 1998.

Impact Plus (2001)

The Program Review and Investigations Committee study of Impact Plus contained a recommendation that is relevant to foster care today. It is reproduced verbatim.

Recommendation 2.7: The AOC [Administrative Office of the Courts] should strengthen efforts to maintain a complete database on committed children that includes the type of commitment. The DCBS [Department for Community Based Services] and AOC should meet their respective statutory mandate to report on commitment for extraordinary needs.

Source: Commonwealth of Kentucky. Legislative Research Commission. Program Review and Investigations Committee. *Impact Plus: Design of Medicaid-Funded Program for Children with Severe Emotional Disturbance Results in Rapidly Growing Expenditures and Difficult Policy Choices*. Research Report No. 300. Frankfort: LRC, 2001.

Citizen Foster Care Review Board Annual Reports (2001-2005)

The state Citizen Foster Care Review Board is required to make recommendations annually regarding the foster care system. In looking at the recommendations in the annual reports from 2001 through 2005, there has been considerable overlap in the suggestions made for enhancing the foster care system. After eliminating the duplicate ideas, here is a summary of some of the board's recommendations.

- When the Department for Community Based Services (DCBS) decides to release a child from commitment, statute requires the caseworker to notify the court at least 14 days before the release. If the court does not act, the release occurs as planned. The board recommended increasing the notification period from 14 days to 45 days and requiring a court order for release.
- Termination of parental rights cases should be processed in a timely manner both in DCBS and in the courts.
- Following termination of parental rights, adoption should be expedited.
- Adequate funding should be provided to address staffing issues in DCBS.
- Family Courts and Court Appointed Special Advocate programs should be implemented in each judicial district or circuit, where possible.
- The courts should provide more training on children's issues for judges, clerks, and guardians *ad litem*.
- Everyone involved should use the permanency plan as the guiding document for case decisions and actions.
- DCBS should provide a consistent caseworker from commitment to release from custody.
- DCBS should ensure children have realistic, achievable permanency goals within 12 months of entering foster care
- The judiciary and the DCBS should continue to collaborate.
- DCBS should enhance the recruitment and certification process of foster and preadoptive parents. Some attention should be given placing siblings together.
- DCBS should focus efforts on the placement of children into permanent homes to reduce the number of children who exit the system at age 18.
- DCBS should increase the amount and improve the quality of treatment and support services for children and families.

- The recommendations of the Pew Commission on Children in Foster Care should be implemented.
- DCBS should provide annual reports as required by KRS 194A.365 and KRS 199.565.

Source: Commonwealth of Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. *2001 Annual Report*. Frankfort: AOC. No date. <<http://courts.ky.gov/NR/ronlyres/553263B7-5C3F-4B61-8FA0-36F3282FF82B/0/CFCRBannualreport2001.pdf>>(accessed Dec. 20, 2005).

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<<http://courts.ky.gov/stateprograms/fostercare/pubs.htm>> (accessed Dec. 20, 2005).

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<<http://courts.ky.gov/stateprograms/fostercare/pubs.htm>> (accessed Dec. 20, 2005).

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Court Improvement Project Reassessment 2005

In 2004, the University of Kentucky's College of Social Work Training Resource Center conducted a Court Improvement Project reassessment for the Administrative Office of the Courts (AOC). This effort was undertaken to enhance the dependency, abuse, and neglect court system. The process built on the findings of the original assessment conducted between 1994 and 1996, which provided the foundation for court improvement initiatives since then. In 2005, the researchers produced a report of their findings and suggestions for potential future directions, entitled *Court Improvement Project Reassessment 2005*.

The study determined that "Kentucky has made a significant degree of progress over the past ten years in improving its court system, and in collaboration between the Administrative Office of the Courts and the public child welfare agency" (ES-2).

The study generated 22 findings and potential future directions. They are reproduced here verbatim (127-135).

1. Kentucky statute is in compliance with federal requirements, and in a number of ways meets best practice guidelines to which it was compared. Despite compliance with federal requirements, statutory revision based on recommendations of the National Council on Juvenile and Family Court Judges, the American Bar Association and other sources should not be ruled out as a strategy for addressing areas identified as needing improvement in the reassessment. For example, permissive legislation that would allow adoption petitions to be filed in the potential adoptive family's county of residence may expedite the termination and adoption process; further, statutory change regarding [guardian *ad litem*] practice was recommended by a specially appointed Commission on Guardians Ad Litem in 1998 has never been attempted.
2. For the most part, the data suggests that court systems are meeting statutory timeframes and requirements regarding temporary removal hearings, adjudications and other hearings, although exceptions exist. Regional study would be appropriate to determine if these exceptions are localized, and if targeted action should be taken to improve them. It would appear that there is improvement since the original

assessment in reasonable efforts findings. Data suggest the time elapsing between the filing of [termination of parental rights (TPR)] petitions and occurrence of hearings has significantly decreased, although the length of time between setting the goal of adoption and filing of the petition remains an issue, and post-termination delays may also be of concern. Study of these latter stages of the court process proved most difficult within the methodology used in this assessment, and alternative data collection strategies should be considered. At the post-TPR stage, court delays were noted as the most significant factor preventing achievement of permanency, although less so for family court sites. The post-TPR stage of the court system is clearly an area needing attention. Changes in the appellate process currently under development may be an important step in this direction, including proposed changes in the civil rules.

3. Some data suggest that inconsistency in the court process is of concern based on the experience of those working across various jurisdictions. This certainly does not suggest that judicial discretion should be eroded. However, AOC may wish to consider rethinking how the best practice protocols developed earlier as an initiative of the Court Improvement Program might be used to promote consistency within certain aspects of the court process. It is unclear the extent to which judges and others are fully aware of some of the more recent requirements, such as holding permanency reviews within 30 days when they rule that reasonable efforts to reunify are not required, or that foster parents should receive notice of hearings and have the opportunity to be heard. Therefore, training as well as creative use of technology to prompt the Court regarding fulfillment of statutory requirements may be considered.
4. The statutory requirement of greatest concern in this study (which echoes the finding of the [Child and Family Services Review]) is related to permanency review hearings. Collected data appears to conflict on this, and existing data systems make this area difficult to study. While some data certainly suggest that permanency reviews are being held timely, in some areas of the state this may not be occurring. It is hoped that AOC's new data system will enable closer tracking of this indicator. It would seem that an automated tickler system would be appropriate that does not rely on the Cabinet notifying the Court that the deadline for holding a permanency review is approaching. In addition to the timeliness of permanency reviews, their rigor and meaningfulness is also of concern. For example, nearly a quarter of [Cabinet for Health and Family Services (CHFS)] survey respondents indicated they did not submit a written report to the court at the time of the permanency review, which would seem to be an important source of information for the judge, especially given data suggesting these hearings are short in duration.
5. Concerns about the consistency and accuracy of AOC and CHFS databases persist. Some issues seem to exist with consistent entry of appropriate codes by clerks, as well as Cabinet workers. While the new case tracking system being implemented by AOC this summer has been planned to improve this situation and allow interface between the two agencies, this is a very large undertaking. Its effectiveness in resolving identified issues with tracking key indicators should be rigorously evaluated. Accuracy and consistency in judicial case files is similarly of concern. Much data simply is not recorded in these case files, or is recorded in the form of a

notation on a docket sheet. There is tremendous inconsistency in how these files are arranged, and what type of information is retained in them.

6. The balance of the data suggests that jurisdictions with family courts generally perform better than those without on numerous indicators, including comprehensiveness of the Court's approach to cases, preparation and accessibility of professionals, and the thoroughness of judicial review of the implementation and outcomes of services to families and children. Kentucky has been undergoing significant expansion in its implementation of family court sites, with eight to be added in 2006. Family courts have demonstrated openness to innovation in terms of the court process itself as well as in collaboration with other community resources serving families. This phenomenon would benefit from more detailed longitudinal study focused on outcomes for families and children, which could be initiated right away as more family courts are being established, to determine which family court practices are most effective in promoting efficiency of the process and timely achievement of safety, permanency and well-being of children.
7. It appears that parties and their attorneys, as well as the professionals themselves, often do not meet other than the day of hearings, although this seems to be something desired by many responding professionals. Some data suggest there is little preparation by parents' attorneys for hearings prior to the day of the event, at least in some jurisdictions. This overall finding must be considered with caution given that quantitative data from both county and private attorneys could not be used due to the low response rate, and therefore this important voice could not be heard, other than through the qualitative methodologies. AOC may wish to consider additional methods of collecting information on the perceptions of attorneys, so that efforts to enhance legal practice in [dependency, neglect, and abuse] cases can be appropriately targeted.
8. Data obtained from different sources conflicted on the extent to which representatives of the county attorneys' offices were prepared to perform their duties. Quantitative data suggests problems with the timely completion of tasks such as filing petitions and orders. A number of concerns were noted in the qualitative data including lack of accessibility, and inconsistency in their participation in hearings. Lack of clarity persists in terms of the role and functioning of the county attorney's office in [dependency, neglect, and abuse] cases, which is a residual from the original assessment. The overall lack of county attorney response to the survey may imply a problem with this group's role in the process, or may be a function of the methodology employed. Although they sometimes participate in the AOC's GAL training, this group of professionals may benefit from additional, more targeted training regarding the role of the county attorney's office in the [dependency, neglect, and abuse] court process.
9. Guardian ad litem [GAL] practice remains an important area in need of focus. Despite the availability of GAL training through AOC, more than half responding judges do not require any experience or training of attorneys they appoint as ... guardians. Further, concerns regarding the functioning of GALs were clearly identified in both quantitative and qualitative data. Respondents report a perception that in general they do not gather appropriate information before the day of court. A substantial number of respondents indicated that GALs do not perform important activities such as reading the Cabinet record, and talking to the worker, child or foster parents. A large

number of judges do not perceive GALs as having a positive impact on the health and safety of the child or the achievement of permanence, and in fact GALs fared worse on these questions than other attorneys. The data collected regarding the functioning of GALs may be less favorable now than at the time of the original assessment.

AOC's GAL Training and Dependency Law Clinic Programs have been successful in educating a large number of attorneys over the past few years. Trainee evaluations have been positive. The effectiveness of these programs in changing practice should be evaluated to determine if training reinforcement activities are needed. Research has demonstrated that classroom training alone is not always effective in promoting practice change. In addition, the fee structure and statute regarding GAL practice remain unaddressed.

10. There is some indication that in some areas of the state there may be less than a desired level of rigor within contested hearings, in the form of lack of opening statements, testimony by witnesses, cross-examination and argument, as reported by professionals in the system. Estimated length of some hearings contributes to the evidence for concern in this area. This finding is also hampered by the lack of input from attorneys, although several attorneys addressed this area in the qualitative data they offered.
11. A significant proportion of respondents indicated that judges do not consider the appropriateness of services recommended by the Cabinet at disposition when determining what orders to issue, and a correspondingly high percentage of sampled cases for intensive review suggested that frequently all recommended services were, in turn, ordered. While this is within the purview of the court system itself, the greater problem of inadequacy of services to meet family needs is not, yet remains a critical barrier to achievement of safety, permanency and well-being. Permanency delays were often attributed to families' inability to access and complete various types of assessment and treatment services in many areas of the state, both urban and rural. This issue requires attention well beyond the court system and the scope of the reassessment. A related issue was that the majority of judges said they do not receive written reports from the Cabinet in a timely manner. In fact, in some of the intensively studied areas there was a paucity of court reports in the judicial files. The content and timeliness of reports submitted to the court by CHFS and [Court Appointed Special Advocates], and judicial use of this information in selecting what orders to issue to the family may be an area worthy of further study, and attention in future Court Improvement Project efforts. A workgroup established by AOC has developed a draft standardized court report format for distribution to the field. The system for distribution, as well as a program involving incentives to promote its use and the impact of the initiative on court decision-making, should be evaluated.
12. There has been a notable increase in the number of cases undergoing periodic review. Judicial review of case progress can be an important facilitator of progress toward safety, permanency and well-being of the child. However, many judges indicated that they do not determine if modification of prior orders is necessary during reviews. The qualitative data in the study shed little light on practice within the periodic review process. This is another area in which the Administrative Office of the Courts could provide tools and leadership to promote structured, meaningful review that will move the family forward without overburdening the Court system.

