

**Preliminary Report of the
Task Force on Children in Placement:**

**The Challenge of
1996 Senate Concurrent Resolution 107**

Research Report No. 276

**Presented to the
Legislative Research Commission
October, 1996**

KENTUCKY LEGISLATIVE RESEARCH COMMISSION

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The Commission and its staff, by law and by practice, perform numerous fact-finding and service functions for members of the General Assembly. The Commission provides professional, clerical and other employees required by legislators when the General Assembly is in session and during the interim period between sessions. These employees, in turn, assist committees and individual members in preparing legislation. Other services include conducting studies and investigations, organizing and staffing committee meetings and public hearings, maintaining official legislative records and other reference materials, furnishing information about the Legislature to the public, compiling and publishing administrative regulations, administering a legislative intern program, conducting a pre-session orientation conference for legislators, and publishing a daily index of legislative activity during sessions of the General Assembly.

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**Legislative Research Commission
October, 1996**

This report was prepared by the Legislative Research Commission and printed with state funds.

**1996 INTERIM MEMBERSHIP
TASK FORCE ON CHILDREN IN PLACEMENT**

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Preliminary Report of the Task Force on Children in Placement:
THE CHALLENGE OF 1996 SENATE CONCURRENT RESOLUTION 107

October 1996

Introduction: With the enactment of Senate Concurrent Resolution 107, the 1996 General Assembly acknowledged that Kentucky's system for serving the residential placement needs of children should be examined. Social workers, courts, schools, community mental health centers, foster parents, and private child care providers are all struggling with the realities of an ever-increasing workload of tremendously difficult youth who must be served despite severely limited resources.

The issues the Task Force has been asked to study for the next year and a half are complex and affect literally thousands of children and their families. The children who require services come from every region of the Commonwealth. And while the Department for Social Services in the Cabinet for Families and Children ends up with the responsibility for most of these children, there are any number of agencies, both public and private, at the local as well as the state level, that are vested with the responsibility of providing for them.

Every year, the number of children needing services increases to the point of overwhelming available resources. And their needs are complex. The events or circumstances which trigger the need for placement usually do not fit into one single, or simple category. These are children who have experienced physical and sexual abuse or neglect. They have witnessed family or domestic violence. They may be struggling with substance abuse, emotional disabilities, or developmental delays. These children may have committed serious crimes or run away from home. Typically, they are confronting some combination of these issues.

The network of placement options available includes state-operated facilities, licensed facilities or hospitals operated by private non-profit or for-profit organizations, and a corps of foster parents recruited and supervised by the state. Despite this assortment of facilities, there are not enough beds available to provide the needed services. For instance, there are over 200 children on the waiting list for state facilities. An equally troubling situation occurs when a child is placed in a facility with an empty

bed that does not offer the services that child needs. The pressing need for a placement, any placement, creates a situation where the bed that is available is the bed that is used.

The cost of treatment for these children is taking up more and more of the human services budget. In FY95, over 5,000 children were placed in foster care, at a cost of over \$46 million. It is costing over \$35 million a year to keep 1,350 children in private child care. Local governments are also struggling to serve the needs of these children. Local school districts confronted with the prospects of providing educational services to the children in the facilities located in their community face a budget and planning nightmare. During the 1995-96 school year, educational services were provided to 2,336 youth in 97 treatment programs, involving 47 local school districts.

Creation of the Task Force on Children in Placement was proposed as a way to bring together the people who are concerned about these issues, and those responsible for addressing them. The Task Force, in a public venue, is expected to examine and evaluate the current system of care, explore alternatives intended to improve service delivery, and propose recommendations for consideration by the 1998 General Assembly.

Jurisdiction: Pursuant to SCR 107 enacted by the 1996 Kentucky General Assembly (Appendix A), the Legislative Research Commission created the Task Force on Children in Placement to conduct a comprehensive study to:

- (1) Develop a complete baseline of information concerning facilities serving children and the treatment services and programs offered in these facilities including what services are provided by each facility, the means used to verify services are consistently and appropriately rendered, and the criteria used to measure the effectiveness of the services rendered;
- (2) Develop an in-depth profile of the children served by these programs;
- (3) Identify the mechanism for decision making regarding placement, including what influences the development of resources and the contracting for services;
- (4) Explore the inadequacies of the range of options available and identify the gaps in the continuum of care including the over reliance on and proliferation of high end, most intrusive, and most restrictive levels of care;

- (5) Review the current licensing or other authorization requirements for residential facilities caring for children and the assessment procedures for determining the level of care needed for a child and the means of assessment of the progress made by the child while in the facility;
- (6) Examine the current reimbursement rate structures and identify all sources of funding;
- (7) Identify high priority problems, needs, and areas to be addressed and make recommendations regarding improvement and clarification of statutes, administrative regulations, agency policies and procedures, and methods of assessment of and contracting for services; and
- (8) Other tasks deemed necessary by the Legislative Research Commission.

Membership: In the process of selecting members for the Task Force, the Legislative Research Commission has attempted to bring together citizen representatives of the agencies and individuals struggling to see that services are provided to children in placement. Geographic and agency diversity played an important part in the selection process.

The members of the Task Force include three members of the Senate and three members of the House of Representatives. The citizen members appointed represent former foster children, the parents of children in need of services, the state agencies vested with the responsibility to provide services to children in placement, the administrators of the private and public facilities serving children in placement, agencies contracted to administer educational programs for children in placement, persons who have an expertise in addressing the needs of children in placement, and advocates for children. One Senator and one Representative serve as co-chairs of the Task Force. A list of members is included with this report as Appendix B.

Preliminary Findings: In recognition of the complexity of the system and the depth of understanding required for effective evaluation, the primary goal for the first several Task Force meetings has been to learn about the current system of services and facilities available to children in need of placement. In preparation for this task, members were provided a "Glossary of Terms" frequently used by professionals serving children in

placement. The preliminary workplan, glossary of terms, and agendas for the first four Task Force meetings are included with this report as Appendix C.

The purpose of this report is to relate the information learned thus far and indicate the course of study for future meetings. The information will be presented within the framework of the eight areas of study required by SCR 107.

1. Facilities Serving Children - *Develop a complete baseline of information concerning facilities serving children and the treatment services and programs offered in these facilities including what services are provided by each facility, the means used to verify services are consistently and appropriately rendered, and the criteria used to measure the effectiveness of the services rendered.*

The facilities serving children include both state-operated and privately-operated facilities with which the state has an agreement or contract. The initial task in developing a baseline of information about these facilities has been an attempt to develop a list of the facilities. This has proven to be more complicated than originally envisioned. Lists provided to the Task Force do not include all types of facilities or contain information about the number of beds available or the per diem rate paid for services. Work on this task continues. Documents provided to the Task Force thus far are included with this report as Appendix D.

State facilities

State-operated facilities include twelve residential treatment facilities, with a total of 439 beds, and twelve group home facilities, with a total of 96 beds. In addition, the state has program administration contracts with one residential treatment facility, with 16 beds, and one agency operates five group homes, with a total of 40 beds. The state also recruits, trains, and supervises foster parents in over 1,200 foster homes located throughout the Commonwealth.

Private facilities

Documents provided to the Task Force by the Department for Social Services (DSS) indicate there are a variety of private placements options being utilized. Private child care agreements are in place for providers operating group homes, foster homes,

emergency shelters, psychiatric residential treatment facilities, independent living programs, and a parenting teen program. Psychiatric hospital services are made available at two facilities under contract, for a total of 84 beds, and eight other hospitals have "agreements" to provide services as needed for individual children. Maternity home placements are made pursuant to a personal service contract with one agency.

Summary of Types of Facilities	Beds
State-Operated	
12 Residential Treatment Facilities	439
12 Group Homes	96
Program Administration Contracts	
1 Residential Treatment Facility	16
5 Group Homes	40
Foster Care Agreements	
1,200 Foster Homes	varies
Private Child Care Agreements	
? PCC Group Homes	
? PCC Foster Homes	
? PCC Emergency Shelters	
8 PCC Psychiatric Residential Treatment Facilities	96
? PCC Independent Living	
1 Parenting Teen Program - Mother and Child	
Psychiatric Hospital Agreements (DSS-1285)	
2 Psychiatric Hospitals under contract	84
8 Psychiatric Hospitals with "arrangements"	as needed
Personal Service Contract	
Maternity Home Placement	

Future Action

A point-in-time survey is being prepared for distribution to all facilities in which children in the legal custody of the state have been placed. This survey is intended to provide a greater understanding of the type of children served by each type of facility and to ascertain the degree of geographic displacement that occurs when children are placed. The anticipated date of distribution is November 1, 1996. A draft of the survey is included as Appendix E. Information is also being collected by the Kentucky Children's Alliance in a survey of its member agencies, and by the

Kentucky Education Collaborative for State Agency Children (KECSAC) in similar surveys. Future agenda items include presentations from these entities and evaluation of survey results.

2. Profile of Children in Placement - *Develop an in-depth profile of the children served by these programs.*

The challenge of developing a profile of children in placement is that the population to be defined is constantly changing. Children move into and out of facilities every day. While social workers with case responsibility may know where children are residing, tracking their movement and documenting their status from a statewide vantage point is a difficult task.

Current data collection system

All services provided to a child or family are recorded by front line social services staff on the DSS-887 form. The data sheets are sent to a district data center, where the information is reviewed and forwarded to the Systems Administration Branch of the DSS. The availability of current, accurate information concerning a specific child or all children in the state's custody is contingent upon the timely submission of reports by social services staff. The reliability of the data received at the state level is dependent upon accurate data entry at the district level.

Statewide reports generated from the data system are produced by the Department for Information Services (DIS), which responds to requests from the DSS Systems Administration personnel. The validity and accuracy of the reports depends upon several factors: 1) workers entering data on the DSS-887 form correctly and in a timely manner; 2) district data center staff keying the data accurately and in a timely manner; 3) DIS programmers being able to write a program that pulls data correctly; and 4) data controllers being able to identify the correct dates to use in the search parameters, to assure that the correct timeframe, and thus correct data, is retrieved. Gathering current or historical data on children in placement in other than the standard report format has been a difficult task. Ad Hoc reports are rarely run, due to the high cost of special programming and the timing of requests sent to DIS.

Routine Reports

Rather than request an Ad Hoc report from DSS, the Task Force initially reviewed a standard report which is generated every year. Kentucky law requires DSS to submit an Annual Report on Committed Children to the Legislative Research Commission (Appendix F). This report is expected to provide a summary of the department's services to children. According to the testimony of department staff, the report is an example of how difficult it is to retrieve meaningful, accurate data on a timely basis. While the Annual Report provides some general impressions on the children in the state's custody, it does not answer the questions posed by SCR 107.

Another routine report, the Commitment Activity Report By District, is generated on a quarterly and fiscal year basis to provide Family Services managers in each district with a method of tracking committed children. This is the same report being utilized by the Justice Cabinet Activation Committee, which is implementing the requirements of 1996 House Bill 117 to transfer responsibility for certain facilities and programs from DSS to the Justice Cabinet. The most recent Commitment Activity Report for fiscal year 1996 was made available to the Task Force. The Task Force staff prepared a number of charts and graphs which summarize this information. A copy of these documents is included in this report as Appendix G.

TWIST

Recognizing that the data systems used to collect and compile information about cases are outdated, DSS has developed a new data system, The Worker Information System (TWIST), which was demonstrated at the September meeting of the Task Force. The TWIST program is designed to offer word processing capabilities to make data easy to enter and the case files more accessible to both the worker and supervisors. The system is a Microsoft-Word-based software program written specifically for Kentucky DSS. It will operate from personal computers in each DSS office. The information recorded in each computer case file will be accessible at the state, district, and local level and will provide a full array of documentation on placement activity, facilities, payment structures, family health status, court activity, educational attainment, foster care placements, and availability of a range of resources.

The advantage of this new information system will be that it will enable caseworkers and supervisors to monitor service delivery and placement by type of

legal custody, by location, and by worker. Caseworkers will also be able to produce court reports and various program eligibility forms by retrieving data contained in the on-line case record. The computerized case file will not, however, replace the hard copy file, which will still be maintained, since documents received from other agencies must be maintained and legal documents with original signatures must be kept on file.

Front line staff for DSS have received training on the use of the TWIST program. Pilot implementation sites have been using the new system for several months; it should be operative statewide by October 31, 1996, although wiring and equipment problems and delays are anticipated. It will be some time, however, before routine reports will be available from the TWIST data system, since the entry of historical information on current cases will require a significant amount of time and effort.

Future Action

Task Force members continue to review and discuss the information compiled from the Commitment Activity Report and have posed additional questions to further develop the profile of children in placement. The Task Force will also continue to monitor the implementation of TWIST through periodic updates from the department.

3. Placement Decisions - *Identify the mechanism for decision making regarding placement, including what influences the development of resources and the contracting for services.*

Current Process

The Task Force heard testimony at both the July and September meetings about the manner in which placement decisions are made for children in the legal custody of the state. DSS staff explained the agency's policies and procedures, and presented a detailed description of the typical out-of-home care placement process using a "Process Map", which is a product of the Governor's Empower Kentucky initiative. Task Force members were also provided with an overview of the system and a summary of Juvenile Court procedures. The process maps, system overview, and court procedures are included as Appendix H.

Levels of Care

A relatively new component of the decision making process is the levels of care program implemented in May 1996. When a decision is made to refer a child to private child care facilities, information is compiled by the caseworker and sent to an independent gatekeeper, who is under contract to assess the child's needs and determine the level of care needed. This information is then sent back to the caseworker, who submits requests for placement to various private child care providers, based on the level assigned. For further discussion of the levels of care program, see comments relating to the fifth area of the Task Force study, entitled "Licensure, Assessing Needs, and Evaluating Progress".

Future Action

The Task Force will continue to receive periodic updates concerning the implementation of the levels of care program, and will explore the possibility of expanding this program to facilities beyond the private child care facilities. Issues relating to the development of additional facilities will be addressed by the Task Force in future meetings.

- 4. Range of Placement Options** - *Explore the inadequacies of the range of options available and identify the gaps in the continuum of care including the over reliance on and proliferation of high end, most intrusive, and most restrictive levels of care.*

Geographic distribution

As discussed earlier in this report, identification of the facilities currently serving children in placement has been difficult. Using the information that was initially provided to the Task Force by DSS, a state map documenting the geographic distribution of group homes, residential treatment centers, psychiatric residential treatment centers, emergency shelters, and psychiatric hospitals was prepared for the Task Force. A second map identified the availability of foster care and independent living services.

Future Action

As more information about the facilities is compiled, these maps will be updated to reflect the most accurate distribution of placement options. And, as a profile of

children in placement is developed, the Task Force will be better equipped to determine the gaps in the current system and make recommendations as to the types of services or facilities needed to improve the range of options available for children.

5. Licensure, Assessing Needs, and Evaluating Progress - *Review the current licensing or other authorization requirements for residential facilities caring for children and the assessment procedures for determining the level of care needed for a child and the means of assessment of the progress made by the child while in the facility.*

Licensure

The Task Force began reviewing the licensing requirements for residential facilities by hearing testimony concerning the role of the Division of Licensing and Regulation (L&R). Further discussion areas will include the role of other agencies, such as the Quality Assurance Branch within DSS and the Department for Public Advocacy, with responsibilities for monitoring the quality of services provided by facilities.

Assessing Needs

On May 15, 1996, the department implemented a "levels of care" reimbursement system. This system requires initial and periodic evaluation of each child who is to be referred to, or is already placed in, a private child care facility. The evaluation is intended to ascertain the child's treatment needs and determine the level of care necessary to address those needs. The department established four levels of care, which reflect both the type of care required and the reimbursement rate approved for that level. The department has contracted with the Children's Review Program, operated by the Bluegrass Regional Mental Health and Mental Retardation Board, Inc., to serve as the external "gatekeeper," responsible for conducting the evaluations of children. A preliminary report from the Review Program is included with this report as Appendix I.

In a presentation to the Task Force, the Director of the Review Program indicated they are in the process of collecting information regarding each child's placement history, which facilities they are placed in, the costs of services, lengths of time in

treatment, and discharge outcomes. The primary function of the gatekeeper is to assign levels of care to children referred by caseworkers and conduct periodic re-evaluations to insure that the appropriate level of care is given throughout the child's time in placement.

Evaluating Progress

When children are placed in a private child care facility, the gatekeeper also assumes a quality assurance role and is responsible for determining whether services included on the child's treatment plan are actually being provided during the child's stay at the facility. The Review Program is also required to collect and analyze data for the purpose of tracking children through the service delivery system during their time in placement, and to evaluate outcomes for individual children, as well as the entire system of care.

Future Action

The Task Force will continue to monitor the levels of care system and receive reports from the Review Program. Data provided by the program should assist the Task Force in developing a profile of children in placement and assessing the availability of facilities and services.

6. Reimbursement Rates and Funding Sources - <i>Examine the current reimbursement rate structures and identify all sources of funding.</i>

Current and Projected Costs

The Task Force heard testimony during its July, August, and September meetings about reimbursement rates and funding sources for children in placement. Representatives from the Cabinet for Families and Children presented the Cabinet's "Annual Report on Committed Children FY 1995" at the July meeting. This report, which includes information about the number and type of children in placement, as well as the cost of providing various services to the children, provided an overview of the system. More detailed information was presented in subsequent meetings regarding funding sources and projections of program growth through 2005. Charts and tables summarizing fiscal information provided by the Cabinet for Families and Children are included in this report as Appendix J.

In fiscal year 1995, the state spent over \$127 million providing out-of-home care to children. Of that amount, approximately 29% came from the state general fund and agency funds, while 71% came from the federal government through block grants, Title IV-B, Title IV-E, and other federal sources. The information presented indicates that every year, more children are being served, and that those children are generally more expensive to serve. In fiscal year 1995, the total annual cost per child ranged from \$8,477 for a child in a state foster home to \$26,000 for a child placed in a residential treatment facility. The number of children in private child care facilities has increased dramatically since 1993, with total payments to such agencies nearly doubling.

Foster Care Subcommittee

At its August meeting, the Task Force created a special subcommittee to study foster care reimbursement rates. The subcommittee consists of three task force members. (See Appendix B.) At the first subcommittee meeting, the Department for Families and Children presented a historical overview of Kentucky's foster care reimbursement system. The process for determining rates and formulating budget requests was also reviewed. Detailed information regarding these procedures is included as a part of this report in Appendix K. Among the issues to be considered at future meetings are reimbursement rate differences between private child care foster homes and state foster homes; Medicaid medical transportation reimbursement for foster parents, and the results of an all states survey conducted by subcommittee staff to determine how other states reimburse foster parents.

7. Recommendations - *Identify high priority problems, needs, and areas to be addressed and make recommendations regarding improvement and clarification of statutes, administrative regulations, agency policies and procedures, and methods of assessment of and contracting for services.*

As the Task Force continues to document the status of the current system of services to children in placement, it will continue to elicit commentary from a variety of people affected by and responsible for the current system. The initial goal has been to gain an understanding of the existing system, so that problems and concerns with certain components can be examined within the context of the entire system.

8. Other tasks deemed necessary by the Legislative Research Commission.

Educating Children in Placement

During the first four meetings of the Task Force, questions have arisen concerning educational services provided to children in placement. Members have questioned the adequacy of state funds provided to cover the costs of educating these children; the inconsistent transfer of a child's educational records; whether a school district's resources are considered when determining a child's placement or whether to open or expand a facility; and the relationship between educational programs and treatment. To begin to address these issues, the agenda for the October 1996 meeting of the Task Force will be devoted to issues concerning the education of state agency children. The agenda for the October meeting is included in this report as Appendix L.

Task Force members will hear from an expert in the education of at-risk children, representatives of the State Department of Education, the Kentucky Educational Collaborative for State Agency Children (KECSAC), and several school districts. These presenters will describe their roles in educating state agency children and recommend ways of improving the quality of these children's education. Specifically, the Task Force will hear testimony on the characteristics of many of these children and the educational practices that work best with them, the sources of state and federal funding available to districts educating the children, the Collaborative's efforts at equalizing funding and assisting districts in improving the delivery of educational services, and the positive and negative experiences districts of varying sizes and resources have had educating these children. It is anticipated that a public hearing will be held at a later date to allow input from the various individuals and entities involved in educating the children.