13. While judicial decision-making and review are occurring early in the process, the data suggest that the court's involvement in decisions related to return of the child to the home is minimal in many areas, particularly in non-family court jurisdictions. Judicial review of the extent to which intensified visitation schedules are being used, and post-return monitoring by the Cabinet seem lacking. In addition to its importance in providing oversight, judicial review can be important in reinforcing the need for continued progress in resolving issues leading to removal with families. Current practice involves the Cabinet sending written notice of intent to return to the Court, and after a short waiting period the child is returned home. The Foster Care Review Boards have been recommending reform of this, including a required hearing and enhanced judicial oversight at this stage without success for some time.
14. Many respondents note dissatisfaction regarding docketing procedures in their court system and the resultant waiting time experienced by many involved in these cases. This is a complex topic residing wholly within local control. However, alternative docketing systems could be piloted and tested as to their effectiveness and efficiency with leadership and consultation from AOC. With the availability of this information, judges may then choose to consider reform in their jurisdictions.
15. While continuance of hearings was not a significant problem, the data collected regarding the primary reasons given for continuance were informative: service of notice to, location and presence of parents, and scheduling conflicts for attorneys. This is quite different than the findings of the original assessment. The Reassessment did not collect detailed enough data to pinpoint the specific issues in these areas that could be addressed by future AOC initiatives, however proper service of notice and representation of parties are critical to a fair court process.
16. Little data was collected on the overlap between [dependency, neglect, and abuse] and delinquent/status cases, although that which was obtained suggests this remains an area needing study, as was noted in the earlier assessment. Clearly, the collaborative study being conducted, and collaboration among the Cabinet for Health and Family Services, the Department of Juvenile Justice and the Administrative Office of the Courts on this topic is timely.
17. Despite periods of growth until 2002, the number of counties with [Court Appointed Special Advocates (CASA)] programs has declined. CASA and judicial survey respondents report a high level of activity by CASA volunteers where they are available. Judges felt strongly about their positive impact on the child, although qualitative data suggested the need for program improvement in some areas of the state, and in their relationship with the Cabinet.
18. Overall, data points to a feeling of disconnectedness among citizen foster care review board members. Many do not feel they are an integrated part of the court process. It is unclear if the general lack of review forms present in judicial case files speaks at all to this issue, or if that is a paper flow problem. Clearly, data collected by the [Foster Care Review Board (FCRB)] program at AOC indicates reviews are occurring with more frequency than were noted in the files in the intensive review sites. Although three quarters of judges indicated they review FCRB reports (but a notable one quarter do not) some volunteers seem unsure of the value of their role. CHFS may also not have an understanding or appreciation of the importance of the role of the FCRB. The FCRB program has undergone tremendous growth since its inception, in

terms of the volume of cases reviewed, the sophistication of its data collection and local coordination system, and its efforts in advocacy regarding the larger child welfare system. It may be time to step back and take a look at these more localized issues, and determine if efforts to integrate the Board more into the court process would be appropriate.

19. Workload and staffing issues were reported as a barrier as well for judges and clerks, in addition to the Cabinet. The data points to a possible need for a court staff workload and resource allocation study. This may be integrated into the family court expansion initiative.
20. Judges expressed a substantial interest in additional training, particularly on non-legal topics. This, as well as the judicial survey response rate, speaks well of the Kentucky judiciary. The data collected on interest in a wide array of training topics should serve as resource to AOC staff coordinating on-going judicial training.
21. Most judges reported spending time on community, training or other activities each month, and for some the amount of time devoted to this was substantial. Unfortunately this does not seem to include meeting with the other professionals working within the court system to plan and implement strategies for improving it unless there is a crisis. A similar finding was made in the original assessment and led to initiatives designed to promote such structured collaboration on a local level. It would appear that this has not been successful in a sustaining way in many jurisdictions. Competent and integrated practice among the professional and volunteer groups functioning in the court system continues to be an issue needing attention. Data points to continued perception of lack of respect for and understanding of the roles of the various professional and volunteer groups who must work together in the court system. In addition, the data suggest a need for more inclusiveness of foster parents, and perhaps children as appropriate, in the process. Respondents expressed a desire for cross-professional training. A substantial cross-training effort, including attempts at facilitating community action planning, was a part of early [Court Improvement Program] efforts. This should not be interpreted to suggest ineffectiveness of that initiative as it is likely that many of the individuals participating in the cross-training in the late 90's are no longer in the same positions. In addition, cross-training is best seen as the beginning of an initiative to promote collaborative relationships, not a solution. The cross-training initiative undergone in the early stages of the Court Improvement Program may need to be revisited, perhaps with greater emphasis on facilitation of local strategic planning processes once the training itself has been completed, and on-going reinforcement of the collaborative relationship development process.
22. Judges were very open to the positive potential of strategies to improve the process and reduce judicial delays, such as mediation, electronic document filing/review, and creative scheduling efforts. This suggests an innovative attitude and openness to piloting such strategies, which should in turn be evaluated. Qualitative data suggest that participants question whether the best interest of the child is truly what is driving the court system. There was a concern of lack of accountability for parents, differing approaches to permanency, and pressure to move cases through court too quickly. Any initiatives undertaken need to focus on maintaining focus on the safety,

permanency and well-being of the child as the priority, and take advantage of the open, innovative attitude expressed by many participants in the Reassessment.

Source: University of Kentucky. College of Social Work. Training Resource Center. *Court Improvement Project Reassessment 2005*. Lexington: UK. 2005.

Annual Report 2005: Kentucky Citizens Review Panels for Child Protective Services

In 2005, five regional Citizen Review Panels (Gateway/Buffalo Trace, Purchase, Jefferson, Fayette, and Big Sandy) and the statewide Citizen Review Panel issued recommendations in their annual report. Some of the recommendations of the statewide panel are reproduced here. The responses of the Cabinet for Health and Family Services (CHFS) were published in the 2006 annual report. The selected recommendations and responses are reproduced here verbatim.

Statewide CRP Recommendation: There should be specific interventions for workers when they experience a death on their caseload. This should include emotional and, if needed, mental health support and should be extended to supervisory staff as well.

CHFS Response: Currently workers and staff are referred to the Kentucky employee assistance program or the Crisis response board. This process is voluntary right now, but changes in policy are being considered that would make it mandatory for staff.

Statewide CRP Recommendation: Protection and Permanency should move toward a weighted case system, similar to the one that is used by Family Support. This would allow the Cabinet to more readily assess the true workload of frontline workers.

CHFS Response: A significant portion of a staff member's work is captured through the TWIST system but currently does not capture all job-related tasks/activities assumed by workers. The current development of TWIST 2, a web-based application, is anticipated to have those added functions into the system for capture. Monthly management reports show number of referrals entered, completed [Continuous Quality Assessments] and case plans, service recordings and home visits. These reports are available to the [supervisor] and worker. Discrepancies are handled by staff in the Office of Information Technology.

Statewide CRP Recommendation: Supervisors should have enhanced training in the area of supporting their employees (including personal support for a job well done and professional development support). We recommend that, if possible, supervisors be trained in a "retreat-like" setting to reward them for their difficult jobs.

CHFS Response: With the implementation of the Program Improvement Plan [Child and Family Services Review] requirements several trainings have been mandated for supervisors over the past year: Coaching and Mentoring; Enhancing Safety and Permanency and Family Team Meeting training.

Statewide CRP Recommendation: Workers (including supervisors) should be required to attend a minimum of training. For example, two courses per year (with a minimum number of hours) should be required of all workers. Ideally, this training would be related to workers' professional development plans as outlined in their quarterly evaluations.

CHFS Response: The staff development plan includes minimum training requirements for supervisors and all staff in [the Department for Community Based Services (DCBS)]. Training has consistently advocated that the staff development plan be included and addressed on the Performance Plans for all DCBS employees and yearly plans for advanced trainings be included as well.

Statewide CRP Recommendation: Workers do not seem to be clear about the mission and goals of the Cabinet. Have these remained the same since the administration of Secretary Miller? If so, this needs to be communicated to the workers so that their work can coincide with the larger mission of the Cabinet.

CHFS Response: [The cabinet's mission and vision statements are] readily available on the Cabinet's internet. All Cabinet employees have access to this site. It is the responsibility of regional management to discuss/review the mission and vision statements with staff....

Statewide CRP Recommendation: Workers expressed an ongoing need to have clients drug tested in an efficient way. We recommend that the Cabinet contract with an outside agency to do this testing.

CHFS Response: The Administration understands this is a significant component of casework investigation and management and is continuing to explore possible resources for this much needed service.

Statewide CRP Recommendation: We recommend that the new Employee Wellness coordinator spend considerable time going out into the sixteen regions to help tailor the Cabinet's Wellness initiative to the region's specific needs.

CHFS Response: The Wellness Coordinator was hired July 1, 2005 and is in the process of familiarizing herself with the Cabinet structure, development of an employee survey and the overall goals and mission of the wellness program.

Source: Citizen Review Panels of Kentucky. *Annual Report 2005: Kentucky Citizens Review Panels for Child Protective Services*. Lexington: CRPK. Oct. 2005.

<<http://www.uky.edu/SocialWork/crp/states/ky/kycrpar2005web.pdf>> (accessed Oct. 30, 2006).

---. *Annual Report 2006: Kentucky Citizen Review Panels for Child Protective Services*. Lexington: CRPK. October 2006. <<http://www.uky.edu/SocialWork/trc/KYCRPannualreport2006web.pdf>> (accessed Oct. 30, 2006).

Annual Report 2006: Kentucky Citizens Review Panels for Child Protective Services

In 2006, five regional Citizen Review Panels (Gateway/Buffalo Trace, Purchase, Jefferson, Fayette, and Big Sandy) and the statewide Citizen Review Panel issued recommendations in their annual report. Some of the recommendations of the statewide panel are reproduced here verbatim.

- The Statewide Citizens Review Panel supports the recommendations made by the Fayette and Purchase panels for a consistent, reliable means of communication between the Department of Community Based Services and the various panels throughout the state. To successfully carry out the Federal Mandate, the panels should be apprised of, and possibly included in, significant changes affecting the organization.
- The Statewide panel recommends the Cabinet implement methods to aid in employee retention and morale. Recent surveys revealed that while employees feel appreciated by their direct supervisors, they do not feel appreciated by the Cabinet in general. Research has shown that poor communication and lack of appreciation are key causes to low employee satisfaction. Additionally, research indicates a direct link between low morale and turnover. By implementing programs and improving communication beyond the Frankfort campus, employees will experience a feeling of self-worth and the Cabinet will benefit from the longevity of its workforce.

Source: Citizen Review Panels of Kentucky. *Annual Report 2006: Kentucky Citizen Review Panels for Child Protective Services*. Lexington: CRPK. Oct. 2006.

<<http://www.uky.edu/SocialWork/trc/KYCRPannualreport2006web.pdf>> (accessed Oct. 30, 2006)

Appendix L

Research Methods

Survey of Caseworkers and Supervisors

As Program Review staff interviewed caseworkers and supervisors across the state, it became evident that the interview process was too time intensive to gather information from a representative number of them. At that time, it was decided that a Web-based survey would be the most efficient way to gather data from multiple caseworkers and supervisors in every region. Forced-choice versions of the interview questions were developed, revised, and approved by an internal review committee.

The target populations of caseworkers and supervisors were identified using the TWIST TWS-W230S report. Since the survey questions request information about multiple types of ongoing casework, only caseworkers with at least five ongoing cases and supervisors of those caseworkers were included in the participant pool. There were 275 supervisors listed in the W230S report and 170 of them supervised caseworkers carrying at least five ongoing cases. Of the 1,368 caseworkers in the same report, 676 were assigned five or more ongoing cases.

The Web-based survey was distributed to caseworkers and supervisors by sending e-mails to their state-provided account. E-mail addresses for caseworkers and supervisors were collected from the Training Resource Information System. Caseworkers and supervisors received a series of four e-mails inviting them to participate in the study. The e-mails contained a direct link to either the supervisor or caseworker survey. By clicking on the link, respondents were directed to the survey page where they were able to answer the questions and submit their responses anonymously. One week after the final e-mail invitation, the survey was closed and the response databases were provided to Program Review staff for review and analysis.

Ninety-six supervisors (56 percent) and 236 caseworkers (35 percent) responded to the surveys. At least three supervisors and six caseworkers from each of the 16 regions participated. Bluegrass Fayette and Bluegrass Rural supervisors are underrepresented by 3 percent among supervisor survey respondents, whereas the Big Sandy and Pennyriple regions are overrepresented by 3 and 4 percent, respectively. KIPDA Jefferson caseworkers are underrepresented by 3 percent among caseworker survey respondents and Northern Kentucky caseworkers are overrepresented by 3 percent.

Male caseworkers are overrepresented by 7 percent among the survey respondents, whereas gender proportions for supervisor respondents were representative of the original population. Ethnicity proportions for supervisor respondents were also representative of the original population, whereas African American caseworkers were underrepresented by 3 percent among caseworker survey respondents. The 45-54 age range was overrepresented by 5 percent among supervisor survey respondents. The 35-44 age range was overrepresented by 5 percent, and the 55-64 age range was underrepresented by 4 percent among the caseworker survey respondents.

Overall, survey respondents were adequately representative of the original populations to make accurate assumptions about those populations based on survey responses.

In the data used for the analyses in the report, one caseworker's response was duplicated. The effect of a duplicate response was estimated to be insignificant and so the analyses were not revised. Staff determined that the duplicate would have no effect on the significance of the regional results in Appendix J.

Child Location Survey

In order to obtain a better picture of the status of children in open DCBS cases who are not in foster care, staff requested an extract of TWIST data from DCBS. The extract first looked at open cases that were shown on the TWS-W230D report with child protection service type. Within those cases, the extract included children who had been listed as victims in a referral that was still open.¹ The children also had to be listed as "active" in TWIST.

From the list of individuals obtained from DCBS, staff identified those who were not in out-of-home care. From the "in-home" list, staff randomly selected 400. These individuals were matched with their assigned caseworker. Staff sent an e-mail to the caseworker for each individual in the sample. The caseworker was asked two questions, as shown in Figure L.1.

For caseworkers who did not reply, follow-up e-mails were sent that included the same questions. Three follow-up waves occurred. In addition, if staff were unable to interpret the answers, individual e-mail exchanges were performed to clarify the responses.

After receiving the responses, it became clear that the original extract had included some individuals who were miscoded as children but were actually adults in the cases. When the analysis of data was done, everyone 19 and older was excluded from the overall population and from the sample. Of the 400 sampled, 13 adults (19 and older) were removed for a sample size of 387. At the closure of the survey, there were 338 responses, for a response rate of 87 percent.

The detailed results are shown in Table L.1 and the extrapolation to the population as a whole is shown in Table L.2. For the purposes of the report, these numbers were rounded to the nearest 100.

Later review showed that the original extract missed some children. Although the exact number was not determined, no more than 230 children were missed—80 out-of-home and 150 in-home—among about 19,600 children. The analysis was not modified to account for these children because the differences would be minor.

¹ Referrals within a case can be closed while the case remains open.

Figure L.1
Child Location Survey E-mail

Good afternoon.

As Marcia James mentioned in her e-mail earlier, the Program Review and Investigations Committee of the General Assembly has requested a review of the foster care program.

As part of that review, we have randomly sampled 400 children who were in TWIST as of August 6, 2006, and were not listed as in foster care. We are aware that some of these children will be living at home, some with relatives, and some perhaps elsewhere.

Our objective is to determine how many of these children were in various settings and who had legal custody.

Please reply to this message and indicate the option that most closely shows the location and custody of the child as of Friday, August 4. Do not provide names or addresses.

Please also copy Marcia James on the reply.

Thank you very much for your assistance in this review.

For case number «case_nbr» («Case Name»)

Child «child_name»

Date of birth «DOB»

1. Where was the child living as of Friday, August 4?
 - a. Living in a resource home, PCC foster home, group home, PCC residential, PRTF, or other OOHC setting
 - b. On a trial home visit from OOHC
 - c. Living with a relative or other person who was not the legal guardian when the referral was received
 - d. Living at home (with a person who was a legal guardian when the referral was received — birth parent or other guardian)
 - e. Other (please explain)

Answer #1:

2. Who had legal custody of the child as of Friday, August 4?
 - a. A person who was a legal guardian when the referral was received — birth parent or other guardian
 - b. A relative or other person who was not the legal guardian when the referral was received
 - c. The cabinet
 - d. Other (please explain)

Answer #2:

If you have any questions about the options listed, please call Van Knowles at 502-564-8100 x585 or email him at van.knowles@lrc.ky.gov

Table L.1
Child Location Survey Responses

Where was the child living?	Who had legal custody of the child?				
	Birth Parent	Relative	Cabinet	Other	Total
Out of home	2	2	6	0	10
Trial home visit	0	2	0	1	3
Relative	8	96	3	1	108
At home	197	3	0	2	202
Other	4	4	1	6	15
Total	211	107	10	10	338

Table L.2
Extrapolation of the Child Location Survey to All “In-Home” Children*

Where was the child living?	Who had legal custody of the child?				
	Birth Parent	Relative	Cabinet	Other	Total
Out of home	0	0	47	0	148
	76	76	229	0	382
	183	183	412	0	617
Trial home visit	0	0	0	0	0
	0	76	0	38	115
	0	183	0	113	244
Relative	95	3,045	0	0	3,482
	306	3,669	115	38	4,128
	516	4,293	244	113	4,773
At home	6,847	0	0	0	7,041
	7,529	115	0	76	7,720
	8,212	244	0	183	8,399
Other	3	3	0	47	288
	153	153	38	229	573
	303	303	113	412	858
Total	7,394	3,446	148	148	12,918
	8,064	4,089	382	382	
	8,735	4,733	617	617	

*The middle number in each cell is the extrapolated number. The top and bottom numbers show the 95 percent confidence interval in that cell.

Survey of Private Foster Care Agencies

Thirty-nine private foster care agencies listed in the TWS-W058 Children in Placement Report were invited by e-mail to participate in a Web-based survey about foster home capacity, costs, and related issues. Five of those agencies reported that they do not provide foster care and, therefore, did not complete the survey. Twenty of the remaining 34 agencies responded to the survey for a 59 percent response rate. Responses to most of the questions were inconsistent between agencies, which prevented accurate analysis of those responses. Open-ended responses and information regarding the costs associated with foster care were interpretable and so were used in this study. However, no quantitative analyses were done.

Appendix M

Summary Results for the Survey of Field Service Office Supervisors

Note: The sum of percent columns may not always equal 100 due to rounding. There were 96 respondents to the survey.

Background, Training, and Experience

1. How long have you been a supervisor?

	Responses	Percent
Less than a year	5	0
1-2 years	14	15
3-4 years	25	26
5-10 years	42	44
11 or more years	10	10
Total	96	100

2. How long did you work in child protection in Kentucky before becoming a supervisor?

	Responses	Percent
Less than a year	2	2
1-2 years	0	0
3-4 years	9	10
5 or more years	83	87
N/A (Did not previously work in Permanency and Protection)	1	1
Total	95	100

3. What college degrees or certifications do you have? Please check all that apply.

Degree, Number of Responses	Social Work	Mental Health Counseling	Education	Criminal Justice	Psychology	Other Discipline
Bachelors, 97	43 (44%)	1 (1%)	5 (5%)	5 (5%)	23 (24%)	20 (21%)
Masters, 57	44 (77%)	2 (4%)	2 (4%)	0 (0%)	2 (4%)	7 (12%)
Doctorate, 0	0	0	0	0	0	0

Licenses and certifications (please check all that apply):

(16 responses)	Responses
Licensed Social Worker	7
Certified Social Worker	6
Licensed Clinical Social Worker	0
Other, please specify:	4

Workload

4. Which of the following tasks comprise most of your time at work? Rank order the top three in terms of most amount of time, 1=most, 2=second most, 3=third most.

Task	Top Three in Time Spent	Number of "Most Time" Selections	Number of "Second Most" Selections	Number of "Third Most" Selections
Providing consult to Social Service Workers	91 (95%)	71	16	4
Interaction w/community partners	45 (47%)	1	19	25
Paperwork related to personnel issues	43 (45%)	8	19	16
Interaction w/regional office	38 (40%)	2	13	23
Casework (your own cases)	26 (27%)	4	11	11
Traveling	14 (15%)	4	4	6
Interaction w/central office	5 (5%)	0	1	4

Note: Percentages are based on the overall number of survey respondents: 96. The number of responses varies by item.

5. How many hours per week do you work? (Please include the scheduled 37.5 hours as well as any additional hours you spend working.)

Responses	Mean	Standard Deviation
96	43	5

Job Stress and Staff Morale

6. How stressful would you say your job is on a scale of 1 to 10? [with 1 being "not stressful at all," 5 being "moderately stressful," and 10 being "extremely stressful."] Select the number that best describes how you feel.

Responses	Mean	Standard Deviation
96	8.43	1.38

7. What makes your job stressful? Rank order the top three: 1=most stressful, 2=second most, 3=third most.

	Among the Top Three	Number of “Most Stressful” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Lack of staff	78 (81%)	55	19	4
Dealing with caseworkers	49 (51%)	5	20	24
Policy changes	47 (49%)	6	24	17
Dealing with regional office	33 (34%)	9	10	14
Fear of lawsuits	15 (16%)	5	5	5
Inadequate supervision	11 (11%)	1	6	4
Dealing with central office	9 (9%)	0	1	8
Other	47 (49%)	18	10	19

Note: Percentages are based on the overall number of survey respondents: 96. The number of responses varies by item.

8. How would you characterize the morale of the front-line caseworkers that you supervise?

	Responses	Percent
Excellent	2	2
Good	23	25
Fair	42	45
Bad	20	21
Very bad	7	7
Total	94	100

9. What could be done to decrease job stress for caseworkers? Rank order in terms of importance, 1=most important, 2=second most, 3=third most.

	Among the Top Three	Number of “Most Important” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Hire more caseworkers	87 (91%)	68	12	7
Increase transportation support	63 (66%)	7	28	28
Increase clerical support	50 (52%)	9	28	13
Increase community partnerships	17 (18%)	0	4	13
Other, please specify	29 (30%)	2	11	16

Note: Percentages are based on the overall number of survey respondents: 96. The number of responses varies by item.

Service Quality

10. Generally, how would you rate (on a scale of 1 to 5, with 1 being “excellent” and 5 being “poor”) the quality of Out of Home Care provided by each of the types of caregivers listed below?