APPENDICES

	Page
A 1996 Senate Concurrent Resolution 107 -----	17
B Task Force and Subcommittee Members -----	25
C Preliminary Workplan, Agendas, Glossary of Terms -----	29
D Facilities for Children in Placement -----	53
E Draft Point in Time Survey for Facilities -----	67
F Department for Social Services FY95 Annual Report on Committed Children ----	73
G Profile of Children in Placement: Charts and Tables -----	87
H Process Maps, System Overview, and Court Procedures -----	107
I Report from the Children's Review Program: Levels of Care -----	123
J Fiscal Information -----	149
K Family Foster Care Information -----	179
L October Task Force Agenda -----	187

APPENDIX A



GENERAL ASSEMBLY COMMONWEALTH OF KENTUCKY

REGULAR SESSION 1996

SENATE CONCURRENT RESOLUTION NO. 107

TUESDAY, MARCH 12, 1996

The following concurrent resolution was reported to the House from the Senate and ordered to be printed.

A CONCURRENT RESOLUTION to direct the Legislative Research Commission to create the Task Force on Children in Placement.

WHEREAS, the physical, emotional, and educational needs of children in residential placement are increasingly complex and may involve a combination of issues such as family violence, physical and sexual abuse, severe neglect, substance abuse, criminal behavior, developmental delays, emotional disabilities, behavior disorders, and learning difficulties; and

WHEREAS, providing the appropriate level of care, treatment, and services to address these significant needs is not only in the best interest of these children, but is also in the best interest of their families, their communities, and the Commonwealth; and

WHEREAS, there is a limited range of treatment options and resources available to adequately and fully address the needs of these children due to significant gaps in the continuum of care and restrictions on the funding sources available to pay for the type of care needed; and

WHEREAS, an uneven distribution of resources has occurred which has resulted in an ever increasing number of highly restrictive options rather than an investment in less restrictive, community-based options; and

WHEREAS, the General Assembly reaffirms that the commitment to development of community-based, least restrictive residential placement options should not waiver; and

WHEREAS, the General Assembly acknowledges that addressing treatment needs in the appropriate manner can halt the predictable and progressive movement of some children into increasingly restrictive and increasingly expensive levels of care; and

WHEREAS, parents are often faced with giving up custody of their children because the availability and affordability of the appropriate treatment alternatives is increasingly out of reach for children who are not in the custody of the state; and

WHEREAS, diversity in funding methods and categorical funding has led to confusion and fragmentation which has resulted in the availability of funding sources

dictating the level of care which is developed and utilized; and

WHEREAS, solutions currently proposed to address these concerns are inadequate and similar schemes in other states have not proven to be effective; and

WHEREAS, inadequate communication with the General Assembly regarding the implementation of these schemes limits the oversight of and accountability for these initiatives; and

WHEREAS, the General Assembly is vested with both the authority and the responsibility to address these issues and ensure the initiatives to address these issues utilize resources wisely and enhance the services to citizens of the Commonwealth; and

WHEREAS, there is very little systematically collected, reliable data available concerning these children, their needs, the effectiveness of placements, and the evaluation of the success of a placement after release from the facility; and

WHEREAS, to fully understand the scope of the problem and to develop solutions, it is critical to audit the data available concerning the children and their needs, the services and their treatment goals and objectives, and the criteria for determining which children access which service; and

WHEREAS, the barrage of comments, criticism, analysis, and advice received by the General Assembly concerning these issues tend to result in less certainty as to the steps needed to be taken; and

WHEREAS, there is universal agreement on the complexity and urgency of these concerns and absolutely no consensus on the solutions or actions necessary to solve the problems; and

WHEREAS, a collaborative task force approach when led by the General Assembly can lead to a comprehensive analysis of the problem, exhaustive search for solutions, and development of recommendations for action;

NOW, THEREFORE,

Be it resolved by the Senate of the General Assembly of the Commonwealth of

Kentucky, the House of Representatives concurring therein:

- 1 Section 1. That the Legislative Research Commission create the Task Force on
 2 Children in Placement to conduct a comprehensive study to:
- 3 (1) Develop a complete baseline of information concerning facilities serving children and
 4 the treatment services and programs offered in these facilities including what
 5 services are provided by each facility, the means used to verify that services are
 6 consistently and appropriately rendered, and the criteria used to measure the
 7 effectiveness of the services rendered;
 - 8 (2) Develop an in-depth profile of the children served by these programs;
 - 9 (3) Identify the mechanism for decision making regarding placement, including what
 10 influences the development of resources and the contracting for services;
 - 11 (4) Explore the inadequacies of the range of options available and identify the gaps in
 12 the continuum of care including the overreliance on and proliferation of high end,
 13 most intrusive, and most restrictive levels of care;
 - 14 (5) Review the current licensing or other authorization requirements for residential
 15 facilities caring for children and the assessment procedures for determining the level
 16 of care needed for a child and the means of assessment of the progress made by the
 17 child while in the facility;
 - 18 (6) Examine the current reimbursement rate structures and identify all sources of
 19 funding;
 - 20 (7) Identify high priority problems, needs, and areas to be addressed and make
 21 recommendations regarding improvement and clarification of statutes, administrative
 22 regulations, agency policies and procedures, and methods of assessment of and
 23 contracting for services; and
 - 24 (8) Other tasks deemed necessary by the Legislative Research Commission.
- 25 Section 2. The members of the Task Force shall include three (3) members of the
 26 Senate to be appointed by the President of the Senate and three (3) members of the House

1 of Representatives to be appointed by the Speaker of the House. One (1) Senator and one
2 (1) Representative shall be selected to serve as co-chairs of the Task Force. The
3 Legislative Research Commission shall make up to fifteen (15) citizen appointments. The
4 citizen members shall be representative of the parents of children in need of services, the
5 state agencies vested with the responsibility to provide services to children in placement,
6 the administrators of the private and public facilities serving children in placement,
7 agencies contracted to administer educational programs for children in placement, persons
8 who have an expertise in addressing the needs of children in placement, and advocates for
9 children.

10 Section 3. The Task Force shall submit an interim report to the Legislative
11 Research Commission no later than October 1, 1996, and a final report no later than
12 October 1, 1997.

13 Section 4. Staff services to be utilized in completing this study are estimated to cost
14 \$30,000. These staff services shall be provided from the regular Commission budget and
15 are subject to the limitations and other research responsibilities of the Commission.

APPENDIX B

**1996 INTERIM MEMBERSHIP
TASK FORCE ON CHILDREN IN PLACEMENT**

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Gerry Williams

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Secretary John Morse, Cabinet for Health Services

Deputy Commissioner Lois Adams-Rogers, Department of Education

Secretary E. Daniel Cherry, Justice Cabinet

Ernie Lewis, The Public Advocate

LRC Staff:

Susan Lewis Warfield, Pam Lester, Vida Murray, Alice Carter,
and Cindy Broadbus, Secretary

SUBCOMMITTEE ON COST AND REIMBURSEMENT OF FOSTER CARE

Rep. Eleanor Jordan, Chair

Shirley Hedges

Secretary Viola Miller

LRC Staff: Pam Lester, and Kathy King, Secretary

APPENDIX C

Preliminary Workplan for the Task Force on Children in Placement

WHERE ARE WE TODAY???

DATA ON KIDS

Who is in placement?

What resources could prevent placement?

What services are needed by these children?

DATA ON SYSTEM OF CARE

What placements are available? Where are these facilities?

FUNDING

What is the cost of these placements?

Is the payment adequate? Excessive? Inadequate?

What is the funding source?

ASSESSMENT TOOLS & PROCESS

How are placement decisions made? By whom?

QUALITY ASSURANCE

Are children getting served appropriately in these placements?

How do we know?

Is there a measureable criterion used?

What process of external monitoring is used to ensure accountability?

EDUCATION

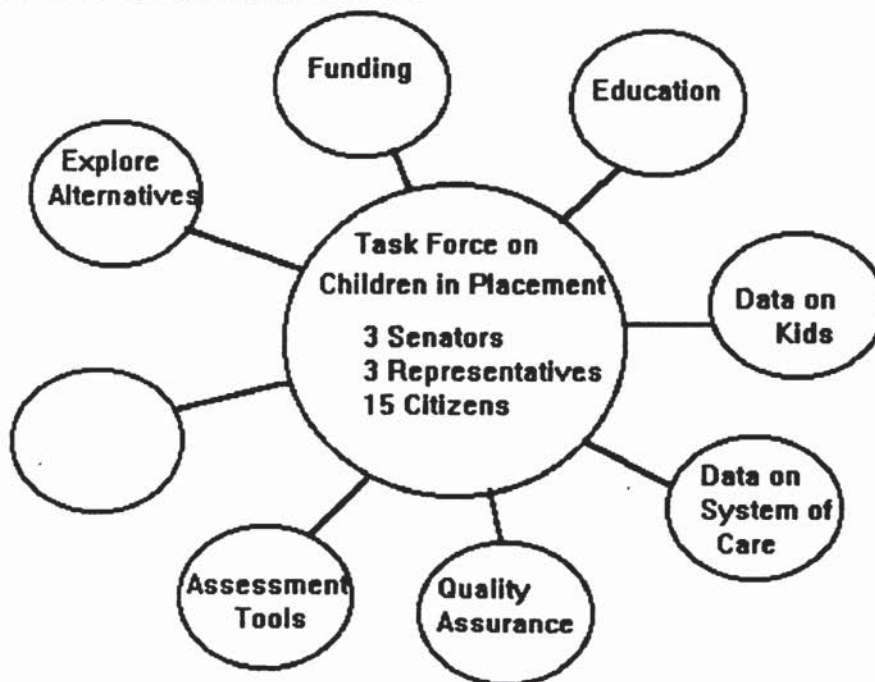
Are children receiving an appropriate education in these placements?

At what cost? To whom?

Provided by what entity?

WHERE DO WE NEED TO BE TOMORROW???

EXPLORE ALTERNATIVES



TASK FORCE ON CHILDREN IN PLACEMENT

Meeting No. 1

TIME:	1:00 p.m.
DATE:	June 18, 1996
PLACE:	Room 129, Capitol Annex

- I. **Call to Order and Roll Call**
- II. **Introduction of Task Force Members**
- III. **The Challenge of Senate Concurrent Resolution 107**
- IV. **Critical Issues Identified by Task Force Members**
- V. **Adjournment**

TASK FORCE ON CHILDREN IN PLACEMENT

Meeting No. 2

TIME:	10:00 a.m.
DATE:	July 10, 1996
PLACE:	Room 129, Capitol Annex

- I. **Call to Order and Roll Call**
- II. **Approval of June Minutes**
- III. **Chairmen's Remarks**
- IV. **A Reminder of Why We Must Succeed...From the Voice of Experience**

Rebecca Waters Vincent

- V. **The Challenge of Senate Concurrent Resolution 107: Critical Issues**

Task Force Staff

- VI. **Presentations by staff of the Department for Social Services in the Cabinet for Families and Children**

Introduction - Dolores Delehanty, Management Team

How the Cabinet Makes Decisions Regarding Out-of-Home Placement

Nelson Henson

Family Services Program Specialist

The Fiscal Year 1995 Annual Report on Committed Children

Diane Boling

Branch Manager Systems Administration

Funding for Children in Placement

Stephanie Craycraft

Branch Manager Fiscal Management

- VII. **Break Out Sessions:**

- VIII. **Adjournment**

Next meeting date: August 14, 1996

TASK FORCE ON CHILDREN IN PLACEMENT
Meeting No. 3

TIME:
DATE:
PLACE:

10:00 a.m.
August 14, 1996
Room 129, Capitol Annex

- I. **Call to Order and Roll Call**
- II. **Approval of July Minutes**
- III. **Chairmen's Remarks**
- IV. **Overview of Process Maps for Department for Social Services**

Jamie O'Bannon

Family Services Office Supervisor
Department for Social Services
Cabinet for Families and Children

- V. **Fiscal Trend Data from DSS: Follow up from July meeting**

Stephanie Craycraft

Branch Manager Fiscal Management
Department for Social Services
Cabinet for Families and Children

- VI. **Children's Review Program: Levels of Care Gatekeeper**

Paul Stratton, Director

- VII. **The Court Improvement Project:
Development of Model Curriculum for Cross-Training
and Model Protocol for Cases in Juvenile Court**

Patrick Yewell

Administrative Office of the Courts

- VIII. **Adjournment**

Next meeting date: September 11, 1996

TASK FORCE ON CHILDREN IN PLACEMENT

Meeting No. 4

TIME:	10:00 a.m.
DATE:	September 11, 1996
PLACE:	Room 129, Capitol Annex

I. Call to Order and Roll Call

II. Chairmen's Remarks

III. TWIST Demonstration: The Worker Information System

Mary Ella Glasscock, Department for Social Services

IV. Fiscal Trend Data from DSS: Follow up from July and August meeting

Stephanie Craycraft

Branch Manager Fiscal Management
Department for Social Services
Cabinet for Families and Children

V. Regulatory Requirements for Private Child Care Facilities

Bess Abney

Department for Licensing and Regulations
Office of the Inspector General
Cabinet for Health Services

**VI. Children in the Legal Custody of the Department for Social Services
Data from the "Commitment Activity Report by District" 8/1/96**

VII. Adjournment

Next meeting date: October 9, 1996

Glossary of Terms

Abused or neglected child means a child whose health or welfare is harmed or threatened with harm when his parent, guardian, or other person exercising custodial control or supervision of the child: inflicts or allows to be inflicted upon the child physical or emotional injury by other than accidental means; creates or allows to be created a risk of physical or emotional injury to the child by other than accidental means; commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child; creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child; abandons or exploits such child; does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing his religious beliefs shall not be considered a negligent parent solely because he fails to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child. (KRS 600.020)

Adjudication is the process of rendering a judicial decision about whether the facts alleged in a petition or other pleading are true. An adjudicatory hearing is the court proceeding in which it is determined whether the allegations of the petition are supported by legally admissible evidence -- also called a "jurisdictional", "fact-finding" or "evidentiary" hearing.

AFDC (Aid to Families with Dependent Children) is a program administered and funded by the Federal and state governments to provide financial assistance to needy families with dependent children.

Alternative Intermediate Services/Mental Retardation (AIS/MR) is a program designed to provide services for a limited number of people with mental retardation as an alternative to institutionalization.

Assistive Technology Device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, specified in the IEP and used to increase, maintain, or improve the functional capabilities of a child or youth with a disability.

Attention Deficit/Hyperactivity Disorder (ADHD) is a condition seen in children where there is increased motor activity in association with poor attention span.

Autism means a tendency toward self-absorption at the expense of regulation by outward reality. Often, children with autism have difficulty forming meaningful interpersonal relationships. (Stedman's Medical Dictionary)

Boarding home means a privately owned and operated home for the boarding and lodging of individuals which is approved by the Department of Juvenile Justice or the cabinet for the placement of children committed to the department or the cabinet. (KRS 600.020)

Case permanency plan means a document identifying decisions made by the cabinet, for both the biological family and the child, concerning action which needs to be taken to assure that the child in foster care expeditiously obtains a permanent home. (KRS 620.020)

Case progress report means a written record of goals that have been achieved in the case of a child. (KRS 620.020)

Case record means a cabinet file of specific documents and a running record of activities pertaining to the child. (KRS 620.020)

Child-placing agency means any agency, other than a state agency, which supervises the placement of children in foster family homes or child-caring facilities or which places children for adoption. (KRS 600.020)

Child protective services means preventive and corrective services directed toward strengthening family life, improving the abilities of parents to carry out parental responsibilities, assuring for each child a safe and nurturing home, safeguarding the rights and welfare of abused, neglected or dependent children, assisting parents or other persons responsible for the care of a child in recognizing and remedying conditions detrimental to the welfare of a child, and identifying and correcting conditions in society which contribute to the neglect, abuse or dependency of a child. (905 KAR 1:330)

Child with an emotional disability means a child with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and seriously limits a child's capacity to function in the home, school, or community. (KRS 200.503)

Child with a severe emotional disability (SED) means a child with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and that:

- (a) Presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: "Self-care," defined as the ability to provide, sustain, and protect his or herself at a level appropriate to his or her age; "Interpersonal relationships," defined as the ability to build and maintain satisfactory relationships with peers and adults; "Family life," defined as the capacity to live in a family or family type environment; "Self-direction," defined as the child's ability to control his or her behavior and to make decisions in a manner appropriate to his or her age; and "Education," defined as the ability to learn social and intellectual skills from teachers in available educational settings; or
- (b) Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact; or

- (c) The Department for Social Services has removed the child from the child's home and has been unable to maintain the child in a stable setting due to behavioral or emotional disturbance; or
- (d) Is a person under twenty-one (21) years of age meeting the criteria of paragraph (a) of this subsection and who was receiving services prior to age eighteen (18) that must be continued for therapeutic benefit. (KRS 200.503)

CRS (the Division of Children's Residential Treatment Services) is a statewide network of treatment facilities providing an array of treatment and rehabilitative services to children.

Clinical treatment facility means a facility with more than eight (8) beds designated by the Department of Juvenile Justice or the cabinet for the treatment of mentally ill children. The treatment program of such facilities shall be supervised by a qualified mental health professional (KRS 600.020)

Commitment means an order of the court which places a child under the custodial control or supervision of the Cabinet for Human Resources, Department of Juvenile Justice, or another facility or agency until the child attains the age of eighteen (18) unless the committing court terminates or extends the order. (KRS 600.020)

Community-based facility means any nonsecure, homelike facility licensed, operated, or permitted to operate by the Department of Juvenile Justice or the cabinet, which is located within a reasonable proximity of the child's family and home community, which affords the child the opportunity, if a Kentucky resident, to continue family and community contact. (KRS 600.020)

Community Resources means services and activities available in the community that supplement those provided by the child-caring facility or child-placing agency in the care and treatment of children. (905 KAR 1:300)

Court appointed special advocate program (CASA) is a program by which trained community volunteers are provided to the court for appointment to represent the best interests of children who have come into the court system as a result of dependency, abuse or neglect. (KRS 620.500)

Court designated worker means that organization or individual delegated by the administrative office of the courts for the purposes of placing children in alternative placements prior to arraignment, conducting preliminary investigations, and formulating, entering into, and supervising diversion agreements and performing such other functions as authorized by law or court order. (KRS 600.020)

Custody is the right to control a child's care carrying with it the duty of providing food, shelter, medical care, education and discipline.

Danger to self or others means that it is shown by substantial proof that in the near future the child may attempt suicide or may cause substantial physical harm or threat of substantial physical harm to self or others, as evidenced by recent threats or overt acts, including acts by which the child deprives self or others of the basic means of survival, including reasonable shelter, food or clothing. In determining whether a

child presents a danger to self, factors to be considered shall include, but shall not be limited to, an established pattern of past dangerous behavior. (KRS 645.020)

Day-care center means any child-care facility which provides full or part-time care, day or night, to at least seven (7) children who are not the children, grandchildren, nieces, nephews, or children in legal custody of the operator. Day-care center shall not include any child-care facility operated by a religious organization while religious services are being conducted, or a youth development agency. A youth development agency is a program with tax-exempt status under 26 U.S.C. 501(c)(3), which operates continuously throughout the year as an outside-school-hours center for youth who are 6 years of age or older, and for which there are no fee or scheduled care arrangements with the parent or guardian of the youth served. (KRS 199.894)

Day Treatment Programs are operated by the Division of Children's Residential Services for delinquent and troubled youths between the ages of 12 and 17. Day treatment programs are typically comprised of both educational and treatment components.

Delinquent means a child who has been found guilty of a public offense or is a youthful offender.

Dependent child means 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. (KRS 600.020)

Detain means, upon a valid court order, to confine a child pending further proceedings in an intermittent holding facility, a juvenile holding facility, or a secure juvenile detention facility. (KRS 600.020)

Disposition is the order of a juvenile court determining what is to be done with a minor already adjudged to be within the court's jurisdiction.

Diversion agreement means an agreement entered into between a court-designated worker and a child charged with the commission of offenses set forth in KRS Chapters 630 and 635, the purpose of which is to serve the best interest of the child and to provide redress for those offenses without court action and without the creation of a formal court record. (KRS 600.020)

Early intervention system means the management structure established in KRS 200.654 to 200.670 and which is comprised of the interdependent array of services and activities for the provision of a statewide, comprehensive, coordinated, multidisciplinary, interagency program for infants and toddlers with disabilities and their families. (KRS 200.654)

Emergency Custody Order (ECO) - an emergency custody order may be requested by a Family Services Worker if a child is in danger of imminent death, serious physical injury, or is being sexually abused. The order is requested from a District Judge.