Type of Caregiver, Number of Responses	Excellent	Good	Fair	Poor	Very Poor
Relatives, 93	6 (7%)	51 (55%)	31 (33%)	5 (5%)	0 (0%)
State resource parents, 95	9 (10%)	59 (62%)	20 (21%)	4 (4%)	3 (3%)
Medically fragile resource parents, 83	35 (42%)	38 (46%)	7 (8%)	2 (2%)	1 (1%)
Care Plus parents, 73	12 (16%)	40 (55%)	17 (23%)	3 (4%)	1 (1%)
Private foster parents, 86	1 (1%)	34 (40%)	37 (43%)	10 (12%)	4 (5%)
Private foster care agency staff, 90	3 (3%)	34 (38%)	39 (43%)	6 (7%)	8 (9%)

11. Please indicate the quality and availability of each type of service listed below:

Type of Service, Number of Responses	Availability				
	Always	Often	About Half the Time	Occasion- ally	Never
Medical services for children in care, 93	49 (53%)	38 (41%)	2 (2%)	4 (4%)	0 (0%)
Mental health services for children in care, 94	29 (31%)	37 (39%)	16 (17%)	11 (12%)	1 (1%)
Substance abuse services for adolescents in care, 93	3 (3%)	27 (29%)	27 (29%)	34 (37%)	2 (2%)
Special education services for children in care, 94	29 (31%)	38 (40%)	18 (19%)	8 (9%)	1 (1%)
Other educational services (counseling, tutoring, etc.), 93	9 (10%)	30 (32%)	26 (28%)	24 (26%)	4 (4%)
Family preservation services, 93	12 (13%)	36 (39%)	29 (31%)	15 (16%)	1 (1%)
Mental health services for birth families, 92	18 (20%)	39 (42%)	23 (25%)	12 (13%)	0 (0%)
Substance abuse services for birth families, 92	12 (13%)	27 (29%)	34 (37%)	18 (20%)	1 (1%)
Intensive family reunification services, 92	9 (10%)	30 (33%)	24 (26%)	25 (27%)	4 (4%)

Type of Service, Number of Responses	Quality				
	Excellent	Good	Fair	Poor	Very poor
Medical services for children in care, 93	10 (11%)	64 (69%)	18 (19%)	1 (1%)	0 (0%)
Mental health services for children in care, 94	3 (3%)	25 (27%)	40 (43%)	21 (22%)	5 (5%)
Substance abuse services for adolescents in care, 93	0 (0%)	23 (25%)	40 (43%)	25 (27%)	5 (5%)
Special education services for children in care, 94	7 (7%)	37 (39%)	33 (35%)	15 (16%)	2 (2%)
Other educational services (counseling, tutoring, etc.), 92	4 (4%)	33 (36%)	35 (38%)	14 (15%)	6 (7%)
Family preservation services, 93	21 (23%)	43 (46%)	22 (24%)	4 (4%)	3 (3%)
Mental health services for birth families, 92	0 (0%)	24 (26%)	40 (44%)	24 (26%)	4 (4%)
Substance abuse services for birth families, 91	2 (2%)	16 (18%)	44 (49%)	21 (23%)	8 (9%)
Intensive family reunification services, 90	16 (18%)	39 (43%)	26 (29%)	3 (3%)	6 (7%)

TWIST/Technology

Note: TWIST is the information system that tracks cases.

12. What should be done to improve TWIST? Rank improvements according to importance, 1=most important, 2=second most, 3=third most.

	Top Three in Importance	Number of “Most Important” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Reduce redundancies	73 (76%)	20	29	24
Make it speedier to use	60 (63%)	26	24	10
Make it accessible outside the office	59 (61%)	18	15	26
Make it easier to use	47 (49%)	21	11	15
Add data fields	13 (14%)	1	7	5
Other, please specify	15 (16%)	4	4	7

Note: Percentages are based on the overall number of survey respondents: 96. The number of responses varies by item.

13. What technology tools do you currently have and how important are technology tools to your job?

Please choose “yes” for the items that are currently provided to you by the state.

Technology Tool	State Provides	State Does Not Provide	Number of Responses
Cell phone	57 (61%)	36 (39%)	93
Digital camera	15 (17%)	71 (83%)	86
Laptop computer	7 (8%)	80 (92%)	87
Desktop computer	91 (96%)	4 (4%)	95
Combined cell phone/PDA	1 (1%)	83 (99%)	84
Dictation equipment	14 (16%)	72 (84%)	86
PDA	0	87	87

Pick the top three of all tools by level of importance and write 1, 2, or 3 next to them (1=most important, 2=second most, 3=third most).

Technology Tool	Among the Top Three	Number of “Most Important” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Cell phone	63 (66%)	17	33	13
Digital camera	52 (54%)	7	17	28
Laptop computer	41 (43%)	11	12	18
Desktop computer	59 (61%)	48	8	3
Combined cell phone/PDA	19 (20%)	6	8	5
Dictation equipment	18 (19%)	4	5	9
PDA	9 (9%)	3	4	2
Other, please specify	8 (8%)	1	4	3

Note: Percentages are based on the overall number of survey respondents: 96. The number of responses varies by item.

Foster Care Practice

14. In your opinion, how often:

Item, Number of Responses	Never	Occasionally	About Half the Time	Often	Always
are birth family case plans unrealistic?, 95	9 (9%)	60 (63%)	13 (14%)	13 (14%)	0 (0%)
are children removed who should be left in the birth home?, 96	24 (25%)	65 (68%)	5 (5%)	2 (2%)	0 (0%)
are children left in the birth home who should be removed?, 96	5 (5%)	80 (83%)	8 (8%)	3 (3%)	0 (0%)
are parental rights terminated when they should be preserved?, 95	56 (58%)	35 (37%)	2 (2%)	2 (2%)	0 (0%)
are parental rights preserved when they should be terminated?, 96	7 (7%)	72 (75%)	7 (7%)	9 (9%)	1 (1%)

15. How would you rate the speed with which adoptions are processed in Kentucky?

	Responses	Percent
Too quickly	5	5
About right	44	46
Too slowly	47	49
Total	96	100

16. In your opinion, how well are allegations of abusive or neglectful foster families investigated in terms of:

Item, Number of Responses	Very Well	Somewhat Well	Adequately	Somewhat Poorly	Very Poorly
Quality, 95	30 (32%)	19 (20%)	30 (32%)	14 (15%)	2 (2%)
Speed, 95	30 (32%)	28 (30%)	25 (26%)	8 (8%)	4 (4%)

17. How many children in out-of-home care experience physical and psychological changes?

Item, Number of Responses	All or Almost All	Many	About Half	Some	A Few or None
Physically					
Get Better, 94	28 (30%)	46 (49%)	8 (9%)	12 (13%)	0 (0%)
Stay the Same, 89	6 (7%)	10 (11%)	14 (16%)	49 (55%)	10 (11%)
Get Worse, 88	1 (1%)	5 (6%)	6 (7%)	29 (33%)	47 (53%)
Psychologically					
Get Better, 90	8 (9%)	40 (44%)	24 (27%)	17 (19%)	1 (1%)
Stay the Same, 89	5 (6%)	8 (9%)	20 (22%)	49 (55%)	7 (8%)
Get Worse, 90	1 (1%)	18 (20%)	10 (11%)	44 (49%)	17 (19%)

18. What are the main reasons that some children have more than two placements? Rank these reasons in terms of their prevalence, 1=most prevalent, 2=second most, 3=third most.

	Among the Top Three	Number of “Most Prevalent” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Child behavioral problems	83 (87%)	46	34	3
Foster parent(s) cannot cope with child	81 (84%)	35	36	10
Move to a more restrictive level of care	34 (35%)	5	6	23
Lack of services for children	32 (33%)	3	7	22
Lack of services to foster family	22 (23%)	1	6	15
Move to a less restrictive level of care	13 (14%)	1	2	10
Move to be closer to home	6 (6%)	0	2	4
Other, please specify	7 (7%)	0	3	4

Note: Percentages are based on the overall number of survey respondents: 96. The number of responses varies by item.

Communication

19. How satisfied are you with your level of communication with:

Item, Number of Responses	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
DCBS Commissioner, 91	4 (4%)	34 (37%)	37 (41%)	16 (18%)
Director of Protection & Permanency, 89	3 (3%)	35 (39%)	36 (40%)	15 (17%)
Service Region Administrator, 93	39 (42%)	40 (43%)	11 (12%)	3 (3%)
Service Region Administrator Associate, 90	49 (54%)	33 (37%)	3 (3%)	5 (6%)
Service Region Clinical Associate, 93	47 (51%)	35 (38%)	7 (8%)	4 (4%)
Social Service Worker, 95	68 (72%)	25 (26%)	1 (1%)	1 (1%)

20. Are the following methods of notification of policy changes effective?

Item, Number of Responses	Yes	No
E-mail, 93	79 (85%)	14 (15%)
Verbally from supervisor, 88	74 (84%)	14 (16%)
Other, please specify, 10	10 (100%)	0 (0%)

21. Do you feel that you have adequate opportunity to offer input regarding policy changes?

Yes	No	Total
36 (38%)	58 (62%)	94

22. How well does the central office listen to feedback from supervisors?

	Responses	Percent
Very well	3	3
Somewhat well	18	20
Neither poorly nor well	21	23
Somewhat poorly	24	26
Very poorly	25	28
Total	91	100

DCBS Modernization

23. What is your opinion of the DCBS reorganization announced in February?

	Responses	Percent
More positive than negative	9	10
Neither positive nor negative	20	21
More negative than positive	65	69
Total	94	100

24. What is your opinion of the reorganization process since the February announcement?

	Responses	Percent
More positive than negative	10	11
Neither positive nor negative	29	31
More negative than positive	56	59
Total	95	100

Case Review

25. In your opinion, how much does the CQI case review process improve the work of caseworkers?

	Responses	Percent
Very much	9	10
Somewhat	48	51
Not at all	38	40
Total	95	100

Note: CQI is “continuous quality improvement.”

26. In your experience, how often do DCBS caseworkers or supervisors update or otherwise “clean up” the case documentation before reviewing the selected CQI cases?

	Responses	Percent
Never	22	23
Occasionally	36	38
About half the time	15	16
Often	18	19
Always	4	4
Total	95	100

Hiring and Disciplinary Issues

27. How satisfied are you with the following aspects of the DCBS hiring process?

Item, Number of Responses	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Speed, 95	2 (2%)	6 (6%)	10 (11%)	38 (40%)	39 (41%)
Ease of process, 95	2 (2%)	3 (3%)	10 (11%)	38 (40%)	42 (44%)
Effectiveness in getting good quality personnel, 95	1 (1%)	26 (27%)	24 (25%)	27 (28%)	17 (18%)

28. Do you think the disciplinary process is fair?

Yes	No	Total
46 (52%)	43 (48%)	89

Regional Support

29. Do you feel that your regional office is responsive to supervisors' needs?

Yes	No	Total
68 (72%)	26 (28%)	94

30. Do you feel that your regional office values supervisors' opinions?

Yes	No	Total
63 (66%)	32 (34%)	95

31. Do you feel that the regional office provides adequate support for case problems?

Yes	No	Total
68 (72%)	26 (28%)	94

32. In your opinion, how often do SRAs get involved in case decisions?

	Responses	Percent
Not often enough	17	18
About the right amount	67	71
Too often	10	11
Total	94	100

Note: SRA is "Service Region Administrator."

33. Do SRA decisions typically agree with SSW opinions?

Yes	No	Total
68 (73%)	25 (27%)	93

Note: SSW is "Social Service Worker" (caseworker).