Emergency shelter is a group home, private residence, foster home, or similar homelike facility which provides temporary or emergency care of children and adequate staff and services consistent with the needs of each child.

Emotional harm means harm to the mental or psychological capacity or emotional stability of a child as testified to by a qualified mental health professional. The age

and development of the child shall be considered together with the child's culture or environment in the diagnosis and determination of emotional harm. (KRS 600.020)

Emotional injury means an injury to the mental or psychological capacity or emotional stability of a child as evidenced by a substantial and observable impairment in his ability to function within a normal range of performance and behavior with due regard to his age, development, culture, and environment. (KRS 600.020)

EPSDT (Early Periodic Screening Diagnostic and Treatment program) is a part of the Medicaid (Title XIX of the Social Security Act) program that provides screenings for Medicaid eligible children.

Exceptional children and youth means persons under 21 years of age who differ in one or more respects from average or normal children in physical, mental, learning, emotional or social characteristics and abilities to such a degree that they need special education programs or services for them to benefit from the regular or usual facilities or educational programs of the public schools in the districts where they reside. Categories of exceptionality include the following:

Physically disabled or orthopedically impaired means a severe orthopedic impairment which adversely affects educational performance to the extent that specially designed instruction is required for the pupil to benefit from education. The term includes physical impairments caused by congenital anomaly, disease, and from other causes.

Other health impaired means limited strength, vitality or alertness, due to a chronic or acute health problem which adversely affects educational performance to the extent that specially designed instruction is required for the pupil to benefit from education. Chronic health problems may include, but are not be limited to, a heart condition, tuberculosis, sickle cell anemia, hemophilia, epilepsy, rheumatic fever, nephritis, asthma, lead poisoning, leukemia, diabetes, attention deficit disorder, attention deficit hyperactive disorder, or acquired immune deficiency syndrome.

Communication disorder or speech or language impaired means a disorder in language, articulation, voice, or fluency, which adversely affects educational performance to the extent that specially designed instruction is required for the pupil to benefit from education.

Hearing impairment means a physiological hearing loss:

1. Ranging from mild to profound, which is either permanent or fluctuating, and of such a degree that the pupil is impaired in the processing of linguistic information via the auditory channel either with or without amplification; or
2. That adversely affects educational performance so that specially designed instruction is required for the child or youth to benefit from education.

The term shall include both deaf and hard of hearing children.

Mental disability means a deficit or delay in intellectual and adaptive behavior functioning, which adversely affects educational performance to the extent that

specially designed instruction is required for the pupil to benefit from education, and which is typically manifested during the developmental period.

Specific learning disability means a disorder in one (1) or more of the psychological processes primarily involved in understanding or using spoken or written language which selectively and significantly interferes with the acquisition, integration, or application of listening, speaking, reading, writing, reasoning, or mathematical abilities. The disorder is lifelong, intrinsic to the individual, and adversely affects educational performance to the extent that specially designed instruction is required in order for the pupil to benefit from education. The term does not include a learning problem which is the direct result of:

1. A hearing impairment;
2. Visual, physical, mental, or emotional-behavioral disabilities; or
3. Environmental, cultural, or economic differences.

Emotional-behavioral disability means a condition characterized by behavioral excess or deficit which significantly interferes with a pupil's interpersonal relationships or learning process to the extent that it adversely affects educational performance so that specially designed instruction is required in order for the pupil to benefit from education.

Multiple disability means a combination of two (2) or more disabilities resulting in significant learning, developmental, or behavioral and emotional problems, which adversely affects educational performance and, therefore, requires specially designed instruction in order for the pupil to benefit from education. A pupil is not considered to have a multiple disability if the adverse effect on educational performance is solely the result of deaf-blindness or the result of speech or language disability and one (1) other disabling condition.

Deaf-blind means auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs that the pupil cannot be appropriately educated in special education programs designed solely for pupils with hearing impairments, visual impairments, or severe disabilities, unless supplementary assistance is provided to address educational needs resulting from the two (2) disabilities.

Visually disabled means a visual impairment, which, even with correction, adversely affects educational performance to the extent that specially designed instruction is required for the pupil to benefit from education. The term includes both partially seeing and blind pupils.

Developmental delay means a significant discrepancy between a child's current level of performance in basic skills such as cognition, language or communication, self-help, social-emotional, or fine or gross motor, and the expected level of performance for that age. The term shall be used only with children ages three (3) through five (5).

Traumatic brain injury means an acquired impairment to the neurological system resulting from an insult to the brain which adversely affects educational

performance and causes temporary or permanent and partial or complete loss of:

1. Cognitive functioning;
2. Physical ability; or
3. Communication or social-behavioral interaction.

The term does not include a brain injury that is congenital or degenerative, or a brain injury induced by birth trauma.

Autism means a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three (3), that adversely affects educational performance. Characteristics of autism include:

1. Irregularity and impairment in communication;
2. Engagement in repetitive activity and stereotyped movement;
3. Resistance to environmental change or change in daily routine; and
4. Unusual responses to sensory experience.

The term does not include children with characteristics of an emotional-behavioral disability. (KRS 157.200)

Gifted and talented student means a pupil identified as possessing demonstrated or potential ability to perform at an exceptionally high level in general intellectual aptitude, specific academic aptitude, creative or divergent thinking, psychosocial or leadership skills, or in the visual or performing arts. (KRS 157.200)

Failure to locate means the identifying information about a family is insufficient for locating the family, or that the family has moved and their new location is not known. 905 KAR 1:330)

Family intervention services are services provided to assist a child and family in identifying and resolving issues underlying the dysfunctional behaviors within the family, as well as issues that create barriers to change.

Family child-care home means a private home which provides full or part-time care day or night for six (6) or fewer children who are not the children, grandchildren, nieces, nephews, or children in legal custody of the provider. (KRS 199.8982)

Family preservation services means programs that:

- (1) Follow intensive, home-based service models with demonstrated effectiveness in reducing or avoiding the need for out-of-home placement;
- (2) Provide such services that their operation results in lower costs than would out-of-home placement;
- (3) Employ specially trained caseworkers who shall:
 - (a) Provide at least half their services in the family's home or other natural community setting;
 - (b) Provide services to no more than four (4) families at any one (1) time;
 - (c) Provide direct therapeutic services available twenty-four (24) hours per day for an average of at least forty-five (45) days per family;

- (d) Aid in the solution of practical problems that contribute to family stress so as to effect improved parental performance and enhanced functioning of the family unit;
 - (e) Arrange for additional assistance, including but not limited to, housing, child care, education, and job training, emergency cash grants, state and federally funded public assistance, and other basic support needs; and
 - (f) Supervise any paraprofessionals or "family aides" made available to provide specialized services or skills to manage everyday problems and better provide and care for its children.
- (4) Have available moneys to be spent at the caseworker's discretion to enhance the success of the intervention. (KRS 200.575)

Family service worker means 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. (KRS 600.020)

Family treatment home is a remedial care program for acting out, troubled children and youth.

Forensic psychiatric facility means a mental institution or facility, or part thereof, designated by the secretary for the purpose and function of providing inpatient evaluation, care and treatment for mentally ill or mentally retarded persons who have been charged with or convicted of a felony. (KRS 202A.011)

Foster care means the provision of temporary twenty-four (24) hour care for a child for a planned period of time when the child is:

- (a) Removed from his parents or person exercising custodial control or supervision and subsequently placed in the custody of the cabinet; and
- (b) Placed in a foster home or private child-caring facility or child-placing agency but remains under the supervision of the cabinet. (KRS 620.020)

Foster family home means a private home in which children are placed for foster family care under supervision of the cabinet or a licensed child-placing agency. (KRS 600.020)

Found and substantiated means a type of physical abuse, sexual abuse, neglect or dependency not originally reported by the referral source was found and substantiated during an investigation into the report. (905 KAR 1:330)

Full Adjudicatory Hearing is a hearing that must be held within 45 days of the removal of a child from his/her home. The purpose of this hearing is to determine the truth/falsity of the allegations in the original complaint under which the child was removed. (KRS 620.100)

Gatekeeper as used in the levels of care system is the individual or entity responsible for assigning levels of treatment needed by children, conducting utilization review, and monitoring the quality of placements.

Group Homes means a homelike facility for not more than eight (8) foster children, not adjacent to or part of an institutional campus, operated by a sponsoring agency for

children who may participate in community activities and use community resources (KRS 199.011)

Guardian Ad Litem is a person appointed by the court to take care of another's interests.

GPS (Group Preparation and Selection) is a nationally recognized program to help prepare foster families and adoptive parents to work in partnership with the department (sometimes referred to as MAPP).

Habitual runaway means any child who has been found by the court to have been absent from his place of lawful residence without the permission of his custodian for at least three (3) days during a one (1) year period (KRS 600.020)

Habitual truant means any child who has been found by the court to have been absent from school without valid excuse for three (3) or more days during a one (1) year period or tardy for three (3) or more days on at least three (3) occasions during a one (1) year period. (KRS 600.020)

High Risk Supplement Program is a program for children in placement with per diems over \$100 per day for whom a suitable foster family has been located. Children eligible for this type of placement have experienced four or more placement disruptions or psychiatric hospitalization.

ICF/MR - Intermediate Care Facility /Mental Retardation means an intermediate care facility approved by the cabinet for the evaluation, care, and treatment of mentally retarded persons (202B.010)

IDEA (Individuals with Disabilities Education Act) IDEA (P.L. 94-142) was originally enacted in November of 1975. The purposes of IDEA are to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their particular needs; to ensure that the rights of children with disabilities and their parents or guardians are protected; to assist States and localities to provide for the education of all children with disabilities; and to assess and ensure the effectiveness of efforts to educate children with disabilities.

IMPACT (Interagency Mobilization for Progress in Adolescent and Children's Treatment) is a collaborative effort among the agencies of social services, mental health, education, health services, Medicaid, and the courts at local, regional and state levels coordinate and mobilize services to children with severe emotional disabilities who are at risk of institutional placement.

Independent living means those activities necessary to assist a committed child to establish independent living arrangements. (KRS 600.020)

Individual Education Program (IEP) - means the instructional program required for state agency children identified as having educational disabilities. (905 KAR 7:250E)

Individual Education Program (IEP) - as used in special education programs means a written plan of action with required content which commits resources needed by a child or youth with a disability, is developed by an admissions release committee (ARC) to meet the child's special needs, and is implemented based on instructional planning. (707 KAR 1:210)

Individual Plan of Instruction (IPI) means the instructional plan required for state agency children not identified as having educational disabilities. (905 KAR 7:250)

Individual Treatment Plan (ITP) means a social and behavioral intervention plan, including the plan for educational instruction, that is developed for each state agency child being served by a treatment institution or facility. 905 KAR 7:250)

Infants and toddlers with disabilities mean children from birth to thirty-six (36) months of age in need of early intervention services as a result of one (1) of the following circumstances.

- (a) The child is experiencing developmental delays, as measured by diagnostic instruments and procedures in one (1) or more of the following skill areas: physical; cognitive; communication; social or emotional; or adaptive development; or
- (b) The child has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay. (KRS 200.654)

Informal adjustment means an agreement reached among the parties, with consultation, but not the consent, of the victim of the crime or other persons if the victim chooses not to or is unable to participate, after a petition has been filed, which is approved by the court, that the best interest of the child would be served without formal adjudication and disposition. (KRS 600.020)

Intensive Family Based Services (IFBSS) - Home based alternatives to institutionalization for children with emotional disturbance or mental retardation.

Intermittent holding facility means a physically secure setting, which is entirely separated from sight and sound from all other portions of a jail containing adult prisoners, in which children are supervised and observed on a regular basis. (KRS 600.020)

JOBS (Job Opportunities and Basic Skills) is a program that assists recipients of AFDC in obtaining necessary education and training that will lead to gainful employment and self support (904 KAR 2:370)

Juvenile holding facility means a physically secure setting, approved by the Justice Cabinet, which is an entirely separate facility or portion or wing of a building containing an adult jail, which provides total separation between juvenile and adult facility spatial areas and which is staffed by sufficient certified juvenile holding facility staff to provide twenty-four (24) hours per day supervision. Employees of jails who meet the qualifications of the Justice Cabinet may supervise juvenile as well as adult prisoners. (KRS 600.020)

KECSAC means the Kentucky Educational Collaborative for State Agency Children. (905 KAR 7:250)

KEIS (Kentucky Early Intervention System) provides services for infants and toddlers with a disability and their families. (KRS 200.656)

Least restrictive alternative means, except for purposes of KRS Chapter 645, that the program developed on the child's behalf is no more harsh, hazardous, or intrusive than necessary; or involves no restrictions on physical movements nor requirements for residential care except as reasonably necessary for the protection of the child

from physical injury; and is conducted at the suitable available facility closest to the child's place of residence. (KRS 600.020)

Levels of Care is the system currently being implemented by DSS that will classify children based upon the appropriate level of care needed. When the level of care is determined by a gatekeeper, it will determine both the type of placement and rate of payment for that child. Levels of Care are as follows:

Level I children require a routine home environment which provides maintenance, guidance and supervision to meet the needs of the child and ensures the emotional and physical well being of the child. The rate for Level I is \$45/day.

Level II children may engage in non-violent antisocial acts, but be capable of meaningful interpersonal relationships and require supervision in a structured supportive setting with counseling available from professional or para-professional staff, educational support, and services designed to improve developmental or normalized social skills. The rate for Level II is \$65/day.

Level III children have both physical and emotional needs and may be at moderate risk for causing harm to themselves and others and require a structured supportive setting with therapeutic counseling available by professional staff and physical, environmental, and treatment programs designed to improve social, emotional, and educational adaptive behavior. The rate for Level III is \$135/day.

Level IV children require a highly structured program with twenty-four hour supervision and a specialized setting which can safely and effectively care for severe and chronic medical conditions complicated by behavioral disorders or emotional disturbance. The rate for Level IV is \$180/day.

Local foster care review board means a citizen board which provides periodic permanency reviews of children placed in the custody of the cabinet by a court order of temporary custody or commitment under KRS Chapter 620. (KRS 620.020)

Mental health facility means a residential or nonresidential service providing children psychological or psychiatric treatment for emotional, mental, or behavioral problems.

Mental Health Group Home means a community-based facility established to serve not less than 4 or more than 8 mentally ill children with a treatment program developed and supervised by a qualified mental health professional.

Mentally ill child means that considering the child's age and development, the child has a substantially impaired capacity to use self-control, judgment or discretion in the conduct of the child's affairs and social relations, the child's behavior is maladaptive or the child exhibits recognized emotional symptoms which can be related to physiological, psychological or social factors. (KRS 645.200)

Mentally retarded person means a person with significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

Motor vehicle offense means any violation of the nonfelony provisions of KRS Chapters 186, 189 or 189A, KRS 177.300, 304.39-110, or 304.39-117.

Multidisciplinary teams means local teams operating under protocols governing roles, responsibilities, and procedures developed by the Kentucky Multidisciplinary Commission on Child Sexual Abuse. (KRS 620.020)

Nonsecure facility means a facility which provides its residents access to the surrounding community and which does not rely primarily on the use of physically restricting construction and hardware to restrict freedom. (KRS 600.020)

On-site state agency school program means a school program operated on the campus of a state residential facility or day treatment program. Other private facilities may apply to KECSAC for status as an on-site state agency school program. (905 KAR 7:250)

Parent means the biological or adoptive mother or father of a child. (KRS 600.020)

Permanence means a relationship between a child and an adult which is intended to last a lifetime, providing commitment and continuity in the child's relationships and a sense of belonging. (KRS 620.020)

Person exercising custodial control or supervision means a person or agency that has assumed the role and responsibility of a parent or guardian for the child, but that does not necessarily have legal custody of the child. (KRS 600.020)

Petition means a verified statement, setting forth allegations in regard to the child, which initiates formal court involvement in the child's case. (KRS 600.020)

Placement Services means those social services customarily provided by a licensed child-placing or a public agency which are necessary for the arrangement and placement of children in foster family homes, child-placing facilities, or adoptive homes. Placement services are provided through a licensed child-placing or a public agency for children who cannot be cared for by their biological parents and who need and can benefit from new and permanent family ties established through legal adoption. Licensed child-placing agencies and public agencies have a responsibility to act in the best interests of children, biological parents, and adoptive parents by providing social services to all the parties involved in an adoption. (KRS 199.011)

Preventive services means those services which are designed to help maintain and strengthen the family unit by preventing or eliminating the need for removal of children from the family. (KRS 620.020)

Private Child Care Services or Child Caring Facilities (PCCs) are 24 hour child caring services provided by non-state operated programs. These services include traditional child care services, treatment services for children with moderate emotional or behavioral problems to mental illness, group home services (small programs with 8 or fewer children), and temporary shelter care.

Protective Custody in a child abuse or neglect case is the emergency removal of a child from his/her home when a child is in imminent danger if allowed to remain in the home.

Psychiatric facility means a crisis stabilization unit or any facility licensed by the cabinet and which provides inpatient, outpatient, psychosocial rehabilitation, emergency, and consultation and education services for the diagnosis and treatment of persons who have a mental illness: (KRS 202A.011)

Psychiatric Residential Treatment Facilities (PRTF) means a licensed, community-based, and home-like facility with a maximum of eight (8) beds which provides inpatient psychiatric residential treatment to residents who have an emotional disability or severe emotional disability, age six (6) years to twenty-one (21) years with an age range of no greater than five (5) years in a living unit. (KRS 216B.450)

Public offense action means an action brought in the interest of a child who is accused of committing an offense under KRS Chapter 527 or a public offense which, if committed by an adult, would be a crime, whether the same is a felony, misdemeanor, or violation, other than an action alleging that a child sixteen (16) years of age or older has committed a motor vehicle offense; comprehensive care center. (KRS 600.020)

Qualified Mental Health Professional means:

- (a) A physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;
- (b) A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, and who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;
- (c) A licensed psychologist at the doctoral level or certified at the master's level under the provisions of KRS Chapter 319 who has been designated by the Kentucky Board of Examiners of Psychology as competent to make examinations under KRS Chapters 600 to 645;
- (d) A licensed registered nurse with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons, or a licensed registered nurse with a bachelor's degree in nursing from an accredited institution who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and who is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a regional comprehensive care center; or
- (e) A certified clinical social worker licensed for the independent practice of clinical social work under the provisions of KRS Chapter 335, or a certified social worker licensed under the provisions of KRS Chapter 335 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility

licensed by the Commonwealth or a psychiatric unit of a general hospital or a regional comprehensive care center. (KRS 620.020)

Reasonable efforts means the exercise of ordinary diligence and care by the department to utilize all preventive and reunification services available to the community in accordance with the state plan for Public Law 96-272 which are necessary to enable the child to safely live at home. (KRS 620.020)

Residential treatment facility means a facility with more than eight (8) beds designated by the Department of Juvenile Justice, or cabinet for the treatment of children. (KRS 600.020)

Respite Care means a service provided to allow biological or foster parents relief for a designated period of time from the stresses of caring for an emotionally disturbed or handicapped child, or to allow such parents time to attend to other needs.

Retain in custody means, after a child has been taken into custody, the continued holding of the child by a peace officer for a period of time not to exceed twelve (12) hours when authorized by the court or the court designated worker for the purpose of making preliminary inquiries. (KRS 600.020)

Reunification services means remedial and preventive services which are designed to strengthen the family unit, to secure reunification of the family and child where appropriate, as quickly as practicable, and to prevent the future removal of the child from the family. KRS 620.020)

SAEC means the State Agency Education Council that functions as the school based decision making body. (905 KAR 7:250)

Safe physical restraint means the use of the human body to safely control the actions of another. (905 KAR 1:300)

Section 504 is the section of the Rehabilitation Act of 1973 that prohibits discrimination on the basis of handicapping conditions in educational institutions that receive federal funds.

Secure juvenile detention facility means any facility used for the secure detention of children other than a jail, police station, lock-up, intermittent holding facility, or any building which is a part of, or attached to, any facility in which adult prisoners are confined or which shares staff with a facility in which adult prisoners are confined. (KRS 600.020)

Secure facility for residential treatment means any setting which assures that all entrances and exits are under the exclusive control of the facility staff, and in which a child may reside for the purpose of receiving treatment. (KRS 600.020)

Serious physical injury means physical injury which creates a substantial risk of death or which causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily organ (KRS 600.020)

Sexual abuse includes, but is not necessarily limited to, any contacts or interactions between a child and an adult in which the parent, guardian, or other person having custodial control or supervision of the child or responsibility for his welfare, uses or

allows, permits, or encourages the use of the child for the purposes of the sexual stimulation of the perpetrator or another person. (KRS 600.020)

Sexual exploitation includes, but is not limited to, a situation in which a parent, guardian, or other person having custodial control or supervision of a child or responsible for his welfare, allows, permits, or encourages the child to engage in an act which constitutes prostitution under Kentucky law; or a parent, guardian, or other person having custodial control or supervision of a child or responsible for his welfare, allows, permits, or encourages the child to engage in an act of obscene or pornographic photographing, filming, or depicting of a child as provided for under Kentucky law. (KRS 600.020)

Social Services Block Grant (SSBG) is a block grant provided to states by the federal government to enable states to furnish social services best suited to the needs of individuals residing in that state.

Some indication means some indicators that abuse, neglect or dependency may exist or some circumstances or conditions are sufficient to arouse suspicion. (905 KAR 1:330)

Special Education means specially designed instruction to meet unique needs of an exceptional child or youth. (KRS 157.200)

Special Needs Child means:

- (a) A child which the state has determined cannot or should not be returned to the home of his parents; and
- (b) A child which the state has first determined:
 - 1. That there exists a specific factor or condition the existence of which leads to the reasonable conclusion that the child cannot be placed with adoptive parents without providing adoption assistance and;
 - 2. That except where it would be against the best interests of the child because of such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of such parents as a foster child, a reasonable, but unsuccessful, effort has been made to place the child with appropriate adoptive parents without providing adoption assistance. (KRS 199.555)

State agency children means those children of school age committed to or in the custody of the Cabinet for Human Resources and placed or financed by the cabinet in a Cabinet for Human Resources operated or contracted institution, facility or day treatment program, or placed or financed through the Cabinet for Human Resources in a private facility pursuant to child care agreements other than those for foster care; those children of school age in home and community based services provided as an alternative to intermediate care facility services for mentally retarded; and those children committed to or in the custody of the Department of Juvenile Justice, except for children placed in a juvenile detention facility or jail. (KRS 158.135)

State Child Welfare Services Plan is an annual effort to provide the citizens of Kentucky and the Federal Department of Health and Human Services with information

regarding proposed social services for children and their families. The plan identifies services and establishes goals for the provision of services.

State Court Improvement Program is a four year project initiated by the Administrative Office of the Courts (AOC) and Northern Kentucky University in 1994 to assess child placement proceedings and implement reforms based upon the findings of the assessment.

State Interagency Council for Services to Children with an Emotional Disability (created pursuant to KRS 200.205) was created to help establish a structure for coordinated policy development, comprehensive planning, and collaborative budgeting for services to children with an emotional disability or severe emotional disability and their families.

Status offense action is any action brought in the interest of a child who is accused of committing acts, which if committed by an adult, would not be a crime. Such behavior shall not be considered criminal or delinquent and such children shall be termed status offenders. Status offenses shall not include violations of state or local ordinances which may apply to children such as a violation of curfew or possession of alcoholic beverages. (KRS 600.020)

Substantiated means an admission of abuse, neglect or dependency by the persons responsible or a judicial determination of abuse, neglect or dependency or strong circumstantial or other supportive indicators that abuse, neglect or dependency by the persons responsible exist. (905 KAR 1:330)

Take into custody means the procedure by which a peace officer or other authorized person initially assumes custody of a child. A child may be taken into custody for a period of time not to exceed two (2) hours. (KRS 600.020)

Temporary Custody Order means an order issued after a temporary removal hearing if the court finds reasonable grounds to believe that a child is dependent, neglected or abused. (KRS 620.090)

Temporary Removal Hearing means a hearing held within 72 hours of the issuance of an emergency custody order or within 10 days of a complaint not involving an emergency custody order. The purpose of the hearing is to determine if removal is appropriate. (KRS 620.080)

Temporary Shelter means a facility which provides nonsecure, residential care on a temporary or emergency basis. (905 KAR 1:300)

Termination of Parental Rights is a judicial proceeding freeing a child from all custody and control by a parent or parents so that the child can be adopted.

Title IV-B is a formula grant that is used to establish, extend, and strengthen child welfare services to enable children to remain in their own homes. A state match of 25% is required and total grant amounts are capped.

Title IV-E is a federal program that provides payments to the states for foster care maintenance and adoption assistance on behalf of certain eligible children. Part E of Title IV of the Social Security Act became effective June 17, 1980, with the passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272).

Title VI of the Civil Rights Act of 1964 is the section of the Civil Rights Act that prohibits discrimination on the basis of race, color, or national origin in educational institutions that receive federal funds.

Transitional living home is an option available to youth 17 and above who are working toward independent living.

Unsubstantiated means there is no evidence, indicators or justification for suspicion of abuse, neglect or dependency. (905 KAR 1:330)

Violation means any offense, other than a traffic infraction, for which a sentence of a fine only can be imposed. (KRS 600.020)

Youth alternative center means a nonsecure facility, approved by the Department of Corrections, for the detention of juveniles, both prior to adjudication and after adjudication, which meets the criteria specified in KRS 610.267 and the administrative regulations promulgated thereunder. (KRS 600.020)

Youthful offender means any person regardless of age, transferred to Circuit Court under the provisions of KRS Chapter 640 (Youthful offenders) and who is subsequently convicted in Circuit Court. (KRS 600.020)

APPENDIX D

OUT OF HOME PLACEMENT OPTIONS

A. Private Child Care Agreement

1. Private Child Care Group Home
2. Private-Child Care Foster Home
3. Private Child Care Emergency Shelter
4. Private Child Care Psychological Residential Treatment Facility
5. Private Child Care Independent Living
6. Parenting Teen Program - Mother and Child

B. Program Administration Contracts

Volunteers of America - Group Home Jefferson County

Green River Mental Health/Mental Retardation Board - 32 Bed Psychiatric Hospital

C. Foster Care Agreement

Placement of Children in a Foster Home

D. DSS-1285 Psychiatric Hospital Agreement

Acute Psychiatric Hospital Care

E. Personal Service Contract

Florence Crittenden - Maternity Home Placements

Placements not requiring an Agreement or Contract.

1. Department for Social Services operated Group Home.
2. Home of a Relative.
3. Home of Family Friend - Home Study - Free Foster Home.

EXCERPT FROM THE BUDGET OF THE COMMONWEALTH

1996 - 1998

VOLUME I

DEPARTMENT FOR SOCIAL SERVICES YOUTH SERVICES

Residential Facilities	City	County	Beds
Central Kentucky Treatment Center	Louisville	Jefferson	40
Johnson-Breckinridge Treatment Center	Louisville	Jefferson	34
Northern Kentucky Treatment Center	Crittenden	Grant	45
Morehead Treatment Center	Morehead	Rowan	32
Green River Boy's Camp	Cromwell	Butler	34
Rice-Audubon Treatment Center	Louisville	Jefferson	42
Mayfield Boy's Treatment Center	Mayfield	Graves	30
Owensboro Treatment Center	Owensboro	Daviess	33
Cardinal Treatment Center	Louisville	Jefferson	33
Lincoln Village Treatment Center	Elizabethtown	Hardin	32
Lake Cumberland Boy's Camp	Monticello	Wayne	44
Woodsbend Boy's Camp	West Liberty	Morgan	40
Bluegrass Treatment Center	(Contracted) Lexington	Fayette	16

Total (13 Residential Facilities) - 455 Beds

Group Home Facilities	County	Beds
Ashland	Boyd	8
Bowling Green	Warren	8
Burnside	Pulaski	8
Frenchburg	Menifee	8
Glasgow	Barren	8
Hopkinsville	Christian	8
London	Laurel	8
Mayfield	Graves	8
Middlesboro	Bell	8
Waddy	Shelby	8
Frankfort	Franklin	8
Westport	Jefferson	8
Louisville - Bardstown Road	Jefferson	8
Louisville - Crescent	Jefferson	8
Louisville - Kennedy	Jefferson	8
Louisville - Winter Avenue	Jefferson	8
Lexington - Project Respect	Fayette	8

Total (17 Group Home Facilities) - 136 Beds

<u>Agreement NUMBER</u>	<u>NAME OF FACILITY</u>	<u>RATE & LICENSE TYPE</u>
PCC-14-02	Adanta Group-Community Options Telephone: 606-679-7180 Fax: 606-678-5296 Group Home Vendor# 14I 11102	Levels of Care Treatment License
	Family Treatment Home Vendor# 14I 11106	**\$85.00
PCC-13-06	Barnabas Home, Inc. Barnabas Home Treatment Center Telephone: 606-364-5151 Fax: 606-364-2534 Vendor# 13I 11103	Levels of Care Treatment License
PCC-06-02	Bellewood-Presbyterian Home for Children Telephone: 502-245-4171 Fax: 502-245-4171	
	Bellewood Center Vendor# 04I 11101 Bowling Green	Levels of Care Treatment License
	Anchorage Group Home Telephone: 502-782-2756 Fax: 061 11102 Vendor# 02I 11101	
PCC-15-28	Bluegrass Regional MH/MR Telephone: 606-253-1686 Fax: 606-255-4866 Vendor# 15I 11122 District 15 placements only	**\$70.00 per diem Therapeutic Foster Care
PCC-07-10	Brighton Center, Inc. (Homeward Bound) Telephone: 606-581-1111 Fax: 606-581-8033	
	Emergency Shelter Vendor# 07I 11101	*\$34.40 per diem (Homeward Bound) No Treatment License
	Foster Vendor# 07I 11110	*\$19.00 per diem
	Independent Living Vendor# 07I 11111	Levels of Care (Residence for Ind. Living Clients) Levels of Care
PCC-06-48	Brooklawn Telephone: 502-451-5177 Fax: 502-451-0896 Vendor# 06I 11148	***\$230.00 per diem
	Cottages Vendor# 06I 11155	Levels of Care Treatment License

CHILDREN'S PSYCHIATRIC HOSPITALS

HOSPITAL	COUNTY	ARRANGEMENT FOR BEDS
Caritas	Jefferson	Contract for 52
River Valley	Daviess	Contract for 32
Cumberland Hall	Christian	Individual Basis
Rivendell	Warren	Individual Basis
Charter Ridge	Fayette	Individual Basis
Northern Kentucky Psychiatric	Kenton	Individual Basis
Charter	Jefferson	Individual Basis
Charter	McCracken	Individual Basis
Ten Broeck	Jefferson	Individual Basis
Lincoln Trail	Hardin	Individual Basis

In addition to the "free standing" psychiatric hospitals listed above, there are medical-surgical hospitals that have psychiatric hospital beds for children.

<u>Agreement NUMBER</u>	<u>NAME OF FACILITY</u>	<u>RATE</u>
PCC-09-03	Care for Life, Inc. (Clay City Group Home) Telephone: 606-663-9091 Fax: 606-663-5552 Vendor# 09I 11104	Levels of Care Treatment License
PCC-03-01	Chaney House Telephone: 502-827-2253 Fax: 502-827-7457 Vendor# 03I 11101	Levels of Care No Treatment License
PCC-01-49	Charter Hospital of Paducah Telephone: 502-444-0444 Fax: 502-441-1753 Vendor# 01I 11102	***\$230.00 per diem
PCC-07-02	The Children's Home of Northern KY Telephone: 606-261-8768 Fax: 606-291-2431 Vendor# 07I 11105	Levels of Care Treatment License
PCC-15-01	Christian Church Homes, Woodlawn Children's & Families Services, Inc. Vendor# 15I 11103	
	Christian Church Children's Campus of Danville Telephone: 606-236-5507 Fax: 606-236-7044 Vendor# 15I 11103	Levels of Care Treatment License
	Christian Church Children's Campus Group Home Telephone: 606-236-5507 Vendor# 15I 11103	Levels of Care Treatment License
	Bluegrass Residential & Support Services (BRASS) Family Treatment Home Telephone: 606-678-4660 (Joan Owens) Vendor# 14I 11105	**\$56.65
	West Home for Girls Telephone: 502-826-0976 Vendor# 03I 11104	Levels of Care Treatment License
	Family Treatment Home Vendor# 15I 11123	**\$56.65 per diem
	Walton Group Home (PRTF) Vendor# 07I 11112	***\$230.00 per diem
PCC-15-02	Cleveland Home Telephone: 606-873-3271 No Fax Vendor# 15I 11104	Levels of Care Treatment License

(Rev. (4/96))

<u>Agreement NUMBER</u>	<u>NAME OF FACILITY</u>	<u>RATE</u>
PCC-14-57	Combs Residential Services, Inc. Telephone: 606-379-5117 No Fax Vendor#14I 11104	Levels of Care Treatment Center
PCC-07-04	Diocesan Catholic Children's Home Telephone: 606-331-2040 Fax: 606-331-3239 Vendor# 07I 11106	Levels of Care Treatment License
PCC-06-03	Father Maloney's Boys' Haven Telephone: 502-458-1171 Fax: 502-451-2161 Vendor# 06I 11103	Levels of Care Treatment License
PCC-15-10	Florence Crittenton Home & Services Telephone: 606-252-8636 Fax: 606-252-8636 Vendor# 15I 11105	*22.85 per diem (Emergency Shelter) No Treatment License
PCC-09-02	Gateway Juvenile Diversion Project, Inc. Telephone: 606-498-9892 Fax: 606-498-9892 Vendor# 09I 11102	*\$48.40 per diem (Emergency Shelter) No Treatment License
PCC-10-02	Gertrude Ramey Children's Home Telephone: 606-928-6648 Fax: 606-498-9892 Vendor# 10I 11101	Levels of Care Treatment License
	Hack Estep Home for Boys Telephone: 606-928-8113 Vendor# 10I 11102	Levels of Care Treatment License
PCC-15-08	Hollon House, Inc. Telephone: 502-863-6499 Fax: 502-863-6499 Vendor# 15I 11107	*30.70 per diem (Emergency Shelter) No Treatment License
PCC-07-05	Holly Hill Children's Home, Inc. Telephone: 606-635-0900 Fax: 606-635-0504 Vendor# 07I 11107	Levels of Care Treatment License
PCC-05-57	HCM Community Youth Services, Inc. Telephone: 502-527-5259 Fax: 502-527-5693 Vendor# 05I 11104	Levels of Care Treatment License
	Emergency Shelter Vendor# 05I 11106	**\$126.91
PCC-06-11	Home of the Innocents Telephone: 502-561-6600 Fax: 502-561-6631 Vendor# 06I 11112	*\$64.75 per diem (Emergency Shelter) Treatment License

(Rev. 4/96)

Agreement
NUMBER

NAME OF FACILITY

RATE

	Unwed Mothers Transitional Housing for Homeless Vendor# 06I 11153	*\$21.32 per diem (each client)
	Pregnant & Parenting Teen Program Vendor# 06I 11154	**\$88.65 mother \$20.95 ea. baby
PCC-09-01	Hope Hill Children's Home, Inc. Telephone: 606-498-5230 Fax: 606-498-2314 Vendor# 09I 11101	Levels of Care No Treatment License
PCC-06-12	Kentucky Baptist Homes for Children Fax: 502-244-3249 Telephone: 502-245-2105	
	Dixon Temporary Shelter Telephone: 502-639-5457 Vendor# 03I 11105	*\$44.40 per diem (Emergency Shelter) Treatment License
	Baptist Youth Ranch (Elizabethtown Treatment Program) Telephone: 502-737-3888 Vendor# 05I 11103	Levels of Care (Dual Diagnosed Rx) Treatment License
	Morehead Temporary Shelter Telephone: 606-784-5882 Vendor# 09I 11103	*\$44.40 per diem (Emergency Shelter) Treatment License
	Genesis Home Telephone: 502-623-6144 Vendor# 01I 11103	Levels of Care Treatment License
	Glendale Children's Home Telephone: 502-369-7380 Vendor# 05I 11102	Levels of Care Treatment License
	Somerset Shelter, Inc. Telephone: 606-679-4270 Vendor# 14I 11101	*\$44.40 per diem (Emergency Shelter) Treatment License
	Spring Meadows, Inc. Telephone: 502-245-2161 Vendor# 06I 11128	Levels of Care Treatment License
	Emergency Homes	*\$41.24 per diem
	Family Treatment Home Eastern Region Vendor# 09I 11105	**\$48.24 per diem
	Central Region Vendor# 06I 11156	
	Western Region Vendor# 02I 11157	

(Rev. 4/96)

<u>Agreement NUMBER</u>	<u>NAME OF FACILITY</u>	<u>RATE</u>
	Southern Region Vendor# 142 11107	Levels of Care (Wilderness program) Treatment License
PCC-15-14	Lexington-Fayette Co. Urban Govt. Coleman House Telephone: 606-253-1581 Fax: 606-231-1213 Vendor# 15I 11119	*\$52.50 per diem (Emergency Shelter) No Treatment License
PCC-05-58	The Life Connection Telephone: 502-324-4956 Fax: 502-324-4959 Vendor# 05I 11105	134.92 per diem Application pending for Treatment License
PCC-07-09	Maplewood Children's Home Telephone: 606-586-8728 (Office) Fax: 606-334-3172 Vendor# 07I 11109	*\$36.50 per diem (Emergency Shelter) No Treatment License
PCC-15-27	Mary G. Copeland Home Telephone: 606-225-8124 Fax: 606-225-8134 Vendor# 15I 11121	*\$51.89 per diem (Emergency Shelter) No Treatment License
PCC-06-10	Maryhurst Telephone: 502-245-1576 Fax: 502-245-4737 Vendor# 06I 11119	Levels of Care Treatment License
	Family Treatment Home Vendor# 06I 11151	**\$75.00 per diem
	Independent Living Vendor# 06I 11152	Levels of Care
PCC-15-04	The Methodist Home of Kentucky Telephone: 606-873-4481 Fax: 606-873-8078 Vendor# 15I 11111	Levels of Care Treatment License
	Mary Kendall Home (girls) Telephone: 502-683-6481 Vendor# 03I 11103	**\$36.10 per diem No Treatment License
	Mary Kendall Emergency Shelter (boys & girls) Telephone: 502-683-6481 Vendor# 03I 11106	*\$36.10 per diem No Treatment License
PCC-15-06	Metro Group Homes, Inc. Telephone: 606-254-2501 Fax: 606-226-9392 Vendor# 15I 11112	Levels of Care No Treatment License
	Metro Alternative Shelter House (MASH) Telephone: 606-254-2501 Vendor# 15I 11113	*\$57.90 per diem (Emergency Shelter) No Treatment License

(Rev. 4/96)

<u>Agreement NUMBER</u>	<u>NAME OF FACILITY</u>	<u>RATE</u>
PCC-06-54	Pathways Telephone 502-459-2320 Fax: 502-459-2345 Vendor# 06I 11150	Therapeutic Foster Care **65.00 per diem
PCC-02-55	Pennyroyal Mental Health Ctr. Telephone: 502-886-2205 Vendor# 02I 11156	*\$0 per diem (Chemical Dependency)
PCC-12-04	Presbyterian Child Welfare (Buckhorn) Telephone: 606-398-7245 Fax: 606-398-7912 Vendor# 12I 11102	Levels of Care Treatment License
	Family Treatment Program Vendor# 12I 11106	Case by Case
	Therapeutic Community Living Program Vendor# 12I 11107	Levels of Care
	Dessie Scott Treatment Program Telephone: 606-668-6445 Vendor# 12I 11103	Levels of Care (Dual Diagnosed Rx) Treatment License
	Berea Girls Group Home Telephone: (606) 986-2624 Vendor# 15I 11120	Levels of Care No Treatment License
	PRTF Vendor# 12I 11104	***\$230.00
PCC-06-51	R.E.A.C.H. of Louisville, Inc. Fax: 502-589-1582 Telephone: 502-585-1911 Vendor# 06I 11131	**Therapeutic Foster Care case by case basis
PCC-06-04	St. Joseph Catholic Orphanage Telephone: 502-893-0241 Fax: 502-896-2394 Vendor# 06I 11125	Levels of Care Treatment License
PCC-00-42	St. Joseph (Cincinnati) Telephone: 513-741-3100	***\$120.00 per diem
PCC-06-53	Seven Counties Services, Inc. (Family Treatment Homes) Telephone: 502-587-8833 Fax: 502-589-8758 Vendor# 06I 11149	*\$35.00 per diem
PCC-14-56	Spectrum Care Academy Telephone: 502-384-6444 Fax: 502-384-4883 Vendor# 14I 11103	***\$225.00 per diem
PCC-00-39	Villages of Indiana Telephone: (800) 874-6880 Vendor# 20I 11139 Therapeutic Foster Care Independent Living	***\$95.00 per diem (Group Home) *\$75.00 per diem *\$75.00 per diem

(Rev. 4/96)

Agreement
NUMBER

NAME OF FACILITY

RATE

PCC-01-01	West KY Children's Home Telephone: 502-443-9754 Fax: 502-442-4928 Vendor# 01I 11101	Levels of Care Treatment License
PCC-00-14	Youth Development Corp. of America Telephone: 614-894-3449 Fax: 606-324-9629	***\$88.75 per diem
	Ohio Center of Youth	***\$166.95 per diem
	Family Treatment Home Vendor# 20I 11114	**\$70.25
PCC-06-14	YMCA Shelter House Telephone: 502-635-5233 Fax: 502-635-1443 Vendor# 06I 11130	*\$44.20 per diem (Emergency Shelter) No Treatment License

APPENDIX E

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT

A Point-in Time survey for all current providers of out-home-care for children in Kentucky.