34. Do you feel comfortable questioning SRA decisions?

Yes	No	Total
60 (63%)	35 (37%)	95

35. How would you describe your relationship with the SRA?

	Responses	Percent
Excellent	19	20
Good	53	56
Fair	18	19
Bad	3	3
Very bad	1	1
Total	94	100

36. How would you characterize the relationship that you and your staff have with the regional office?

	Responses	Percent
Excellent	17	18
Good	44	46
Fair	31	33
Bad	3	3
Very bad	0	0
Total	95	100

37. How would you characterize the relationship that you and your staff have with central office?

	Responses	Percent
Excellent	3	3
Good	27	30
Fair	38	42
Bad	8	9
Very bad	14	16
Total	90	100

Resources and Training

38. How well trained are most of your caseworkers?

	Responses	Percent
Very well	25	26
Well	37	39
Adequately	26	27
Poorly	6	6
Very poorly	1	1
Total	95	100

39. What was the most helpful aspect of their training? (Open-ended question)

40. What further training do most of your caseworkers need? Check all that apply.

	Responses	Percent
Substance abuse	50	57
Mental health issues	49	56
Court processes	48	55
Providing court testimony	43	49
Domestic violence	30	34
Other, please specify:	25	28
Total responses	88	

41. How would you characterize the quality of services provided to foster families by your caseworkers?

	Responses	Percent
Excellent	29	31
Good	51	54
Fair	12	12
Bad	3	3
Very bad	0	0
Total	95	100

42. What kinds of things do your caseworkers do particularly well? Rank the top three:
1=best, 2=second best, 3=third best.

	Among the Top Three	Number of “Best” Selections	Number of “Second Best” Selections	Number of “Third Best” Selections
Advocating for families	66 (69%)	36	15	15
Procuring access to services	50 (52%)	15	18	17
Case planning	35 (37%)	6	9	20
Documenting work	32 (33%)	5	6	21
Visiting families	28 (29%)	28	40	10
Entering case information in TWIST	13 (14%)	2	3	8
Other, please specify:	6 (6%)	2	2	2

Note: Percentages are based on the overall number of survey respondents: 96. The number of responses varies by item. TWIST is the information system that tracks cases.

43. In order to serve every case effectively, how would you describe the caseloads of your caseworkers?

	Responses	Percent
Manageable within 37.5 hour week	2	2
Manageable, but in 37.5+ hour week	28	31
Unmanageable, even in 37.5+ hour week	61	67
Total	91	100

44. Do you have dedicated ongoing child caseworkers?

Yes	No	Total
89 (95%)	5 (5%)	94

44a. If so, how often do ongoing child caseworkers handle investigations?

	Responses	Percent
Never	9	10
Occasionally	43	46
About half the time	12	13
Often	16	17
Always	13	14
Total	93	100

45. What are the biggest challenges your caseworkers face? Please rank: 1=largest challenge, 2=second largest, 3=third largest.

	Among the Top Three	Number of “Largest Challenge” Selections	Number of “Second Largest” Selections	Number of “Third Largest” Selections
Not enough time to do all tasks	87 (91%)	41	40	6
Caseload	66 (69%)	36	17	13
Dealing with court system	39 (41%)	6	9	24
Dealing with birth families	27 (28%)	1	12	14
Threats/risk of physical harm	16 (17%)	3	6	7
Dealing with foster families	13 (14%)	2	2	9
Fear of lawsuits	6 (6%)	0	2	4
Other	18 (19%)	5	3	10

Note: Percentages are based on the overall number of survey respondents: 96. The number of responses varies by item.

46. How would you characterize the morale of the frontline caseworkers that you supervise?

	Responses	Percent
Excellent	2	2
Good	24	26
Fair	41	45
Bad	15	17
Very bad	9	10
Total	91	100

Job Satisfaction

47. How satisfied are you with the following aspects of your job:

Item, Number of Responses	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Nature of the work, 95	44 (46%)	41 (43%)	5 (5%)	5 (5%)	0 (0%)
Compensation and benefits, 95	5 (5%)	29 (31%)	17 (18%)	33 (35%)	11 (12%)
Opportunities for job promotion, 94	3 (3%)	31 (33%)	22 (23%)	28 (30%)	10 (11%)
Personal interaction with coworkers, 95	41 (43%)	44 (46%)	9 (10%)	1 (1%)	0 (0%)
Regional Management, 95	23 (24%)	36 (38%)	21 (22%)	12 (13%)	3 (3%)
Central Office Management, 92	3 (3%)	16 (17%)	47 (51%)	14 (15%)	12 (13%)
Communication with coworkers, 94	35 (37%)	53 (56%)	5 (5%)	1 (1%)	0 (0%)
Communication with management, 95	18 (19%)	41 (43%)	21 (22%)	12 (13%)	3 (3%)
Operating procedures/policies, 94	2 (2%)	35 (37%)	29 (31%)	24 (26%)	4 (4%)

48. Do you see yourself working with Protection and Permanency:

	Yes	No	Total
a year from now?	86 (95%)	5 (5%)	94
five years from now?	59 (63%)	34 (37%)	93

Demographics

49. Region

	Responses	Percent
Barren River	10	11
Big Sandy	3	3
Bluegrass Fayette	4	5
Bluegrass Rural	3	3
Cumberland Valley	4	5
FIVCO	4	5
Gateway/Buffalo Trace	4	5
Green River	5	6
Kentucky River	9	10
KIPDA Jefferson	8	9
KIPDA Rural	4	5
Lake Cumberland	4	5
Lincoln Trail	3	3
Northern Kentucky	8	9
Pennyrile	10	11
Purchase	4	5
Total	87	100

50. Gender

	Responses	Percent
Female	74	86
Male	12	14
Total	86	100

51. Ethnicity (Check all that apply.)

	Responses	Percent
African American	6	7
Asian American	0	0
Hispanic or Latino	0	0
Native American	1	1
White, non-Hispanic	81	91
Other, please specify	1	1
Total	89	100

52. Age

	Responses	Percent
18-24	0	0
25-34	10	12
35-44	34	40
45-54	29	35
55-64	11	13
65+	0	0
Total	84	100

Appendix N

Summary Results for the Survey of Social Service Workers

The sum of percent columns may not equal 100 due to rounding. There were 236 respondents to the survey.

Background, Training, and Experience

1. How long have you been with child protection in Kentucky?

	Responses	Percent
Less than a year	16	7
1-2 years	39	17
3-4 years	51	22
5-10 years	85	36
11 or more years	42	18
Total	233	100

2. How long have you been an ongoing caseworker?

	Responses	Percent
Less than a year	19	8
1-2 years	43	19
3-4 years	54	24
5-10 years	74	32
11 or more years	39	17
Total	229	100

3. What college degrees or certifications do you have? Please check all that apply.

Degree, Number of Responses	Social Work	Mental Health Counseling	Education	Criminal Justice	Psychology	Other Discipline, Please Specify:
Bachelors, 166	54 (50%)	1 (1%)	2 (2%)	15 (6%)	36 (15%)	58 (25%)
Masters, 39	23 (59%)	2 (5%)	2 (5%)	1 (3%)	3 (8%)	8 (21%)
Doctorate, 0	0	0	0	0	0	0

Licenses and certifications (please check all that apply):

(37 responses)	Responses
Licensed Social Worker	6
Certified Social Worker	12
Licensed Clinical Social Worker	2
Other, please specify:	18

4. Were you assigned cases before you completed academy training?

	Responses	Percent
Yes	132	56
No	58	25
N/A	45	19
Total	235	100

Caseload

5. How many open cases do you currently have of all kinds (adult or child ongoing, provide, investigations and adopt cases)?

Responses	Mean	Standard Deviation
230	21.85	17.53

Note: "Provide cases" involve recruitment, certification, and support of resource homes.

5a. How many of your child ongoing cases fall into the following categories? Please provide the number of cases in each category; some cases may fall into more than one category.

	Responses	Mean	Standard Deviation
In-home—Child living in original home	208	8.80	6.96
In-home—Child informally placed with relative, birth family retains custody	115	1.45	3.76
In-home—Child in custody of relative	166	3.74	3.22
OOHC—Child on trial home visit	108	0.63	1.69
OOHC—Child living with approved relative	134	1.65	2.22
OOHC—DCBS resource home	185	4.03	4.39
OOHC—Private foster home	166	2.87	3.03
OOHC—Residential facility, group home or hospital	171	2.78	2.65
Other, please specify	66	4.18	8.37

Note: OOHC is "out-of-home care."

6. In order to serve every case effectively, how would you describe your caseload?

	Responses	Percent
Manageable within 37.5 hour week	18	8
Manageable, but in 37.5+ hour week	112	47
Unmanageable, even in 37.5+ hour week	106	45
Total	236	100

7. How many hours per week do you work? (Please include the scheduled 37.5 hours as well as any additional hours you spend working.)

Responses	Mean	Standard Deviation
234	43	5

8. Please review the tasks below and rate them in terms of importance and time. Rank order the top three in terms of importance, 1=most important, 2=second most, 3=third most.

Task	Among the Top Three	Number of "Most Important" Selections	Number of "Second Most" Selections	Number of "Third Most" Selections
Birth Parent Home Visits	140 (60%)	47	44	16
Foster Parent/Child Home Visits	107 (45%)	68	49	23
Court Appearance	77 (33%)	31	20	26
Documenting Work	64 (27%)	14	17	33
Setting Up Services for Cases (phone calls/written communication to service providers)	62 (26%)	15	19	28
Developing Case & Permanency Plans	53 (22%)	16	18	19
Entering Case Information in TWIST	39 (17%)	5	12	22
Receiving/Returning/Making Follow-up Calls Regarding Children (schools, counselors, etc.)	30 (13%)	2	12	16
Following Up with Service Providers (checking compliance/progress)	27 (11%)	0	8	19
Transporting Children	4 (2%)	1	3	0
Other	11 (5%)	6	3	2

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item. TWIST is the information system that tracks cases.

Rank order the top three in terms of most amount of time, 1=most, 2=second most, 3=third most.

Task	Among the Top Three	Number of “Most Time” Selections	Number of “Second Most” Selections	Number of “Third Most” or Selections
Entering Case Information in TWIST	139 (59%)	71	46	22
Documenting Work	106 (45%)	39	42	25
Receiving/Returning/ Making Follow-up Calls Regarding Children (schools, counselors, etc.)	77 (33%)	21	31	25
Court Appearance	70 (30%)	18	17	35
Foster Parent/Child Home Visits	50 (21%)	18	17	15
Birth Parent Home Visits	35 (15%)	9	13	13
Transporting Children	34 (14%)	4	15	15
Setting Up Services for Cases (phone calls/written communication to service providers)	33 (14%)	5	10	18
Developing Case & Permanency Plans	23 (10%)	3	4	16
Following Up with Service Providers (checking compliance/ progress)	19 (8%)	5	3	11
Other	12 (5%)	8	0	4

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item.

Job Stress and Staff Morale

9. How stressful would you say your job is on a scale of 1 to 10? [with 1 being “not stressful at all,” 5 being “moderately stressful,” and 10 being “extremely stressful.”] Select the number that best describes how you feel.

Responses	Mean	Standard Deviation
233	8.49	1.55

10. What makes your job stressful? Rank order the top three: 1=most stressful, 2=second most, 3=third most.

	Among the Top Three	Number of “Most Stressful” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Not enough time to do all tasks	191 (81%)	103	69	19
Caseload	154 (65%)	47	66	41
Dealing with court system	78 (33%)	10	25	43
Dealing with birth families	76 (32%)	16	31	29
Threats/risk of physical harm	37 (16%)	11	2	24
Dealing with foster families	23 (10%)	5	5	13
Inadequate supervision	22 (9%)	5	5	12
Fear of lawsuits	18 (8%)	3	9	6
Other	48 (20%)	18	6	24

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item.

11. What could be done to decrease your job stress? Rank order in terms of importance, 1=most important, 2=second most, 3=third most, etc.

	Among the Top Three	Number of “Most Important” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Hire more caseworkers	202 (85%)	164	27	11
Increase transportation support	127 (54%)	18	58	51
Increase clerical support	124 (52%)	16	54	54
Increase community partnerships	77 (33%)	13	40	24
Improve communication	62 (26%)	9	22	31
Other	68 (29%)	19	17	32

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item.