This survey is to obtain and share a better understanding of the children receiving services in various placement alternatives throughout the Commonwealth. We appreciate the many demands for time placed on you and your agency and have made an effort to make this survey as understandable and concise as possible consistent with obtaining useful and uniform information. Even so, we understand that there may be questions concerning how to respond in particular situations and encourage persons preparing the response to contact us should they need clarification. The persons you may contact are: Susan Lewis Warfield or Alice Carter at the Legislative Research Commission, Capitol Annex Room 101, Frankfort, Kentucky 40601 or call 502-564-8100.

Please note that your response is needed no later than _____

Type of facility, name, affiliate organization, address, phone, key contact

1. How many beds are there in your facility?
2. How many beds were occupied on (this particular date)?
3. What is the age of each resident?
4. What is the gender of each resident?
5. What is the home county of each resident?
The home county is defined as the county in which the resident's natural parents, adoptive parents, or guardian(s) reside. When parents are divorced, this is the county of residence of the parent with legal custody. When the state is the guardian, this is the county of original commitment and case responsibility.
6. What was the admission date of each resident?
7. Is the resident in the legal custody of the Department for Social Services?
 - 7.1 If yes, is the resident under (choose one):

ECO	Emergency custody order
TRO	Temporary removal order
TCO	Temporary custody order
Dep	Dependent/Abused/Neglected Commitment
Sta	Status Commitment
Pub	Public Offender Commitment
YO	Youthful Offender Commitment
Sex	Sexual Offender
Vol	Voluntary Commitment
Other	<u>(please specify)</u>
 - 7.2 If the resident is NOT in the legal custody of DSS, who placed the child in your facility?
8. What is the payment rate received from DSS or other payee source for each resident for one day's care?
9. PRTF/Psychiatric Hospital only
Is the resident certified or decertified, as of (specific date) for Medicaid reimbursement?
If decertified, indicate date of decertification and current status of appeal.
What is the primary diagnosis of each resident?
PCC only -
Has the resident been assigned a "level"?
If yes, what is the currently assigned level?

APPENDIX F

194.360 Annual report on committed children -- Contents.

The cabinet shall make an annual report to the Governor, the General Assembly, and the Chief Justice. The report shall be tendered to the above-named parties not later than December 1 of each year and shall include information for the previous fiscal year. The report shall include, but not be limited to, the following information:

- (1) The number of children under an order of dependent, status, public, or voluntary commitment to the cabinet, according to: permanency planning goals, current placement, average number of placements, type of commitment, and the average length of time children remain committed to the cabinet;
- (2) The number of children in the custody of the cabinet in the following types of residential placements, the average length of stay in these placements, and the average number of placements experienced by these children: family foster homes, private child care facilities, group homes, psychiatric facilities, and placement with biological parent or person exercising custodial control or supervision;
- (3) The number of children in the custody of the cabinet eligible for adoption, the number placed in an adoptive home, and the number ineligible for adoption and the reasons therefor;
- (4) The cost in federal and state general funds to care for the children defined in subsections (1) and (2) of this section, including the average cost per child for each type of placement, direct social worker services, operating expenses, training, and administrative costs; and
- (5) Any other matters relating to the care of foster children which the cabinet deems appropriate and which may promote further understanding of the impediments to providing permanent homes for foster children.

Effective: July 14, 1992

History: Amended 1992 Ky. Acts ch. 71, sec. 2.



THE SECRETARY FOR FAMILIES AND CHILDREN
COMMONWEALTH OF KENTUCKY

275 EAST MAIN STREET
FRANKFORT 40621-0001

(502) 564-7130

(502) 564-7573 FAX

PAUL E. PATTON
GOVERNOR

VIOLA P. MILLER, ED.D.
SECRETARY

March 7, 1996

Don Cetrulo, Executive Director
Legislative Research Commission
Capitol Building, Room 300
Frankfort, Kentucky 40601

Dear Mr. Cetrulo:

In compliance with KRS 194.360, enclosed is the Cabinet's Annual Report on Committed Children for state fiscal year 1995. Any questions or concerns should be addressed to Peggy Wallace, MSSW, Commissioner, Department for Social Services at (502) 564-4650.

Sincerely,

A handwritten signature in cursive script, reading "Viola Miller".

Viola P. Miller
Secretary

Enclosure

DEPARTMENT FOR SOCIAL SERVICES
ANNUAL REPORT ON COMMITTED CHILDREN
FY 1995

In accordance with KRS 194.360, as amended by the 1992 General Assembly, this Annual Report on Committed Children has been prepared for submittal to the Governor, the General Assembly, and the Chief Justice.

The following items respond to specific questions in the statute. The information is based upon the best available data from the mainframe computer system. Variances exist due to matching data files from segregated systems.

(1) The number of children under an order of dependent, status, public, or voluntary commitment to the Cabinet, according to permanency planning goals, current placement, average number of placements, type of commitment, and the average length of time children remain committed to the Cabinet.

During FY '95 a total of 4,741 children were under an order of dependent, status, public, or voluntary commitment to the Cabinet, according to the Family Activity Client Tracking System. This system was used for data in parts A and D because it contains goals determined for the child. The numbers in A and D are unduplicated. Sources for data in part B were the Imprest Cash Voucher System, the Residential Tracking System and Family and Client Activity Tracking System.

Note: This report does not include 2,379 children who were in the Cabinet's care under an order of temporary or emergency custody.

A. Permanency Planning Goals

Return to Parent	2,313
Relative Placement	356
Independent Living	548
Adoption	1,131
Permanent Substitute Care	362
Unreported	31

This includes all children who were in a placement, including one with parent, during fiscal year 1995. These numbers reflect a child in more than one placement.

Family Foster Care	5,383
Private Child Care	2,440
CRS Group Home	302
CRS Treatment Facility	961
Child with Parent	671
Child with Relative	398
Child with Relative/Foster Home	89
Clinical Care	80

- C. Average Number of Placements**
The average number of placements of committed children during FY '95 was 3.04. This average is for placements among all the different living arrangements.

D. Type of Commitment

Dependent	3,268
Status Offender	540
Public Offender	699
Voluntary	234

- E. Average Length of Time**
The average length of time that children remained committed to the Cabinet during FY '95 was 960.26 days. (Commitment may have occurred in a prior year). This includes children committed and remaining in the parents' home.

(2) The number of children in the custody of the Cabinet in the following types of residential placements, the average length of stay in these placements, and the average number of placements experienced by these children: family foster homes, private child care facilities, group homes, psychiatric facilities, and placement with biological parent or person exercising custodial control or supervision.

Children in the legal custody of the Cabinet, as indicated in section (1) above, were in the following types of residential placement during FY '95. The source of the following data was the Family Activity and Client Tracking System.

Placement	Average Length of Stay	Number of Placements**
Family Foster Care	663.53	1.94
Private Child Care	544.70	2.11
CRS Group Home	245.83	2.06
CRS Treatment Facility	312.60	2.20
Psychiatric Hospital	389.42*	2.51
Child with Parent	493.59	3.54
Child with Relative	501.58	2.72
Child with Rel/Fos Home	826.92	1.65

* This average length of stay appears to be greater in the information system than it actually is due to exit data not being submitted on a timely basis.

** Number of placements during fiscal year within individual placement type.

(3) The number of children in the custody of the Cabinet eligible for adoption, the number placed in an adoptive home, and the number ineligible for adoption and the reasons therefor.

A. Eligible for adoption

The number of children in the custody of the Cabinet eligible for adoption during FY '95 was 449. These are children for whom parental rights have been terminated.

B. Placed in an Adoptive Home

The number of children placed in an adoptive home during FY '95 was 181.

C. Ineligible for Adoption

Based on the latest permanency planning goal, the number of children ineligible for adoption during FY '95 was 3,807. (This number does not include 304 children with termination of parental rights pending during FY '95.) Reasons for ineligibility include:

1. Children have a goal of return to parent;
2. Children are in care on a voluntary commitment order;
3. Children have a goal of independent living;

4. Children who have had the goal of adoption but parental rights are not terminated;
5. Children have a goal of permanent substitute care.

Sources for the above data were the Out-of-Home/Termination of Parental Rights System and the Adoption Data Base.

(4) *The cost in federal and state general funds to care for the children defined in subsections (1) and (2) of this report, including the average cost per child for each type of placement, direct social worker services, operating expenses, training, and administrative costs.*

Private Child Care

Expenses	Federal/General Funds
Salaries	\$586,227.00
Operating	\$65,148.00
Administrative	\$50,356.00
Training	-0-
Care and Support	\$34,134,816.00
Total	*\$34,836,547.00
Average Cost Per Child	**\$13,990.00

*General = \$25,936,057 Federal = \$8,900,490

** Average cost per child for care and support

Adoption

Expenses	Federal/General Funds
Salaries	\$3,056,164.00
Operating	\$226,008.00
Administrative	\$275,192.00
Training	\$1,143.00
Care and Support	\$5,275,876.00
Total	*\$8,834,383.00
Average Cost Per Child	**\$3,829.00

*General = \$5,030,766 Federal = \$3,803,617

** Average cost per child for care and support

Group Home

Expenses	Federal/General Funds
Salaries	\$3,551,148.00
Operating	\$620,372.00
Administrative	\$319,580.00
Training	\$126,376.00
Care and Support	\$2,023,528.00
Total	*\$6,641,004.00
Average Cost Per Child	**\$6,700.00

*General = \$3,970,162 Federal = \$2,670,842

** Average Cost Per Child

Residential

Expenses	Federal/General Funds
Salaries	\$16,530,925.00
Operating	\$2,983,693.00
Administrative	\$1,494,622.00
Training	\$581,782.00
Care and Support	\$3,510,465.00
Total	*\$25,101,487.00
Average Cost Per Child	**\$3,653.00

*General = \$13,592,917 Federal = \$11,508,570

** Average cost per child

Clinical (Includes Re-Ed and Psychiatric Hospital)

Expenses	Federal/General Funds
Salaries	\$1,576,434.00
Operating	\$164,271.00
Administrative	\$135,798.00
Training	\$208,967.00
Care and Support	\$2,125,808.00
Total	*\$4,211,278.00
Average Cost Per Child	**\$26,573.00

*General = \$4,201,802 Federal = \$9,476

** Average cost per child for care and support

Foster Care

Expenses	Federal/General Funds
Salaries	\$13,862,139.00
Operating	\$1,724,191.00
Administrative	\$1,051,392.00
Training	\$5,991,341.00
Care and Support	\$23,758,184.00
Total	*\$46,387,247.00
Average Cost Per Child	**\$4,342.00

*General = \$19,729,300 Federal = \$26,657,947

**Average cost per child for care and support

(5) Any other matters relating to the care of foster children which the Cabinet deems appropriate and which may promote further understanding of the impediments to providing permanent homes for foster children.

Societal factors such as poverty, lack of affordable and accessible housing, child care and health care, substance abuse and HIV infection, continue to burden parents and children. One result is an increasing number of children entering and remaining in out-of-home care. Statistics in this report indicate that the total number of commitments has risen by 72 children during the last fiscal year. With the exception of group homes, the average length of stay in care has increased for all types of placements. The average number of placements per child has increased for all types of placements. The previous (1994) edition of this report referred to "a steadily increasing crisis in foster care." Fiscal year 1995 statistics support that statement.

There are five permanency options for children in out-of-home care. These options are: return to parent, relative placement, adoption, independent living and permanent substitute care. Only two of these goals can achieve legal permanence for a child, return to parent and adoption. Unless relatives are granted custody by the court, the state continues to be financially and legally responsible for the child.

Across the nation, child welfare agencies are initiating changes in relative, or kinship, care that are aimed at removing "impediments to providing permanent homes for children." In Kentucky, the role of relatives in providing permanency for children must be examined and recommended changes in statute, policy and practice must occur. One question is: what role should government play in the support and supervision of relatives as caregivers? When there is concern for a child's safety, courts and the agency have the option of (1) maintaining the child with the birth parent, (2) placing the child with a relative or family friends or neighbors, or (3) placing the child with foster parents who are unknown to the child. Assuming that reducing the child's and family's

dependence upon government while maintaining the child's safety is the goal, it is recommended that each of these potential caregivers be supported in this order of priority.

After review of the issue of relatives as caregivers, appropriate revision of Department policy and curriculum for training social work staff can be implemented. These changes would result in a partial solution. Involvement of federal lawmakers and agencies, the Legislature and state courts is necessary to achieve changes in the areas of both financial support and child safety.

Whether at the state or federal level, three principles must guide those who consider changes in philosophy, statute, regulation or policy. These principles are:

- Low levels of intervention on the part of the state are generally preferable to high levels.
- The connection between support and supervision should be broken, or at least weakened. The fact that a relative needs more money than a standard AFDC grant to care for his or her related children does not suggest that relatives also need to be supervised in the provision of that care.
- The level of support provided to anyone caring for a child should be inversely proportional to that person's legal and social obligation to care for the child.

The following recommendations are based on the three principles for policy development listed above.

- The federal government should create mechanisms for the support of relative caregivers that do not require the involvement of the child welfare agency as a condition for that support.
- State governments should limit their supervision of relative caregivers, both initially and on an on-going basis, to those circumstances that would require state intervention if the child were living with his or her parents.
- For relative caregivers whose children are not in the custody of the state, state governments should create support mechanisms, both within the confines of current federal rules and using any new rules that emerge. These mechanisms would provide more support to relative caregivers than is currently provided under AFDC, without providing the levels of support now given to approved foster parents, whether relatives or not.

One impediment to permanency for children is the lack of legal responsibility of relatives for the children placed in their homes. But, for all children in care, permanency can be achieved most successfully when they are not moved from placement to placement, when they receive care in a setting that best meets their needs, and when out of home care is truly for a limited period of time. Implementation of many recommendations in the recent report, *Above and Beyond*, would be valuable steps in the direction of stable, appropriate placements for children, placements that lead to permanency.

Three of that report's recommendations are central to realization of permanency for children in a timely manner. These recommendations are:

- "The Commonwealth must develop and fund regionally and on a statewide basis, a continuum of placement resources designed to meet the needs of children who are removed from their homes."
- "That the reimbursement for caring for a troubled child be commensurate with the time, energy and expertise that it takes. (Foster care reimbursement has not increased in any meaningful way since 1985 when the Governor's Protective Services Advisory Committee issued its report.)"
- "The Department for Social Services needs to develop a curriculum on permanency planning."

Recommendations listed above are particularly significant considering their application to family foster care, which is the most widely used placement resource. In this Committed Child Report, under "placement type," various placements are listed for committed children. The numbers show more than one placement per child and placement with parents. The total number of these placements is 10,324. Placements made with foster parents total 5,383. Of all placements of committed children, over 50% are placements with foster parents. (Private child care, the next most frequently used placement, is less than 25% of the total placements.) Recommendations that were made for the support of foster parents were made in the Committed Child Report for 1994. These recommendations are made in this report, also. They include:

- Support of current foster parents so that they will remain in the program;
- Recruitment of additional foster homes;
- Continuing the current initial training and begin organized on-going training for them;
- Inclusion of foster parents as members of a team that is working toward the child's permanent placement.

Kentucky's foster parents play a key role in securing permanency for children in care. Of all children placed for adoption by the Department in the 1995 state fiscal year, 35% were placed with foster parents. This percentage indicates the impact of foster parent adoption on the Department's adoptive parent resources.

Adoption takes on added significance as a permanency goal when data contained in this Committed Child Report is compared with data for the previous year. During 1994, adoption was the permanency goal for 978 children. That number rose to 1,131 for 1995. That is an increase of 153 children (15.6%) in one year. From 1994 to 1995, the number of children (whose parental rights were terminated) waiting for adoptive parents rose from 416 to 449 (8%). In FY 1995 there were 1,378 adopted children who received adoption subsidies.

All children needing the permanency of a loving home are legally entitled to receive it, possibly through adoption. Currently, the majority of children with adoption as a goal are older and have histories of loss, separation and abuse. Whether they are waiting for adoptive parents or have been placed in adoptive homes, permanency for them will not be accomplished by the legal act of adoption. These children and families require the support of post-adoption services to solidify relationships and prevent the children from re-entering foster care. Post-adoption services assist in the prevention of adoption dissolution and a child's re-entry into foster care, most often at extremely expensive levels of care.

Recommendations in the 1994 Committed Child Report continue to be valid today; and when implemented will provide significant services for children and their adoptive parents after the adoption is finalized in court. These recommendations are:

- Additional funds are needed to allow continuation of adoption assistance until age 21, if the child remains in a school setting. The majority of adopted children do not complete high school until after age 18. Many foster parents who are considering adoption make the decision to opt for permanent foster care because maintenance payments for children in the foster care program continue through high school.
- Additional funds and legislative changes are needed to allow payment of the medically fragile and family treatment home rates through the adoption assistance program. Again, many foster parents opt for permanent foster care rather than adoption because they cannot afford the great cost of a special child's care.
- Changes are needed to allow adoptive families greater choice in their selection of mental health providers that can be paid for by the Medicaid program.
- Training on the dynamics of adoptive families, and preservation of these blended families, is needed for mental health and other service providers.

When permanency for youth in foster care cannot be achieved through return to birth parents or adoption, it becomes the responsibility of the agency to make available a program of services and supports designed to promote their successful transition to adulthood. The independent living program in Kentucky has enabled youth in foster care to become self-sufficient and ultimately establish permanent homes. In recent years, the Department's use of independent living coordinator positions in some districts has resulted in an increasing number of youth completing high school and participating in post-secondary educational programs, as well as securing early employment. It is believed that permanent full-time independent living coordinator positions statewide would increase the likelihood that all youth in care would develop skills enabling them to establish and maintain their own home. (Kentucky's current independent living program is entirely federally funded.)

The Department for Social Services values our future generation and is mindful of the profound impact our work has on the lives of thousands of vulnerable children.

Information from two documents other than the Committed Child Reports for state fiscal years 1994 and 1995 was used in writing section (5). They are *Above and Beyond, Recommendations to the Secretary*, authored by the Adult and Child Protective Services Policy Review Workgroup, and *Kinship Care in America, a National Policy Study*, conducted by the Center for Child and Family Policy, University of Southern Maine.

APPENDIX G

Preliminary Report to the Task Force on Children in Placement: Children in the Legal Custody of the Cabinet for Families and Children and Living Arrangement for Children in Legal Custody

The Cabinet for Families and Children, Department for Social Services, provided data used to compile the attached tables and graphs, which were prepared by Legislative Research Commission staff for the Task Force on Children in Placement.

The "Commitment Activity Reports by District" report is normally prepared by the Department for Social Services, Systems Administration Branch, on a quarterly and fiscal year basis to provide a method of tracking children in the legal custody of DSS. The FY 96 report was provided to LRC staff.

The data for the Cabinet's report is gathered from the DSS-887 form (copy attached). Each worker uses this form to register a case and to make any changes to a case. For example: type of commitment, living arrangement, disability, marital status, and case closures.

According to Cabinet staff, the accuracy of the report depends upon several factors: 1) worker getting data on the DSS-887 correctly and in a timely manner; 2) data center staff getting the data keyed accurately and in a timely manner; 3) Department for Information Services programmers being able to write a program that pulls data correctly; and 4) data controllers being able to put in dates to assure the correct time frame is used and the correct data is captured.

DISTRIBUTION VENDOR
 DISTRIBUTION WORKER
 COUNTY CODE
 CASE MGR. VENDOR
 CASE MGR. SSN

CABINET FOR HUMAN RESOURCES
 DEPT. FOR SOCIAL SERVICES
 FAMILY BASED SERVICES
 FAMILY ACTIVITY TRACKING

RUN DATE: _____
 REGISTRATION DATE: _____
 REVIEW DATE: _____

055-1

PA 1 CASE DATA

EFFECTIVE DATE: _____

ACTION

REGISTER CASE	ADD CLIENT	REPORT SERVICES
CHANGE CASE	CHANGE CLIENT	CHANGE HEAD

CASE NUMBER

CASE NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE

ADDRESS

CITY

STATE

ZIP

FAMILY INCOME CODE

NUMBER IN FAMILY

TYPE OF CASE CODE

CLOSE CASE

CLOSURE REASON

LINE NO.	LAST	CLIENT NAME FIRST	MI	FR.	CLIENT SSN W/ CHECK DIGIT	BIRTH DATE	SX	RA	RE	MS	HC	LA	PR	C*	CL
1									X						
2															
3															
4															
5															
6															
7															
8															
9															

PART 2 COMMITMENT DATA*

LINE NO.	TYPE	COMMITMENT DATE	RELEASE DATE	LINE NO.	TYPE	COMMITMENT DATE	RELEASE DATE

PART 3 SUMMARY OF SERVICES FROM _____ TO _____ AS OF _____

SERVICE	TOTAL

SERVICE	TOTAL

PART 4 SERVICE REPORTING

CASE NO. CASE NAME CASE HEAD SSN:

VENDOR NO. REPORTING SERVICES FOR MO YR BY WORKER SSN COUNTY

REGISTRATION DATE

	DAY	COLUMN A		COLUMN B			DAY	COLUMN A		COLUMN B	
		CODE	UNITS	CODE	UNITS			CODE	UNITS	CODE	UNITS
						2					
3						4					
5						6					
7						8					
9						10					
11						12					
13						14					
15						16					
17						18					
19						20					

DISTRIBUTION VENDOR:

DISTRIBUTION WORKER:

FORM REVISED: 10/01/89

CODING STRUCTURE

TYPE OF CASE PROGRAM

- 01) Adoption
- 02) Child Protection Out-of-Home
- 03) Child Protection in Home
- 04) Adult Protection
- 05) Spouse Abuse
- 06) Day Care (non protection)
- 07) Juvenile
- 08) General Family
- 09) General Adult
- 10) Alternate Care

FAMILY INCOME

- 1) Less than \$6,001
- 2) 6,001 - 10,000
- 3) 10,001 - 13,000
- 4) 13,001 - 15,000
- 5) 15,001 - 20,000
- 6) 20,001 - 30,000
- 7) 30,001 - 50,000
- 8) 50,001 & Above
- 9) Not Reported

SEX

- 1) Male
- 2) Female
- 3) Not Reported

RACE

- 1) White
- 2) Hispanic
- 3) Black
- 4) Asian or Pacific Islander
- 5) American Indian or Alaskan
- 6) Biracial
- 7) Not Reported

RELATIONSHIPS

- 1) Spouse
- 2) Child
- 3) Grandchild
- 4) Sibling
- 5) Niece/Nephew
- 6) Other Relative
- 7) Non-Relative

MARITAL STATUS

- 1) Married
- 2) Single
- 3) Divorced
- 4) Widowed
- 5) Separated
- 6) Living Together

(HC) HANDICAP

- 1) Mental Retardation
- 2) Emotional Disturbance
- 3) Specific Learning Disability
- 4) Hearing, Speech or Sight Impairment
- 5) Physically Disabled/Mobility Severely Impaired
- 6) Physically Disabled/Mobility NOT Severely Impaired
- 7) Other Clinically Diagnosed Condition
- 8) None of the Above

(LA) LIVING ARRANGEMENT

- 1) Adults in Own Home
- 2) Adults with Caretaker
- 3) Child with Parent(s)
- 4) Family Foster Care
- 5) Private Child Care
- 6) Adoptive Placement (Non-Finalized)
- 7) Alternate Care (Adult)
- 8) Psychiatric Hospital Placement
- 9) Relative Placement/Non-Foster Home
- 10) Relative Placement/Foster Home
- 11) Contract - CRS Group Home
- 12) CRS Group Home
- 13) CRS Treatment Facility
- 14) Other

(PR) SPECIAL PROGRAMS/PROJECTS

See Instructions

(C*) LEGAL STATUS/COMMITMENT TYPE

- 0) Release
- 1) Dependent
- 2) Status Offender
- 3) Public Offender
- 4) Youthful Offender - Sentenced
- 5) Voluntary
- 6) Temporary Custody Order
- 7) KRS 208.800/Sexual Offender
- 9) Recommitment - No Release
- A Probated
- B ECO - Emergency Custody Order

(CL) CLOSURE

- 1) Services No Longer Needed
- 2) Loss of Contact with Recipient
- 3) Recipient Died
- 4) Loss of Eligibility
- 5) Recipient No Longer Wants Services
- 6) Other
- 9) Committed Child - Move to different case

FAMILY SERVICES CODES

Adoption Services	EACA	Out-of-Home		Juvenile Services	EAAG
Adult Protection	EAEA	Private Child Care Staff Time	EACN	Preventative Assistance	EAAR
Spouse Abuse	EAEB	Foster Family Care Staff Time	EADA		
Adult Abuse	EAEF	Psychiatric Hospital Placements	EADA	Preventive Services	EAFF
Interdisciplinary Eval.	EAEF			Family Based	EAET
Alternate Care	EAEF			Adults	
Child Protection	EAAA	Homemaker Services		Rehabilitative Services to Families	EADN
Day Treatment	ECAA	Family Based	EAAE		
Independent Living	EADD	Adults	EAEF		
Targeted Case Management	EACT				

DAY CARE CODES

SSBG	Protection	EAJA	ARCC	Working Parent	EAJF	CCDBG	Working Parent	EAJE
	Working Parent	EAJB			EAJF		Training or Education	EAJF
TCC	Working Parent	EAJV					Protection	EADJ

Children in the Legal Custody of DSS
by District

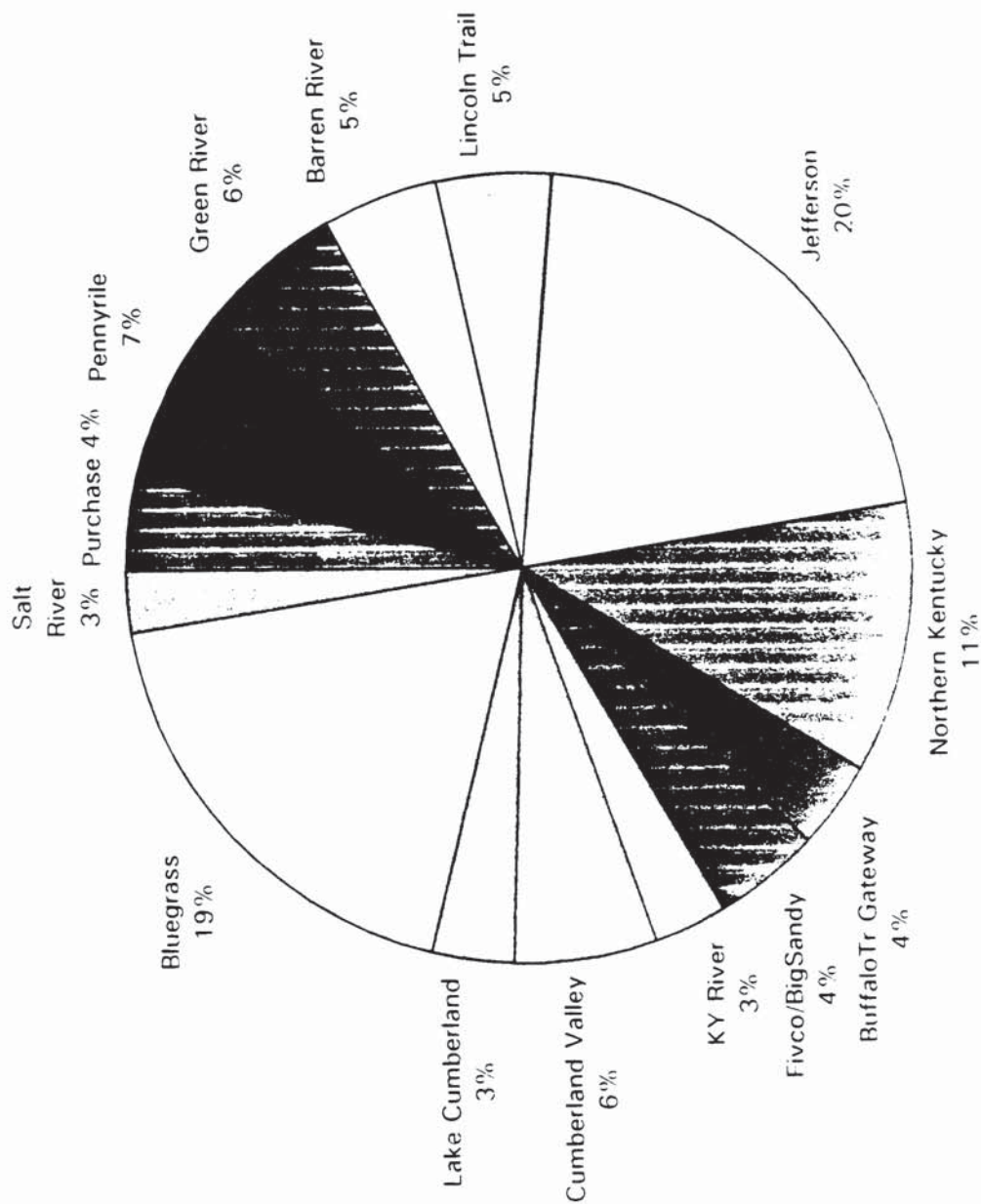
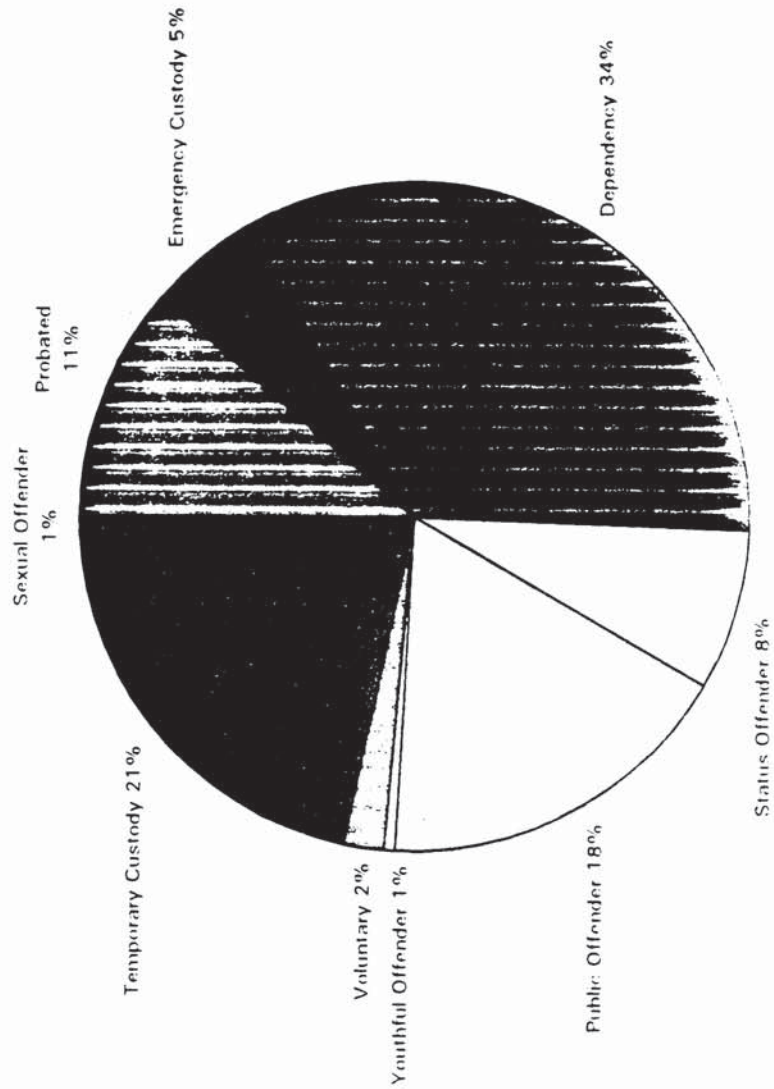


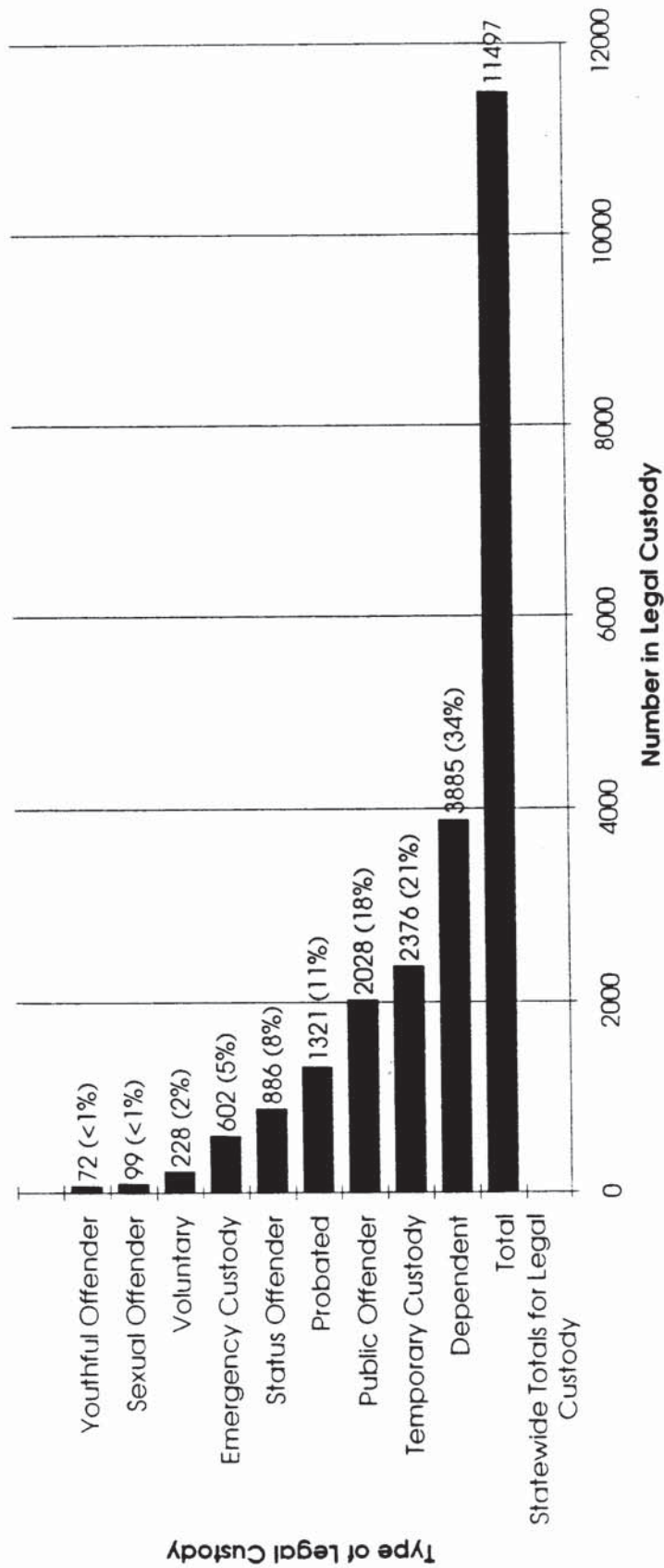
Chart I

**Percent of Children in the Legal Custody of DSS
by Type of Custody**

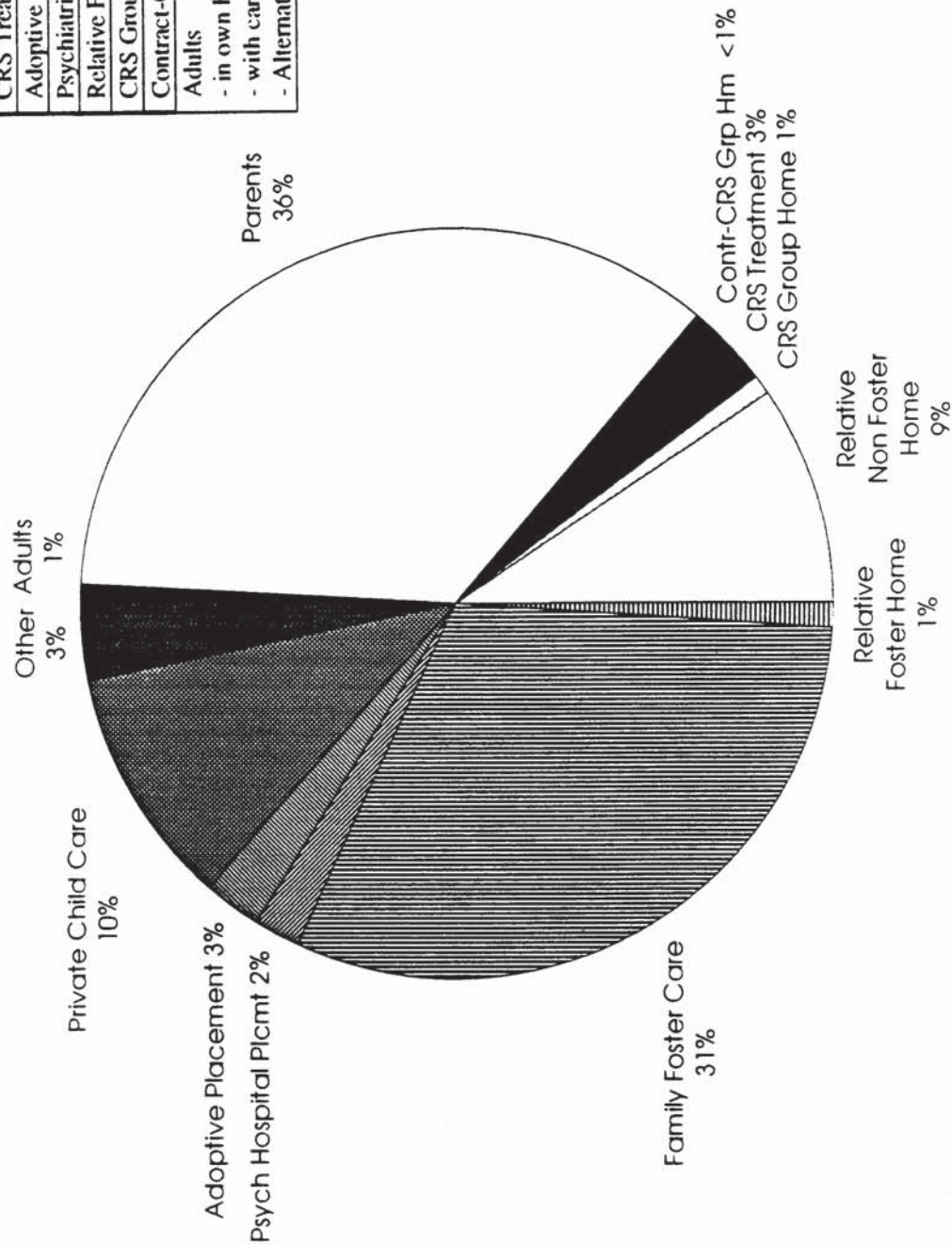


Type of Custody	% total children (# of children)
Dependency	34% (3885)
Temporary Custody	21% (2376)
Public Offender	18% (2028)
Probated	11% (1321)
Status Offender	8% (886)
Emergency Custody	5% (602)
Voluntary	2% (228)
Sexual Offender	1% (99)
Youthful Offender	1% (72)