12. How would you characterize the morale of the front-line caseworkers that you work with?

	Responses	Percent
Excellent	7	3
Good	42	19
Fair	75	33
Bad	54	24
Very bad	48	21
Total	226	100

TWIST/Technology

TWIST is the information system that tracks cases.

13. What should be done to improve TWIST? Rank improvements according to importance, 1=most important, 2=second most, 3=third most.

	Among the Top Three	Number of “Most Important” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Make it speedier to use	195 (82%)	83	66	46
Reduce redundancies	188 (79%)	81	61	46
Make it accessible outside the office	157 (66%)	61	56	40
Make it easier to use	124 (52%)	39	35	50
Add data fields	38 (16%)	12	6	20
Other, please specify	30 (13%)	8	7	15

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item.

14. What technology tools do you currently have and how important are technology tools to your job?

Please choose “yes” for the items that are currently provided to you by the state.

Technology Tool	State Provides	State Does Not Provide	Number of Responses
Cell phone	47 (22%)	168 (78%)	215
Digital Camera	36 (17%)	174 (83%)	210
Laptop Computer	7 (3%)	201 (97%)	208
Desktop Computer	231 (98%)	201 (2%)	236
Combined cell phone/PDA	1 (0%)	206 (100%)	207
Dictation equipment	24 (11%)	188 (89%)	212
PDA	3 (1%)	203 (99%)	206
Other, please specify	18 (35%)	33 (65%)	51

Pick the top three of all tools by level of importance and write 1, 2, or 3 next to them (1=most important, 2=second most, 3=third most).

Technology Tool	Among the Top Three	Number of “Most Important” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Cell phone	121 (51%)	45	54	22
Digital Camera	119 (50%)	8	39	72
Laptop Computer	119 (50%)	60	38	21
Desktop Computer	99 (42%)	63	21	15
Combined cell phone/PDA	51 (22%)	17	21	13
Dictation equipment	34 (14%)	5	11	18
PDA	17 (7%)	1	6	10
Other, please specify	16 (7%)	4	4	8

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item.

Foster Care Practice

15. Generally, how would you rate (on a scale of 1 to 5, with 1 being “excellent” and 5 being “poor”) the quality of Out of Home Care provided by each of the types of caregivers listed below?

Type of Caregiver, Number of Responses	Excellent 1	Good 2	Fair 3	Poor 4	Very Poor 5
Relatives, 227	13 (6%)	116 (51%)	86 (38%)	12 (5%)	0 (0%)
State resource parents, 230	20 (9%)	121 (53%)	61 (27%)	22 (10%)	6 (3%)
Medically fragile resource parents, 177	39 (22%)	95 (54%)	31 (18%)	11 (6%)	1 (0%)
Care Plus parents, 150	11 (7%)	85 (57%)	44 (29%)	7 (5%)	3 (3%)
Private foster parents, 217	12 (6%)	114 (53%)	69 (32%)	18 (8%)	4 (2%)
Private foster care agency staff, 219	13 (6%)	100 (46%)	76 (35%)	22 (10%)	8 (4%)

16. Other than the typical tasks completed when visiting foster homes (talking to parents and children, assessing the home environment, etc.), what additional tasks do you complete that you would recommend to your colleagues? (Open-ended question)

17. What percentage of your required home visits do you typically make each month?

Responses	Mean	Standard Deviation
232	86.43	20.18

17a. If less than 100%, what prevents you from accomplishing this? Rank the top three reasons, 1=most common, 2=second most, 3=third most.

	Among the Top Three Reasons	Number of “Most Common” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Dealing with crisis situations	139 (59%)	39	69	31
Too many cases	100 (42%)	56	24	20
Families not home at scheduled time	94 (40%)	40	23	31
Paperwork/TWIST	93 (40%)	21	34	38
Families home but will not answer door	37 (16%)	6	16	15
Other, please specify	47 (20%)	18	6	23

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item.

18. What percentage of the required case paperwork, including TWIST, do you complete in a timely fashion?

Responses	Mean	Standard Deviation
233	79.51	22.00

18a. If less than 100%, what prevents you from accomplishing this? Rank the top three reasons, 1=most common, 2=second most, 3=third most.

	Among the Top Three	Number of "Most Common" Selections	Number of "Second Most" Selections	Number of "Third Most" Selections
Dealing with crisis situations	186 (79%)	66	74	46
Too many cases	165 (70%)	83	47	35
Tasks other than case work	161 (68%)	40	57	64
Other, please specify	58 (25%)	16	13	29

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item.

19. In your opinion, how often:

Item, Number of Responses	Never	Occa- sionally	About Half the Time	Often	Always
are birth family case plans unrealistic?, 232	39 (17%)	130 (56%)	36 (16%)	27 (12%)	0 (0%)
are children removed who should be left in the birth home?, 233	58 (25%)	150 (64%)	12 (5%)	12 (5%)	1 (0%)
are children left in the birth home who should be removed?, 233	8 (3%)	171 (73%)	23 (10%)	29 (12%)	2 (1%)
are parental rights terminated when they should be preserved?, 231	119 (52%)	97 (41%)	7 (3%)	6 (3%)	2 (1%)
are parental rights preserved when they should be terminated?, 230	28 (12%)	155 (67%)	20 (9%)	26 (11%)	1 (0%)

20. How would you rate the speed with which adoptions are processed in Kentucky?

	Responses	Percent
Too quickly	11	5
About right	99	43
Too slowly	120	52
Total	230	100

21. In your opinion, how well are allegations of abuse or neglect by foster families investigated in terms of:

Item, Number of Responses	Very Well	Somewhat Well	Adequately	Somewhat Poorly	Very Poorly
Quality, 229	59 (26%)	53 (23%)	65 (28%)	41 (18%)	11 (5%)
Speed, 227	59 (26%)	45 (20%)	79 (35%)	33 (15%)	11 (5%)

22. How many children in out-of-home care experience significant physical and psychological changes?

Item, Number of Responses	All or Almost All	Many	About Half	Some	A Few or None
Physically					
Get Better, 232	64 (28%)	113 (49%)	24 (10%)	24 (10%)	7 (3%)
Stay the Same, 210	6 (3%)	25 (12%)	39 (19%)	110 (52%)	30 (14%)
Get Worse, 209	3 (1%)	11 (5%)	3 (1%)	66 (32%)	126 (60%)
Psychologically					
Get Better, 226	22 (10%)	90 (40%)	52 (23%)	51 (23%)	11 (5%)
Stay the Same, 216	4 (2%)	23 (11%)	45 (21%)	124 (57%)	20 (9%)
Get Worse, 219	5 (2%)	30 (14%)	20 (9%)	103 (47%)	61 (28%)

22a. What could be done to prevent children from getting worse while in care? (Open-ended question)

23. What are the main reasons that some children have more than two placements? Rank these reasons in terms of their prevalence, 1=most prevalent, 2=second most, 3=third most.

Reason	Among the Top Three	Number of “Most Prevalent” Selections	Number of “Second Most” Selections	Number of “Third Most” Selections
Foster parent(s) cannot cope with child	169 (71%)	56	90	23
Child behavioral problems	127 (54%)	127	48	21
Move to a more restrictive level of care	121 (51%)	9	41	71
Move to a less restrictive level of care	35 (14%)	3	3	29
Lack of services for children	34 (14%)	1	12	21
Lack of services to foster family	25 (10%)	3	7	15
Move to be closer to home	19 (8%)	2	5	12
Other, please specify	23 (10%)	9	3	11

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item.

24. Please indicate the quality and availability of each type of service listed below:

Service, Number of Responses	Availability				
	Always	Often	About half the time	Occas- ionally	Never
Medical services for children in care, 231	176 (76%)	44 (19%)	8 (4%)	3 (1%)	0 (0%)
Mental health services for children in care, 232	103 (44%)	92 (40%)	30 (13%)	7 (3%)	0 (0%)
Substance abuse services for adolescents in care, 226	31 (14%)	83 (37%)	44 (20%)	62 (27%)	6 (3%)
Special education services for children in care, 229	100 (44%)	86 (38%)	21 (9%)	20 (9%)	2 (1%)
Other educational services (counseling, tutoring, etc.), 230	40 (17%)	84 (37%)	52 (23%)	47 (20%)	7 (3%)
Family preservation services, 230	39 (17%)	81 (35%)	63 (27%)	46 (20%)	1 (0%)
Mental health services for birth families, 229	73 (32%)	83 (36%)	44 (19%)	28 (12%)	1 (0%)
Substance abuse services for birth families, 229	62 (27%)	81 (35%)	41 (18%)	44 (19%)	1 (0%)
Intensive family reunification services, 228	26 (11%)	72 (32%)	61 (27%)	59 (26%)	10 (4%)
	Quality				
	Excel- lent	Good	Fair	Poor	Very Poor
Medical services for children in care, 231	40 (17%)	153 (66%)	36 (16%)	2 (1%)	0 (0%)
Mental health services for children in care, 232	10 (4%)	69 (30%)	107 (46%)	40 (17%)	6 (3%)
Substance abuse services for adolescents in care, 224	7 (3%)	63 (28%)	109 (49%)	31 (14%)	14 (6%)
Special education services for children in care, 231	14 (6%)	130 (56%)	64 (28%)	18 (8%)	5 (2%)
Other educational services (counseling, tutoring, etc.), 228	7 (3%)	103 (45%)	89 (39%)	20 (9%)	9 (4%)
Family preservation services, 230	52 (23%)	90 (39%)	69 (30%)	16 (7%)	3 (1%)
Mental health services for birth families, 229	8 (4%)	69 (30%)	103 (45%)	38 (17%)	11 (5%)
Substance abuse services for birth families, 229	9 (4%)	70 (31%)	95 (42%)	41 (18%)	14 (6%)
Intensive family reunification services, 227	32 (14%)	91 (40%)	76 (34%)	14 (6%)	14 (6%)

Communication

25. How satisfied are you with your level of communication with:

Position, Number of Responses	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
DCBS Commissioner, 226	2 (1%)	114 (50%)	60 (27%)	50 (22%)
Director of Protection & Permanency, 226	3 (1%)	108 (48%)	68 (30%)	47 (21%)
Service Region Administrator, 233	32 (14%)	117 (50%)	51 (22%)	33 (14%)
Service Region Administrator Associate, 234	66 (28%)	112 (48%)	34 (15%)	22 (9%)
Service Region Clinical Associate, 228	57 (25%)	114 (50%)	34 (15%)	23 (10%)
Field Service Office Supervisor, 234	134 (57%)	64 (27%)	29 (12%)	7 (3%)

26. Are the following methods of notification of policy changes effective?

Method, Number of Responses	Yes	No
Email, 232	163 (70%)	69 (30%)
Verbally from supervisor, 233	187 (80%)	46 (20%)
Other, please specify, 9	7, NA	2, NA

27. Do you feel that you have adequate opportunity to offer input regarding policy changes?

Yes	No	Total
44 (19%)	190 (81%)	234

28. How well does the central office listen to feedback from front-line workers?

	Responses	Percent
Very well	4	2
Somewhat well	28	12
Neither poorly nor well	52	22
Somewhat poorly	62	27
Very poorly	87	37
Total	233	100

DCBS Modernization

29. What is your opinion of the DCBS reorganization announced in February?

	Responses	Percent
More positive than negative	27	12
Neither positive nor negative	79	34
More negative than positive	124	54
Total	230	100

30. What is your opinion of the reorganization process since the February announcement?

	Responses	Percent
More positive than negative	20	9
Neither positive nor negative	92	40
More negative than positive	119	52
Total	231	100

Case Review

31. In your opinion, how much does the CQI case review process improve your work?

	Responses	Percent
Very much	5	2
Somewhat	100	43
Not at all	130	55
Total	235	100

Note: CQI is “continuous quality improvement.”

32. In your experience, how often do DCBS caseworkers or supervisors update or otherwise “clean up” the case documentation before reviewing the selected CQI cases?

	Responses	Percent
Never	38	17
Occasionally	80	35
About half the time	41	18
Often	51	22
Always	18	8
Total	228	100

Peer Performance and Disciplinary Issues

33. How many of your peers perform their jobs as well as possible given the nature of the work for which they are responsible?

	Responses	Percent
All	2	1
Many	22	9
Some	50	21
A few	118	50
None	43	18
Total	235	100

34. Do you think the disciplinary process is fair?

Yes	No	Total
129 (57%)	97 (43%)	226

Regional Support

35. Do you feel that your regional office is responsive to caseworkers' needs?

Yes	No	Total
104 (45%)	129 (55%)	233

36. Do you feel that your regional office values your opinions?

Yes	No	Total
87 (37%)	146 (63%)	233

37. Do you feel that the regional office provides adequate support for case problems?

Yes	No	Total
112 (48%)	121 (52%)	233

38. In your opinion, how often do SRAs get involved in case decisions?

	Responses	Percent
Not often enough	91	39
About the right amount	118	51
Too often	22	10
Total	231	100

Note: SRA is "Service Region Administrator."

39. Do SRA decisions typically agree with SSW opinions?

Yes	No	Total
131 (59%)	90 (41%)	221

Note: SSW is "Social Service Worker" (caseworker).

40. Do you feel comfortable questioning SRA decisions?

Yes	No	Total
92 (40%)	136 (60%)	228

41. How would you describe your relationship with the SRA?

	Responses	Percent
Excellent	12	5
Good	83	37
Fair	91	40
Bad	19	8
Very bad	21	9
Total	226	100

Resources and Training

42. For which of the resources below do you have the greatest need? Pick the top three areas with the largest need and enter 1, 2 or 3 next to them (1=largest need, 2=second largest, 3=third largest).

Resource	Among the Top Three	Number of “Largest Need” Selections	Number of “Second Largest” Selections	Number of “Third Largest” Selections
TWIST data entry support	115 (49%)	47	39	29
Transportation	110 (46%)	35	40	35
Home visit support	97 (41%)	38	31	28
Clerical support	89 (38%)	30	31	28
Computer support	38 (16%)	11	13	14
Caseworker clinical support	49 (21%)	17	18	14
Support for court appearances	43 (18%)	6	20	17
Case planning support	42 (18%)	9	10	23
Office space for confidential meetings	20 (8%)	9	6	5
File storage/accessibility	8 (3%)	2	2	4
Other, please specify	24 (10%)	12	4	8

Note: Percentages are based on the overall number of survey respondents: 236. The number of responses varies by item.

43. Do you have access to all required training?

Yes	No	Total
215 (92%)	18 (8%)	233

44. Do the current training programs meet your needs?

Yes	No	Total
160 (70%)	70 (30%)	230

Job Satisfaction

45. How satisfied are you with the following aspects of your job:

Aspect of Job, Number of Responses	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Nature of the work, 233	67 (29%)	124 (53%)	19 (8%)	19 (8%)	4 (2%)
Compensation and benefits, 236	12 (5%)	79 (34%)	42 (18%)	68 (29%)	35 (15%)
Opportunities for job promotion, 236	10 (4%)	52 (22%)	58 (25%)	77 (33%)	39 (17%)
Personal interaction with coworkers, 236	79 (34%)	123 (52%)	23 (10%)	9 (4%)	2 (1%)
Local Supervision, 235	85 (36%)	92 (39%)	17 (7%)	32 (14%)	9 (4%)
Regional Management, 236	21 (9%)	82 (35%)	57 (24%)	41 (17%)	35 (15%)
Central Office Management, 233	6 (3%)	49 (21%)	103 (44%)	48 (21%)	27 (12%)
Communication with coworkers, 236	87 (37%)	120 (51%)	17 (7%)	11 (5%)	1 (0%)
Communication with management, 235	22 (9%)	77 (33%)	71 (30%)	49 (21%)	16 (7%)
Operating procedures/ policies, 235	9 (4%)	74 (32%)	71 (30%)	57 (24%)	24 (10%)

46. Do you see yourself working with Protection and Permanency:

	Yes	No	Total
a year from now?	199 (86%)	32 (14%)	231
five years from now?	119 (51%)	114 (49%)	233

Demographics

47. Region

	Responses	Percent
Barren River	16	7
Big Sandy	9	4
Bluegrass Fayette	15	7
Bluegrass Rural	16	7
Cumberland Valley	8	4
FIVCO	6	3
Gateway/Buffalo Trace	11	5
Green River	18	8
Kentucky River	10	4
KIPDA Jefferson	31	14
KIPDA Rural	9	4
Lake Cumberland	13	6
Lincoln Trail	10	4
Northern Kentucky	30	13
Pennyrile	12	5
Purchase	14	6
Total	228	100

48. Job Classification

	Responses	Percent
Field Service Office Supervisor	3	1
Social Service Clinician I	124	54
Social Service Clinician II	16	7
Social Service Specialist	1	0
Social Service Worker I	43	19
Social Service Worker II	44	19
Total	231	100

49. Gender

	Responses	Percent
Female	178	78
Male	51	22
Total	229	100

50. Ethnicity (Check all that apply.)

	Responses	Percent
African American	16	7
Asian American	1	0
Hispanic or Latino	2	1
Native American	1	0
White, non-Hispanic	209	90
Other, please specify	4	2
Total	233	100

51. Age

	Responses	Percent
18-24	11	5
25-34	111	48
35-44	68	30
45-54	29	13
55-64	8	3
65+	2	1
Total	229	100

Appendix O

Questions for Survey of Private Child Care Agencies

Section A: General Foster Care Information

1. Agency Name Contact Name

2. Is your agency accredited? ☒ Yes ☐ No

2a. If so, what is the accrediting agency?

3. As of September 1, 2006, please provide the following information about all children placed in foster care with your agency.

Type of placement:	Number of Children
Basic Foster Care	<input type="text"/>
Therapeutic Foster Care Level 1	<input type="text"/>
Therapeutic Foster Care Level 2	<input type="text"/>
Therapeutic Foster Care Level 3	<input type="text"/>
Therapeutic Foster Care Level 4	<input type="text"/>
Therapeutic Foster Care Level 5	<input type="text"/>
DJJ Foster Care	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>
Total	<input type="text"/>

4. As of September 1, 2006, please provide the following information for all your certified foster homes.

Type of home:	Number of Homes	Number of Approved Beds	Number of Vacant Beds
Basic Foster Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapeutic Foster Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Please comment on any areas of the state in which your agency has difficulty meeting the demand for foster homes:

6. Please list and briefly describe foster parent recruitment strategies used by your agency, in order of effectiveness:

Section B: DCBS Foster Children

7. Please describe what makes it difficult to find appropriate foster homes for some DCBS children:

8. As of September 1, 2006, please provide the following information about payments and costs related to DCBS foster children: (see footnotes for explanations of the columns)

Type of placement:	Monthly base payment to foster parents per DCBS child ¹	Average additional monthly payments to foster parents per DCBS child ²	Average monthly agency cost per DCBS child ³
Basic Foster Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapeutic Foster Care Level 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapeutic Foster Care Level 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapeutic Foster Care Level 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapeutic Foster Care Level 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapeutic Foster Care Level 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

¹ This is the basic monthly payment to a foster home for a DCBS child at each level of care, including all wages, stipends, and routine expenses, averaged if necessary across regions.

² This is the average additional expenses or stipends paid to a foster home for a DCBS child monthly at each level of care.

³ This is the average monthly total including all costs of direct care, case management, payments to foster homes, agency overhead and other expenses allocated to the child.

9. If DCBS reimbursement is not adequate to cover expenses, please explain how your agency covers the additional cost:

10. Are DCBS staff responsive to the needs of children in the care of your agency?

☐ Yes ☐ No

10a. Please explain.



Appendix P

Response From the Department for Community Based Services

The Department for Community Based Services provided a written response to the report. The response is reproduced below.



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES**

Office of the Commissioner
COA Accredited Agency

Ernie Fletcher
Governor

Mark D. Birdwhistell
Secretary

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January 10, 2007

Mr. Gregory L. Hager, CSA
Program Review and Investigations Committee
Legislative Research Commission
702 Capitol Avenue, Room 009
Frankfort, Kentucky 40601

Dear Mr. Hager:

The Department for Community Based Services has reviewed the November 9, 2006 Program Review and Investigation Committee's report titled "Kentucky's Foster Care System Is Improving, but Challenges Remain" and appreciates the opportunity to provide comments.

The Department welcomes the publication of the study and views it as a foundation for discussions on the factors that are impacting children and families and the resources needed to address them.

A brief response to each of the recommendations identified in the report is provided below:

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.

The department appreciates the identification of the inactive status of this statutory committee. Department staff are currently reviewing the statutory mandates and will

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contact the member agencies to seek the appointment of committee members, establish a meeting schedule and provide appropriate reports to the General Assembly. The department will include funds to support the committee in its next budget request.

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 LRC.

The department will be in a position to track and report on this population of children with the implementation of TWIST II in 2008.

Recommendation 1.3

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

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

A regulatory or statutory requirement to conduct criminal and child abuse/neglect background checks and home studies prior to the court placing a child with a relative may require the child to be placed in foster care pending the completion of these activities.

Recommendation 2.1

The Cabinet for Health and Family Services should conduct all statutorily required evaluations and produce all statutorily required reports. The cabinet

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should consider ways to consolidate some of the reporting requirements, possibly substituting federally required reports, and should consider proposing legislation to authorize such consolidation.

The department will review all statutory evaluation and reporting mandates to ensure the submission of all required reports. The department will initiate a thorough review of all federal and state reporting requirements and will draft proposed legislation on the consolidation of the reports for consideration by the 2008 General Assembly as appropriate.

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 on State Legislatures to promote that procedure.

Further, the cabinet 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.

The department does not direct the policy of the Children's Bureau or the Council on Accreditation. The current structure of the Children's Bureau Child and Family Services Review is directed by Congress and would require amendment to the Federal Code in order to make such a significant change to the process.

Recommendation 2.3

The cabinet 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 field staff.

The practice of using Continuous Quality Improvement (CQI) case review data in individual employee evaluations had been used in some counties across the state prior to the recent reorganization. This practice has since been discontinued. The CQI case review data will continue to be utilized for coaching and mentoring as well as tracking overall compliance with standards of practice and federal requirements, with the ultimate goal of improving the quality of practice.

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

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Program Review and Investigations Committee by December 2007. The cabinet should:

- **Modify its data system 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 the 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,**
 - **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 explanation of all TWIST codes.**
- **Implement and enforce strict documentation of TWIST reports, including the codes printed on them.**
- **Involve field staff extensively in the design and development of the new TWIST.**
- **Consider vendor solution for future modifications of TWIST.**
- **Ensure that remote access to the new TWIST is as secure as possible.**
- **Provide innovative solution 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.**

Kentucky is one of three states with a fully compliant SACWIS system and its management reports are considered among the best of any kind currently utilized by SACWIS states nationwide. TWIST management staff are currently in the process of implementing Business Objects, an application that will provide significant standardization to data reporting, while providing field staff with flexibility in the presentation of data. Staff is also completing documentation detailing TWIST codes tables in relation to data collected for federal reports. This documentation will include values for TWIST management reports.

The department is actively working to improve the functionality of TWIST for users and management. The current anticipated date for the implementation of TWIST II is December 2008. The project management plan for TWIST II has included front line workers, supervisors and administrators in all aspects of the development process. Additionally, front line staff are heavily involved in the development of the Dynamic

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Family Assessment tools that will replace the current CQA. To provide secure remote access to TWIST II, technology is being considered that will permit certain functions of the application to be available on a laptop without having internet access. The information would then be “synced” with the TWIST system when field staff connect their laptop to the internet through a secure connection.

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.