Type of Legal Custody Statewide Totals



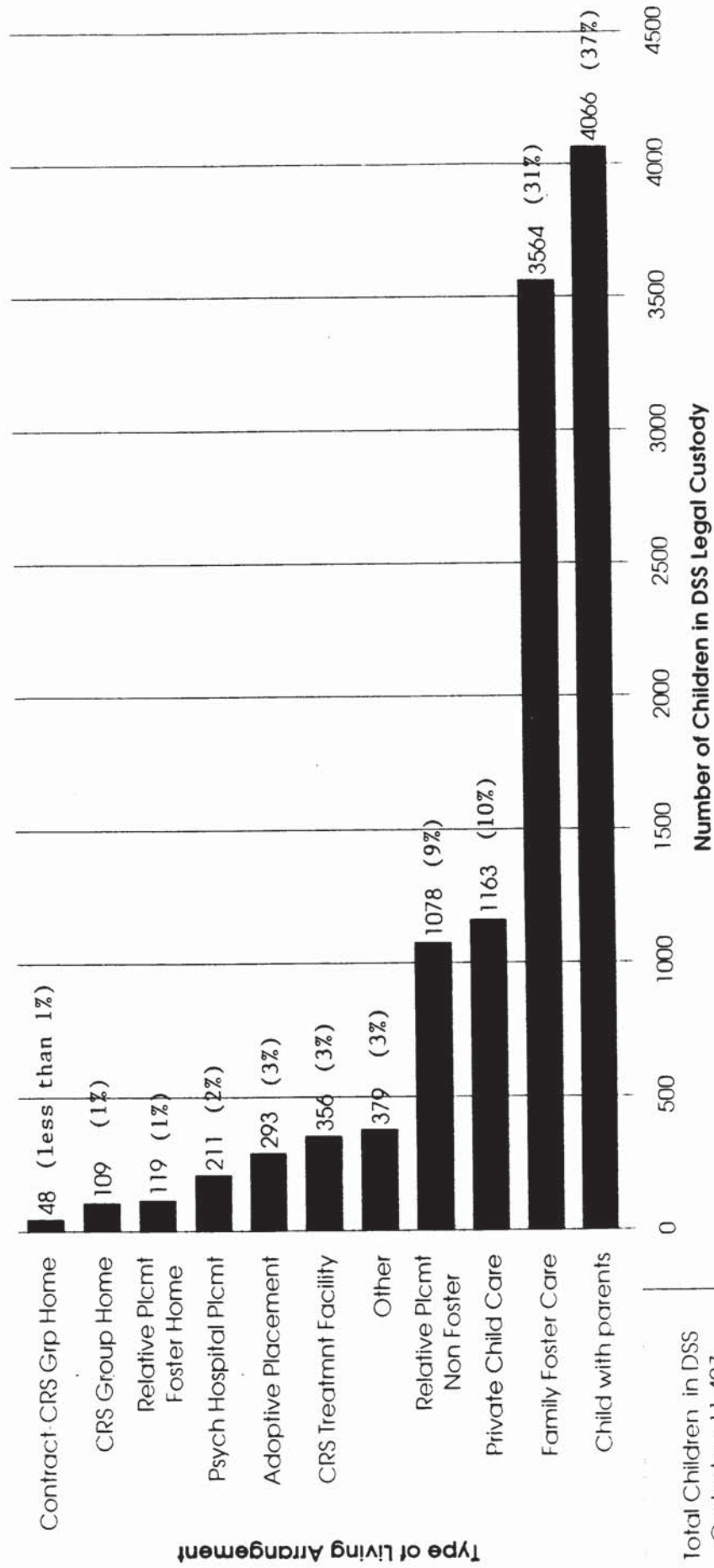
Percent of Children in DSS Legal Custody by Living Arrangement



Source: "Commitment Activity Report by District" (BSSRO115), Cabinet for Families and Children, 8/1/96.

Chart V

Number of Children in DSS Legal Custody by Type of Living Arrangement

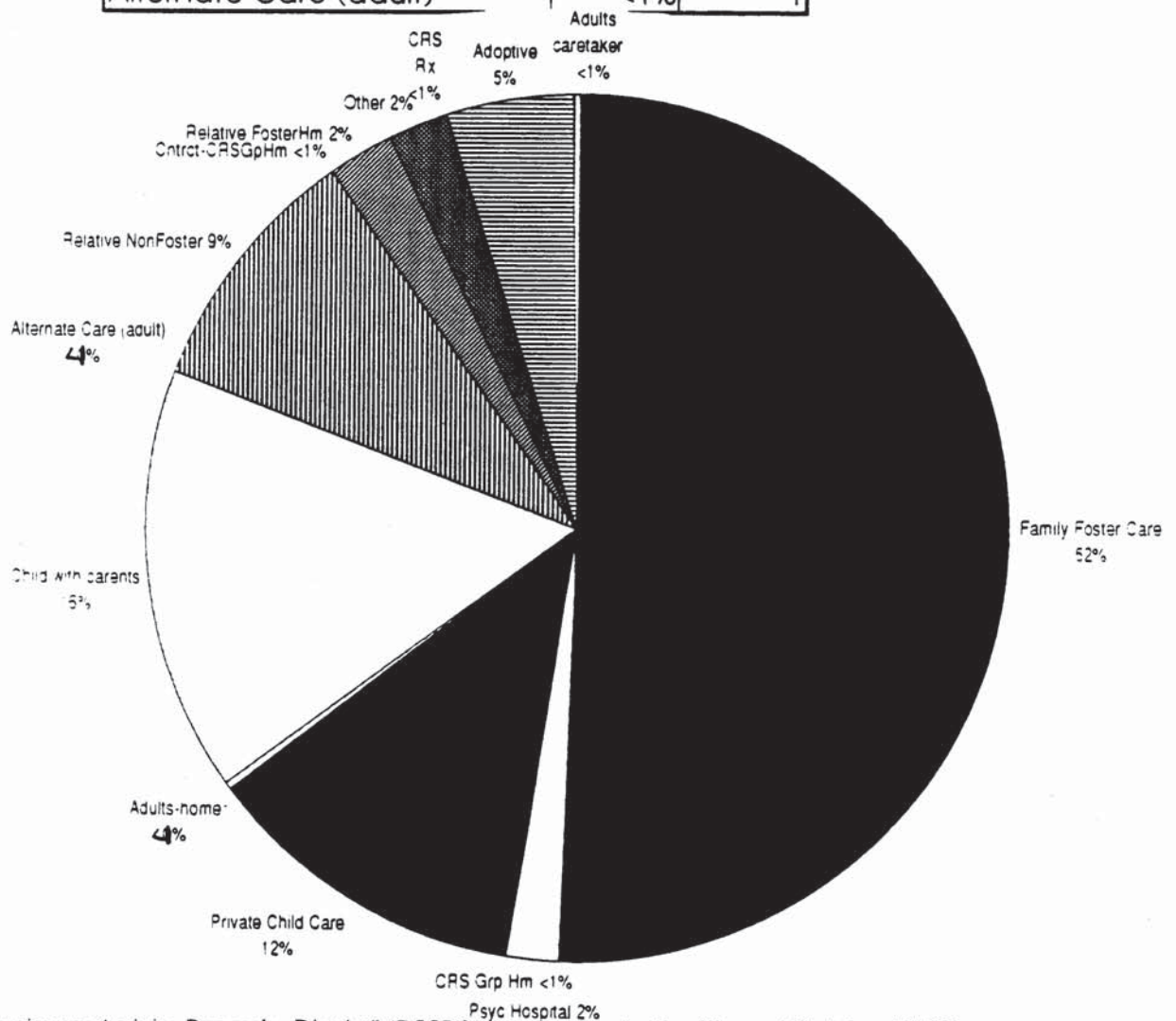


Source: "Commitment Activity Report by District" (BSSR0115), Cabinet for Families and Children, 8/1/96.

Chart VI

Living Arrangements for children committed as Dependent

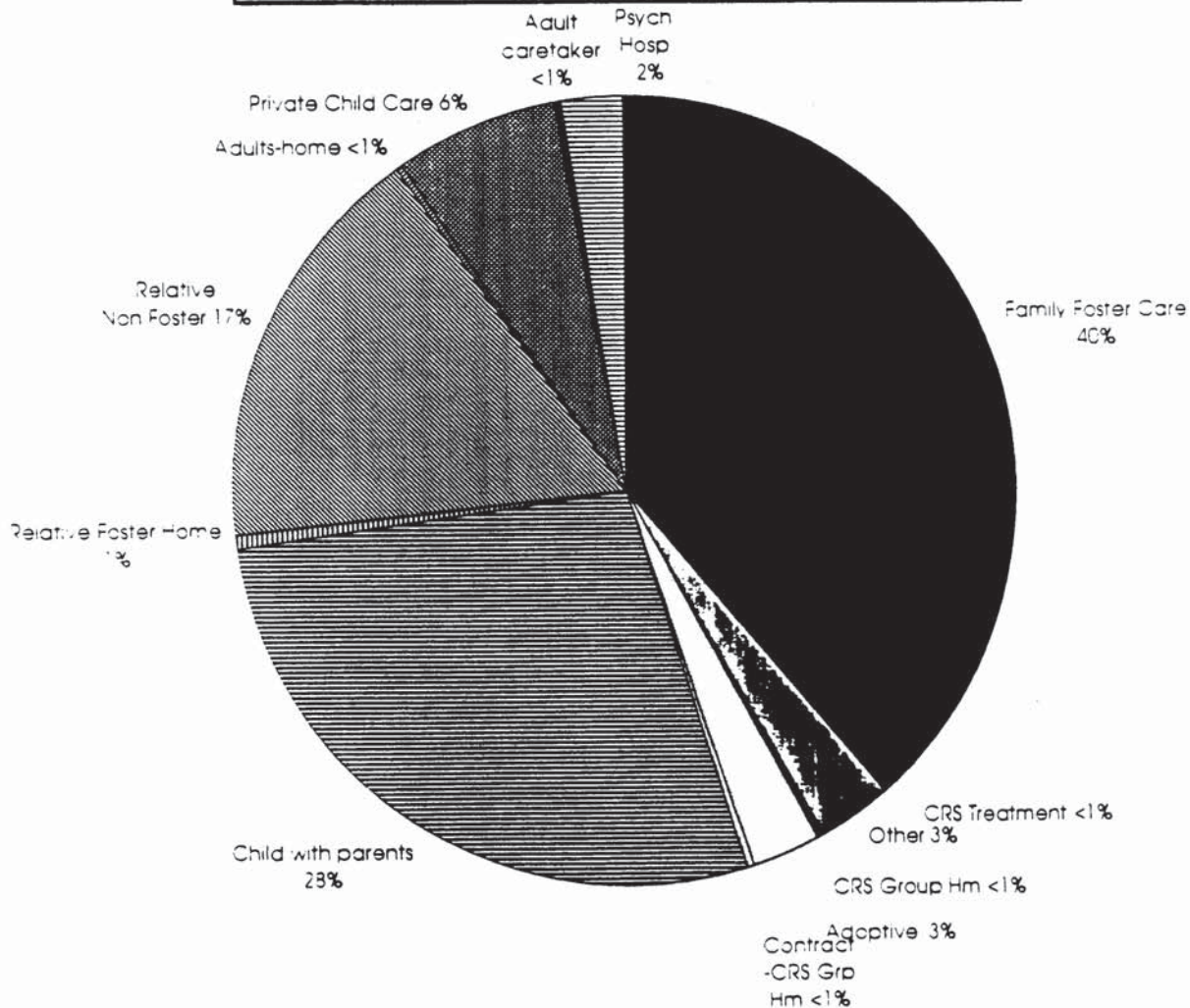
Living Arrangements of Dependent children	%	Total
State Total	100%	3885
Family Foster Care	51%	1974
Child with parents	16%	609
Private Child Care	12%	472
Rel Plcmt/Non Foster	9%	366
Adoptive Placement	5%	184
Rel Plcmt/Foster Home	2%	91
Other	2%	84
Psyc Hospital Plcmt	2%	67
Adults in own home	<1%	19
Contract-CRS Grp Home	<1%	8
Adults with caretaker	<1%	6
CRS Group Home	<1%	2
CRS Treatmnt Facility	<1%	2
Alternate Care (adult)	<1%	1



Source: "Commitment Activity Report by District" (BSSR0115), Cabinet for Families and Children, 8/1/96.

Living Arrangements for children in Temporary Custody

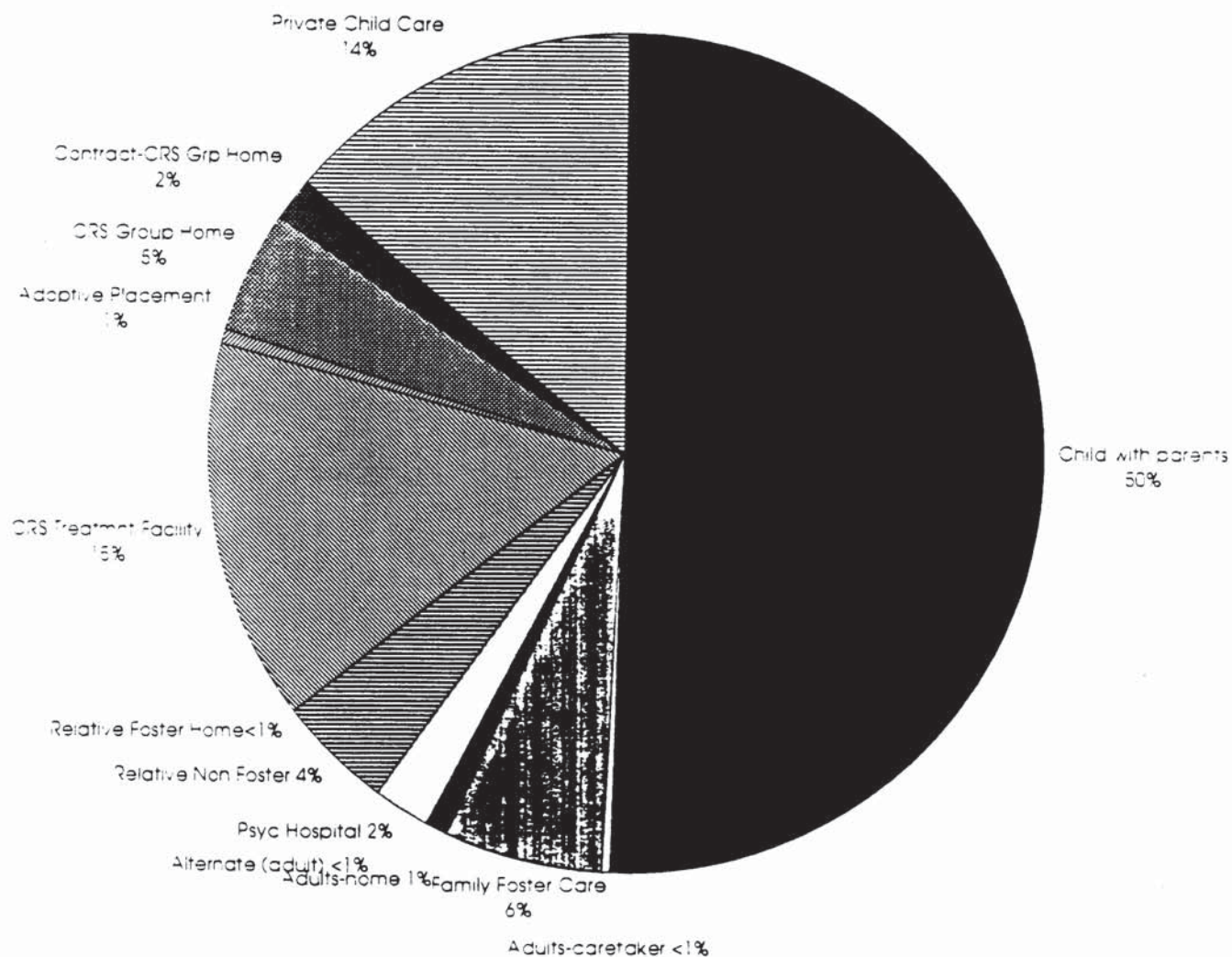
Living Arrangements for children in Temporary Custody	%	Total
State Total	100%	2346
Family Foster Care	38%	894
Child with parents	27%	630
Rel Plcmt/Non Foster	17%	389
Private Child Care	6%	149
Other	3%	71
Adoptive Placement	3%	69
Psyc Hospital Plcmt	2%	57
Rel Plcmt/Foster Home	1%	18
Adults in own home	<1%	7
Adults with caretaker	<1%	5
CRS Group Home	<1%	3
Contract-CRS Grp Home	<1%	2
CRS Treatmnt Facility	<1%	2
Alternate Care (adult)	0%	0



Source: "Commitment Activity Report by District" (BSSR0115), Cabinet for Families and Children, 8/1/96.

Living Arrangements for children committed as Public Offenders

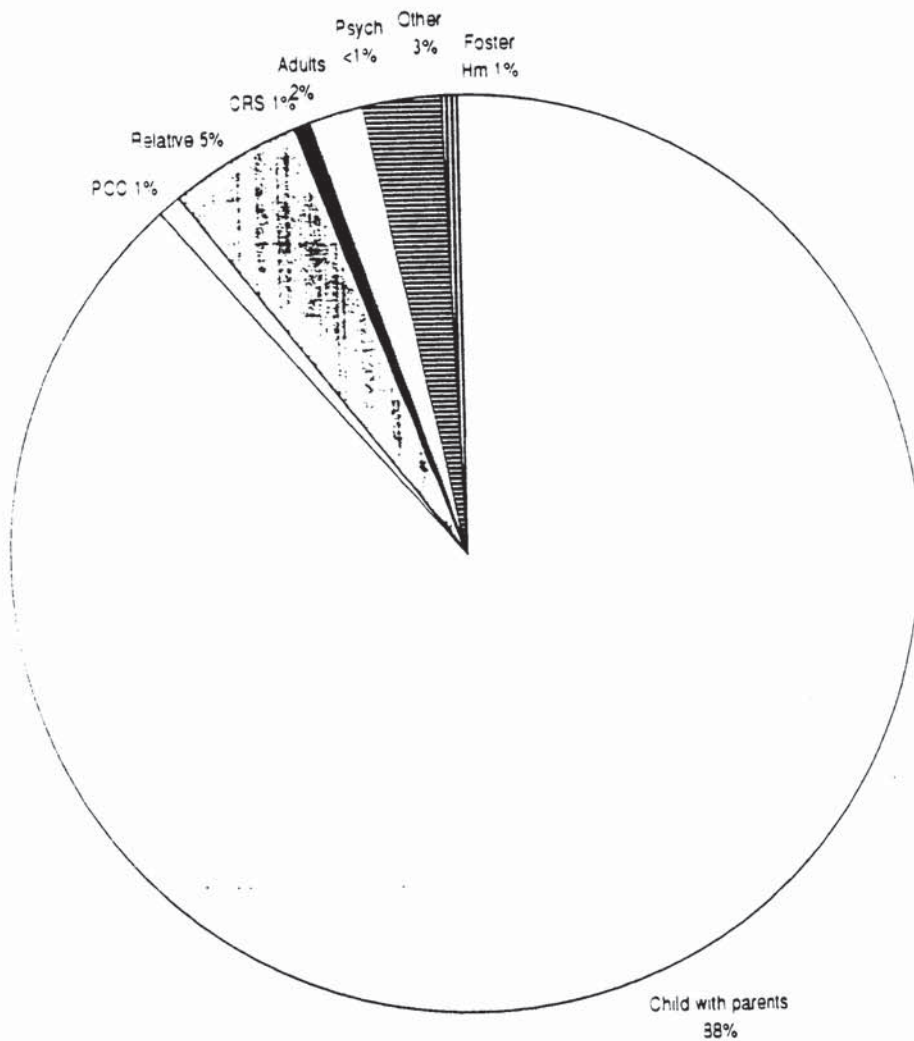
Living Arrangements of children committed as Public Offenders	%	Total
State Total	100%	2028
Child with parents	48%	976
CRS Treatmnt Facility	14%	283
Private Child Care	13%	264
Family Foster Care	6%	118
Other	5%	109
CRS Group Home	4%	89
Rel Plcmt/Non Foster	4%	82
Psyc Hospital Plcmt	2%	43
Contract-CRS Grp Home	2%	34
Adults in own home	1%	18
Adoptive Placement	1%	11
Adults with caretaker	<1%	3
Rel Plcmt/Foster Home	<1%	2
Alternate Care (adult)	<1%	1



Source: "Commitment Activity Report by District" (BSSR0115), Cabinet for Families and Children, 8/1/96.