The department continues to work with its university partners to increase participation in the PCWCP and Master of Social Work Stipend Program. In addition, DCBS has renewed the ACE award program for social workers that earn their MSW and take on additional responsibilities.

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 needs of caseworkers. The effectiveness of these courses should be objectively evaluated.

Appropriate training for department staff is one of four focus areas identified in June of 2006. The department initiated the development of new leadership and supervisory training programs to provide staff that are promoting into supervisory and leadership positions with the tools they need to be successful. The leadership program has been designed specifically for public human service staff to provide leadership, organizational management and data/research training to management staff. The supervisory training sessions will be conducted regionally to enable all regional supervisors to interact during the training to increase the peer-to-peer relationships across counties and will be available on an on-going basis. In addition, the Cabinet’s Office of Human Resource Management (OHRM) is providing supervisory training, focusing on hiring procedures, performance management and employee discipline.

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.

The current process was established to ensure that disciplinary actions adhere to applicable statutes, regulations, and CHFS policies, and to ensure success if an employee appeals to the Personnel Board. The cabinet seeks to maintain fair and equitable disciplinary actions across the department’s regions, as well as cabinet-wide. The disciplinary process is included as a component of the new supervisory training for

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department staff. By providing supervisors with the knowledge needed to effectively utilize the disciplinary process, actions should be timelier due to a decrease in delays as a result of missing documentation, etc.

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.

The cabinet provides state-wide supervisory training, which includes five hours of training in the hiring process. The hiring process itself is constantly updated to ensure selection of the best applicant in compliance with administrative regulations. In 2005, a personnel action audit was performed and recommendations were made to expedite the selection process (within the confines of the Personnel regulations), including encouraging local offices to request registers immediately upon learning of upcoming vacancies. Earlier this year, Personnel Administrators within the Office of Human Resource Management (OHRM) visited regional personnel liaisons to ensure consistency in processes and to provide one-on-one training. The department and OHRM are constantly monitoring the action process to identify areas that need improvement.

Recommendation 4.5

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

The department's central office staff have increased their presence in the field in the past year and will continue to seek opportunities to interact with front line staff. The Division of Protection and Permanency is meeting regularly with Program Specialists and will begin teleconferencing with the Service Region Administrator Associates on a regular basis. The department continues to develop mechanisms to keep front line staff aware of activities in Central Office including an electronic monthly newsletter.

Recommendation 4.6

The Cabinet for Health and Family Services should conduct exit interviews of all front line Protection and Permanency staff 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 supervisors and caseworkers in order to retain experienced workers likely to be hired by other agencies.

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The Cabinet currently provides all staff with an exit interview survey when an employee resigns, retires, or transfers to a position with another cabinet. This is done electronically upon notice, and also followed up by mail to increase the response rate. Employees may also call for a live exit interview with a representative from the Office of Human Resource Management (OHRM). All responses are anonymous. Every six months OHRM generates reports that summarize Exit Interview Survey responses from the previous time period. Reports focus on 1) employee satisfaction; 2) management skills of supervisor; and 3) reasons for exit. In addition, demographic information is provided regarding the respondents. Data is summarized for the overall Cabinet, but is also provided per the smaller organizational units (departments, offices, etc.). OHRM is currently researching options for providing data at more specific organizational units without compromising the anonymity of respondents (more specific questions (such as location) tend to reduce response rates).

Over the past year, the department has initiated the use of data from the Personnel Cabinet and internal databases to analyze the reasons staff leave the agency in order to develop strategies to retain more staff.

The cabinet and the department are reviewing several options related to recruiting, hiring and retaining qualified staff for front line positions including the re-establishment of a career ladder.

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.

The department, along with other child welfare agencies across the country, continues to work on the development of an accurate casework weighting system that encompasses the myriad of responsibilities necessary to provide a method of determining the maximum workload for front line staff.

Recommendation 5.1

The cabinet should keep information on the amount of funds and efforts spent on each strategy and should elicit information from new foster parents about what influenced their decision to become foster parents. The cabinet should require

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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.

The department will enhance its efforts to track and evaluate recruitment efforts. The department will engage private foster care agencies in discussions on the development of an overall plan to recruit foster parents to match the characteristics of the children needing placement and to critically analyze data related to recruitment efforts.

Recommendation 5.2

The cabinet should develop a method of tracking the number and types of resource and private foster homes that is reliable and timely.

The department currently contracts with a third party to collect, on a monthly basis, the name, location, bed availability, name of any children placed in, and status of each private foster home. That information is available to the department in both individual and aggregate form.

The department has developed a web-based tracking system for private foster homes that is being implemented in three phases. Phase 1 is in process and includes the input of data on the current location for each child in private foster care. Phase 2 will enable private foster care providers to request moves on-line through the system and should be operational in January 2007. Phase 3 will allow for the generation of management reports. This system will also provide information about each families training, re-approval status, and background checks.

Recommendation 5.3

The cabinet 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 therapeutic services provided by the private agency.

The department continues to enhance its efforts to research the quality of foster care and to date has surveyed foster parents, biological fathers and youth in care. Department staff are currently developing a survey for physicians involved with children in out of home care and will continue to seek opportunities to measure the overall quality of foster care.

A workgroup of private providers, Children's Alliance members and cabinet representatives developed a set of standardized requirements for clinical services in therapeutic foster care programs. These requirements standardized the cabinet's expectations related to the credentials of staff and the extent of involvement in the assessment of children and development of treatment plans, updating of treatment

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plans, therapy and other therapeutic supports. Providers were required to submit their plan of how they would meet the requirements by September 1, 2005, and submitted an implementation report on February 1, 2006. These requirements were incorporated into the SFY 2007-2009 PCC Agreement.

In addition, the Department collects demographic, service information, and outcomes on each Private Child Caring and Child Placing Program, and compares the outcomes of these programs to the needs of children. This information also allows the Department to compare each program with all other programs. These reports are available online to Department staff, providers and the general public.

Recommendation 5.4

If it is the intent of the General Assembly that private foster care rates be set in a manner similar to those of private residential care (“private child caring”) agencies, then the General Assembly may wish to consider legislation to add private foster care agencies to KRS 199.641.

The department currently uses the rate setting methodology mandated for private residential care to set private child care rates.

Recommendation 5.5

The cabinet should require at least as much training for private foster parents as it does for comparable resource parents.

With the exception of therapeutic foster homes, the department currently requires private foster parents to have training comparable to the requirements for its own resource parents. Agencies operating therapeutic foster homes have clinically trained therapeutic staff unlike resource homes and therefore do not have to meet the same requirements.

Recommendation 5.6

The cabinet 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 will it 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.

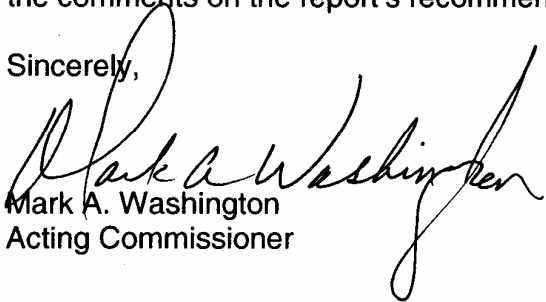
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The department is researching how to align the case plan with the Dynamic Family Assessment (DFA) currently under development. The DFA will replace the Continuous Quality Assessment (CQA) currently utilized by caseworkers. The DFA will evaluate the case plan to ensure the case plan meets the needs demonstrated by the family during the assessment. The department will also encourage staff to participate in the Advanced Case Planning training currently available to staff.


In closing, I would like to note that the department will continue to work to address the recommendations contained within the report. However, the amount of resources required to implement each of the recommendations may exceed the likely benefit that would be obtained by directing those same resources to other activities that would directly impact child safety, permanency, and well being.

Please contact me if you have any questions regarding information contained in the comments on the report's recommendations.

Sincerely,



Mark A. Washington
Acting Commissioner

c:  Van Knowles
Tom Emberton, Jr.
Marcia James

Appendix Q

Response From the Administrative Office of the Courts and Reply From Program Review and Investigations Committee Staff

The Administrative Office of the Courts provided a written response to the report. The response is reproduced below. A brief reply from Program Review and Investigations Committee staff is on page 407.




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MELINDA L. WHEELER
DIRECTOR

To: Van Knowles, Legislative Analyst
Program Review and Investigations Committee
Legislative Research Commission
Capitol Annex, room 009
702 Capital Avenue
Frankfort KY 40601

From: Patrick Yewell, General Manager 
Department of Juvenile Services
Administrative Office of the Courts
100 Millcreek Park
Frankfort KY 40601

Date: December 7, 2006

Re: Program Review and Investigations Committee Report

The Administrative Office of the Courts Department of Juvenile Services ("AOC") hereby submits its response to the Report of the Program Review and Investigations Committee ("the Report"). This response addresses the two recommendations that are applicable to the AOC as well as several other points where the AOC or its programs are mentioned. The AOC's response is as follows:

I. Recommendations

A. 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 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.

Upon the Department for Community Based Services reconvening the Statewide Strategic Planning Committee, the AOC welcomes the opportunity to participate and provide input as required by the statute.

B. 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 LRC.

KRS 600.050 requires the AOC to note in the case file any child who is committed due to extraordinary needs. The AOC currently provides a method of noting such through the AOC-DNA-5 form entitled Order Disposition Hearing. At this time, the AOC does not have a mechanism to track this type of commitment. However, the AOC has been working to update the CourtNet system to track this information as well as other pertinent information regarding children who are in foster care.

II. Other Recommendations Applicable to the AOC

A. Court Review of Decision of the DCBS to Return the Child Home

On page 21 of the Report, the committee states that the University of Kentucky Court Improvement project reassessment found that “courts tends not to review the decision to return the child home.” The AOC agrees with the importance of judicial review prior to the return of the child to the home of removal. Current statutes require the cabinet to notify the courts fourteen days prior to the release of the child. The Citizen Foster Care Review Board has recommended extending the length of notice to the courts from fourteen to forty-five days. This additional time would allow the courts the time to schedule a hearing or review of the matter as well as allow time for the Citizen Foster Care review Board to review the case prior to the release of the child.

B. Citizen Foster Care Review Board Annual Report

Page 55 of the Report states that the 2005 Annual Report was not delivered to the committee. This report was published and delivered to the committee.

C. Appeals from a Denial of Involuntary Termination of Parental Rights

On page 23 of the Report, the committee discusses appellate review of involuntary termination of parental rights cases. Upon review of the case mentioned in the report, 2005-CA-002022-ME, the AOC agrees that the Court of Appeals has determined that no

party may appeal a trial court's decision to deny an involuntary termination of parental rights. This recent decision is a departure from long-standing precedent whereby the Cabinet appealed numerous denials of involuntary termination of parental rights. However, on page 60 of the Report, it is stated that, "Under Kentucky law, only the parents can file an appeal of these orders." It remains unclear whether a guardian ad litem may appeal an order or judgment awarding involuntary termination of parental rights.

D. Expedited Appeals

It should be noted that the Kentucky Rules of Civil Procedure were recently amended to allow for expedited appeals in dependency, neglect and abuse cases and other child custody cases. Please see the amendments to Rules of Civil Procedure 73.08, 76.03(1) and 76.12(2).

E. Citizen Foster Care Review Boards Interested Party Review Program

On page 63 of the Report, the Committee encourages the AOC to follow up with an evaluation of the Interested Party Review program. The AOC is currently in negotiations with the University of Kentucky College of Social work to evaluate this program and the AOC will consider any recommendations that the evaluation should suggest.

Reply From Program Review and Investigations Committee Staff

Regarding item I.B, staff have corrected the report to note that the AOC-DNA-5 form does include an indication of need for extraordinary services.

Regarding item II.C, staff have deleted the statement "Under Kentucky law, only the parents can file an appeal of these orders."