Living Arrangements for children Probated

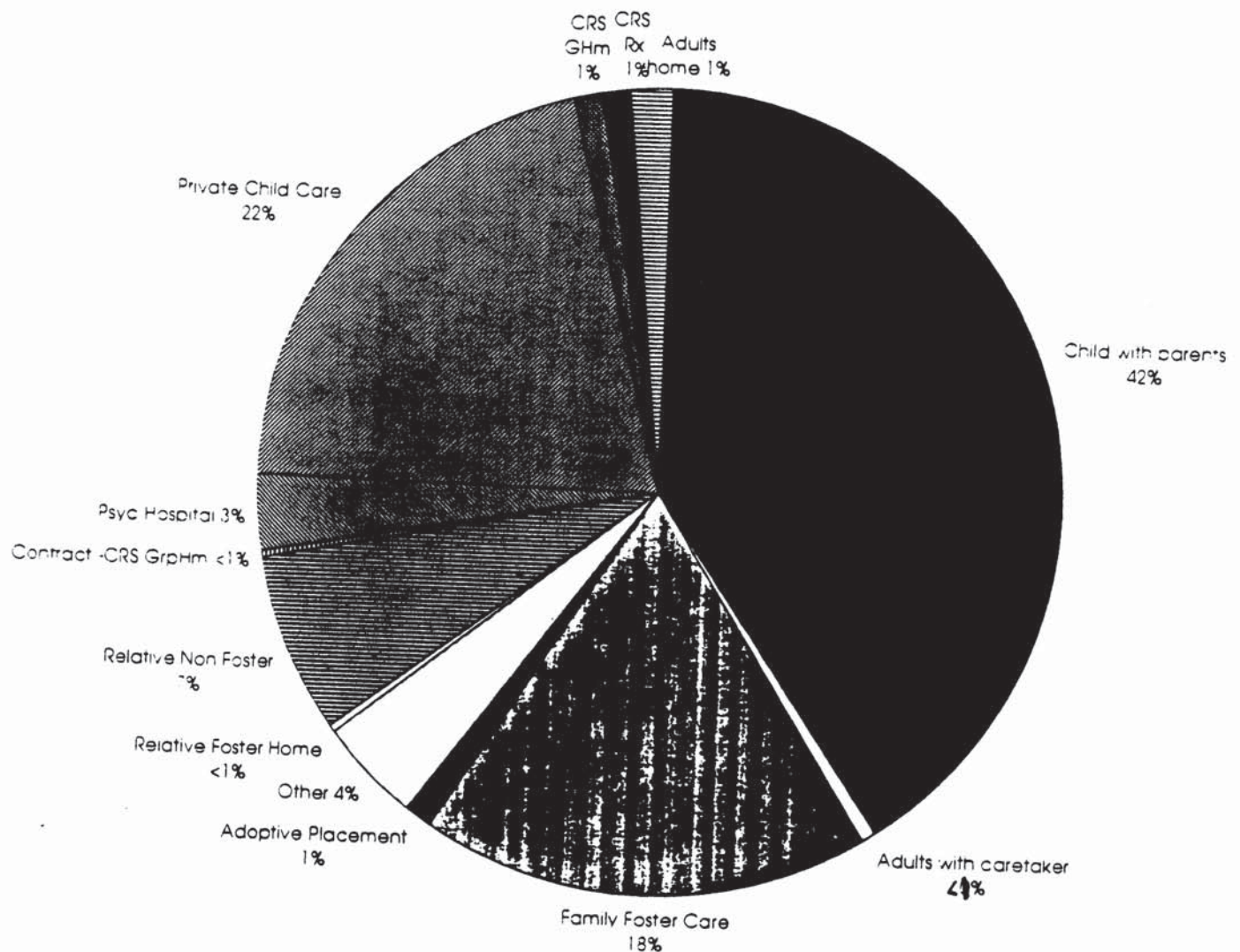
Living Arrangements for children Probated	%	Total
State Total	100%	1321
Child with parents	89%	1174
Rel Plcmt/Non Foster	5%	63
Other	3%	34
Adults in own home	1%	17
Adults with caretaker	1%	8
Private Child Care	1%	8
Family Foster Care	1%	7
CRS Treatmnt Facility	<1%	4
CRS Group Home	<1%	2
Psyc Hospital Plcmt	<1%	2
Alternate Care (adult)	<1%	1
Contract-CRS Grp Home	<1%	1
Adoptive Placement	0%	0
Rel Plcmt/Foster Home	0%	0



Source: 'Commitment Activity Report by District' (BSSR0115), Cabinet for Families and Children, 8/1/96.

Living Arrangements for children committed as Status Offenders

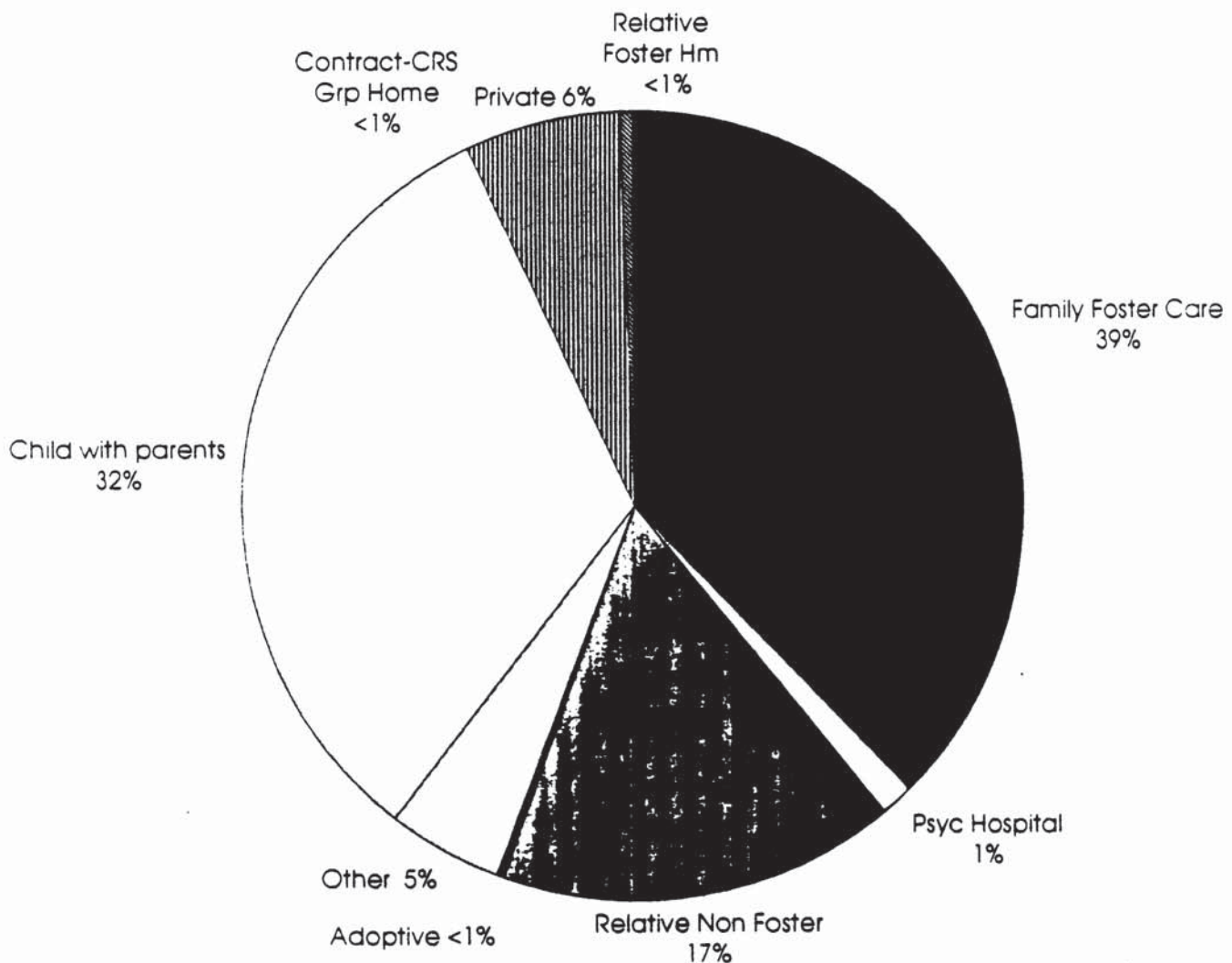
Living Arrangements of children committed as Status Offenders	%	Total
State Total	100%	886
Child with parents	41%	361
Private Child Care	21%	183
Family Foster Care	18%	160
Rel Plcmt/Non Foster	7%	63
Other	4%	38
Psyc Hospital Plcmt	3%	28
Adults in own home	1%	13
CRS Treatment Facility	1%	11
Adoptive Placement	1%	10
CRS Group Home	1%	10
Adults with caretaker	<1%	3
Rel Plcmt/Foster Home	<1%	3
Contract-CRS Grp Home	<1%	2
Alternate Care (adult)	0%	0



Source: "Commitment Activity Report by District" (BSSR0115), Cabinet for Families and Children. 8/1/96.

Living Arrangements for children in Emergency Custody

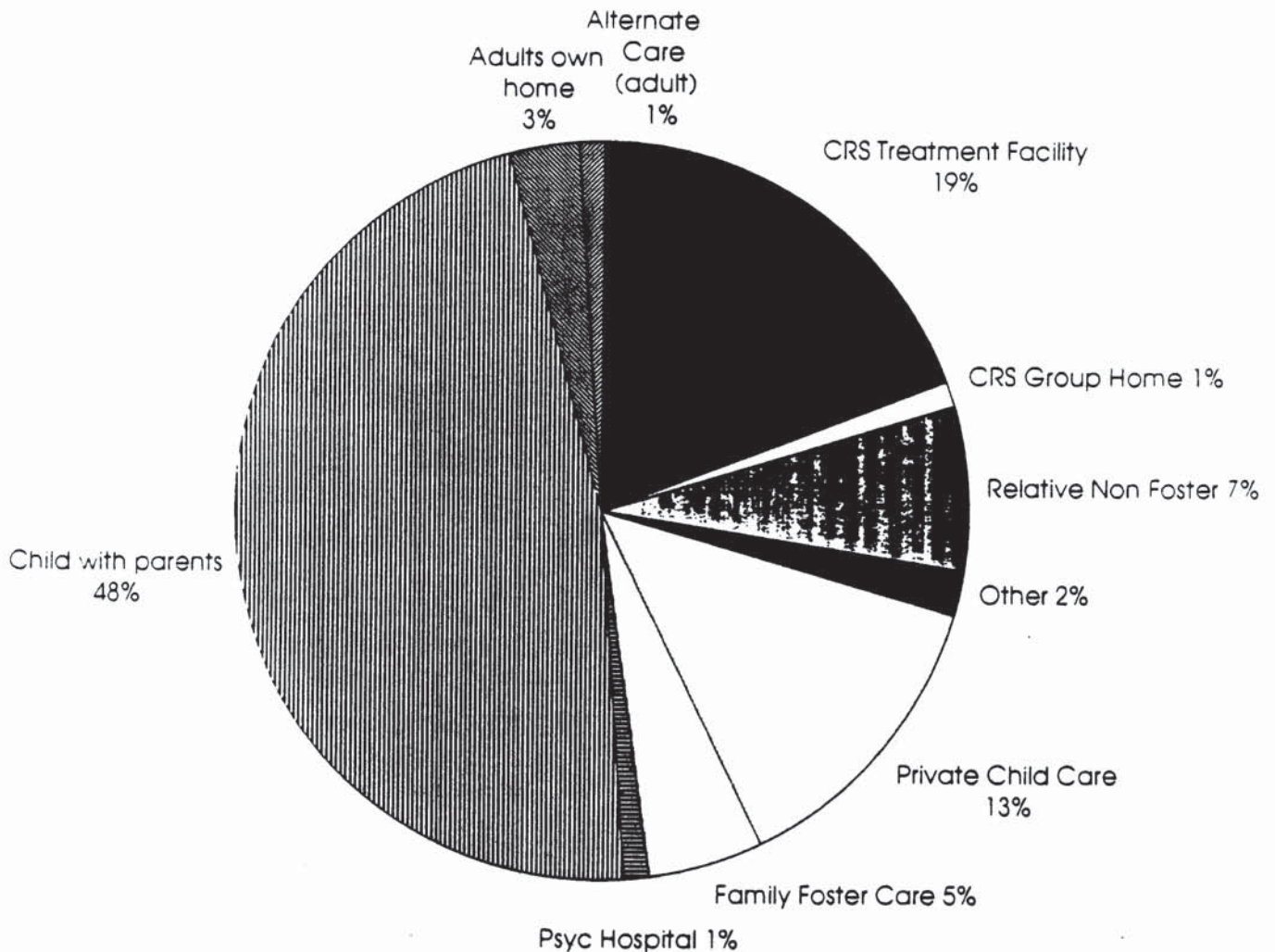
Living Arrangements for Children in Emergency Custody	%	Total
State Total	100%	602
Family Foster Care	37%	225
Child with parents	32%	191
Rel Plcmt/Non Foster	16%	98
Private Child Care	6%	38
Other	5%	29
Psyc Hospital Plcmt	1%	7
Rel Plcmt/Foster Home	<1%	2
Adoptive Placement	<1%	1
Contract-CRS Grp Home	<1%	1
Alternate Care (adult)	0%	0
CRS Group Home	0%	0
CRS Treatment Facility	0%	0
Adults in own home	0%	0
Adults with caretaker	0%	0



Source: "Commitment Activity Report by District" (BSSR0115). Cabinet for Families and Children. 8/1/96.

Living Arrangements for children committed as Sex Offenders

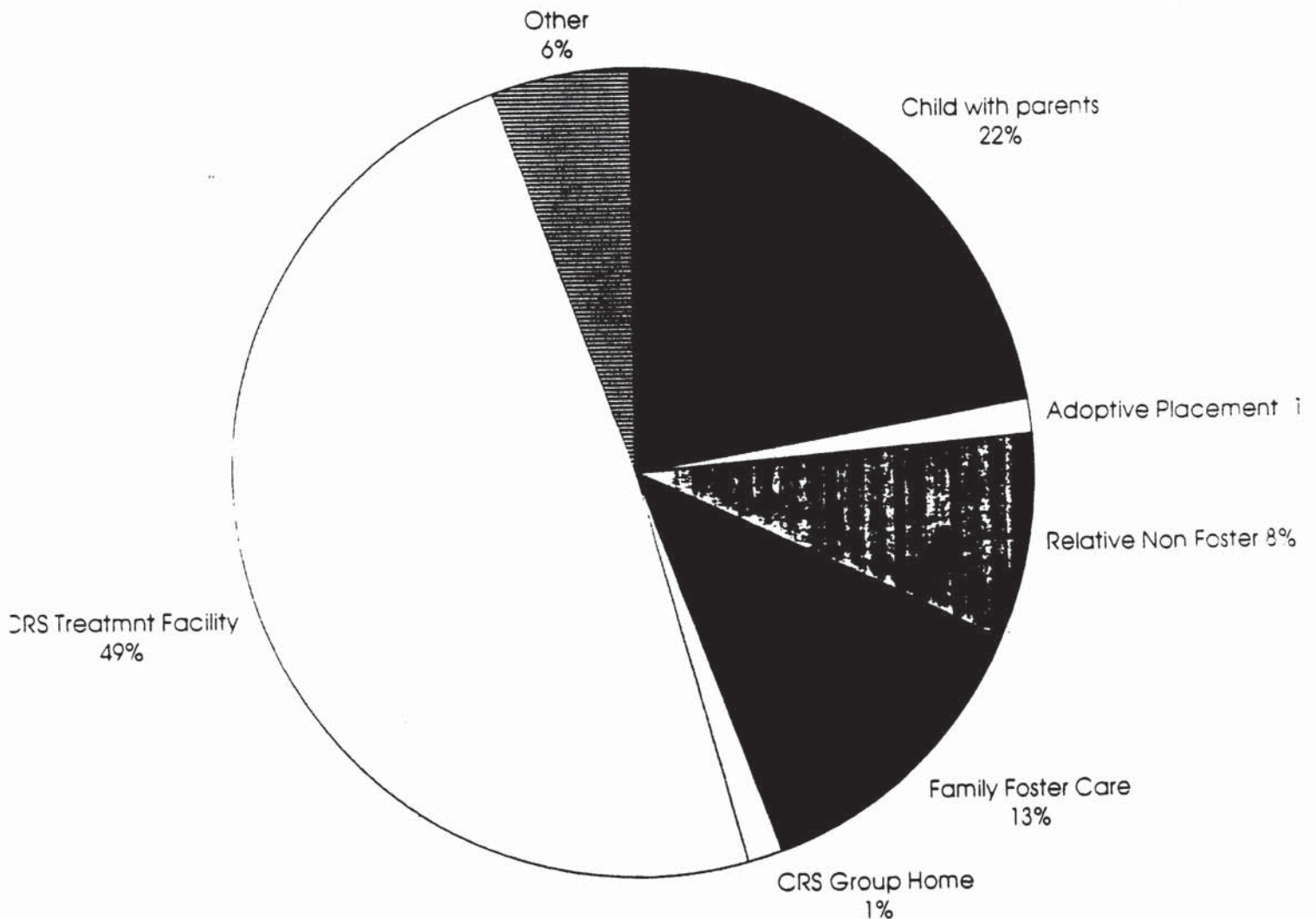
Living Arrangements for children committed as Sex Offenders	%	Total
State Total	100%	99
Child with parents	46%	46
CRS Treatment Facility	19%	19
Private Child Care	13%	13
Rel Placement/Non Foster	7%	7
Family Foster Care	5%	5
Adults in own home	3%	3
Other	2%	2
Alternate Care (adult)	1%	1
Psyc Hospital Plcmt	1%	1
CRS Group Home	1%	1
Adults with caretaker	0%	0
Adoptive Placement	0%	0
Rel Plcmt/Foster Home	0%	0
Contract-CRS Grp Home	0%	0



Source: "Commitment Activity Report by District" (BSSR0115), Cabinet for Families and Children, 8/1/96.

Living Arrangements for Youthful Offenders

Living Arrangements for Youthful Offenders	%	Total
State Total	100%	72
CRS Treatmnt Facility	49%	35
Child with parents	22%	16
Family Foster Care	13%	9
Rel Plcmt/Non Foster	8%	6
Other	6%	4
Adoptive Placement	<1%	1
CRS Group Home	<1%	1
Adults in own home	0%	0
Adults with caretaker	0%	0
Private Child Care	0%	0
Alternate Care (adult)	0%	0
Psyc Hospital Plcmt	0%	0
Rel Plcmt/Foster Home	0%	0
Contract-CRS Grp Home	0%	0

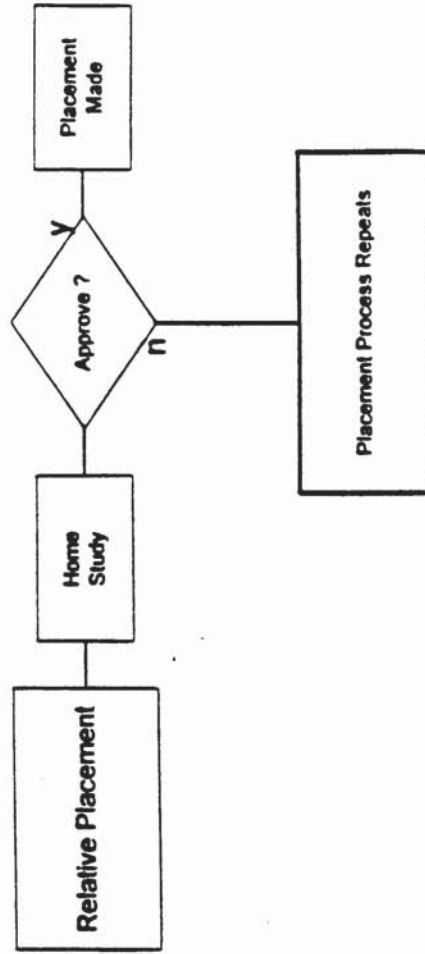
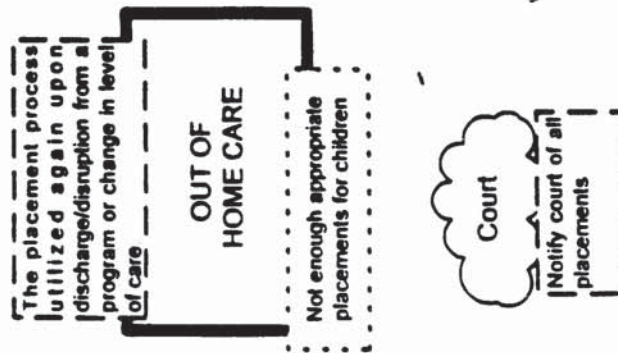


Source: "Commitment Activity Report by District" (BSSR0115). Cabinet for Families and Children, 8/1/96.



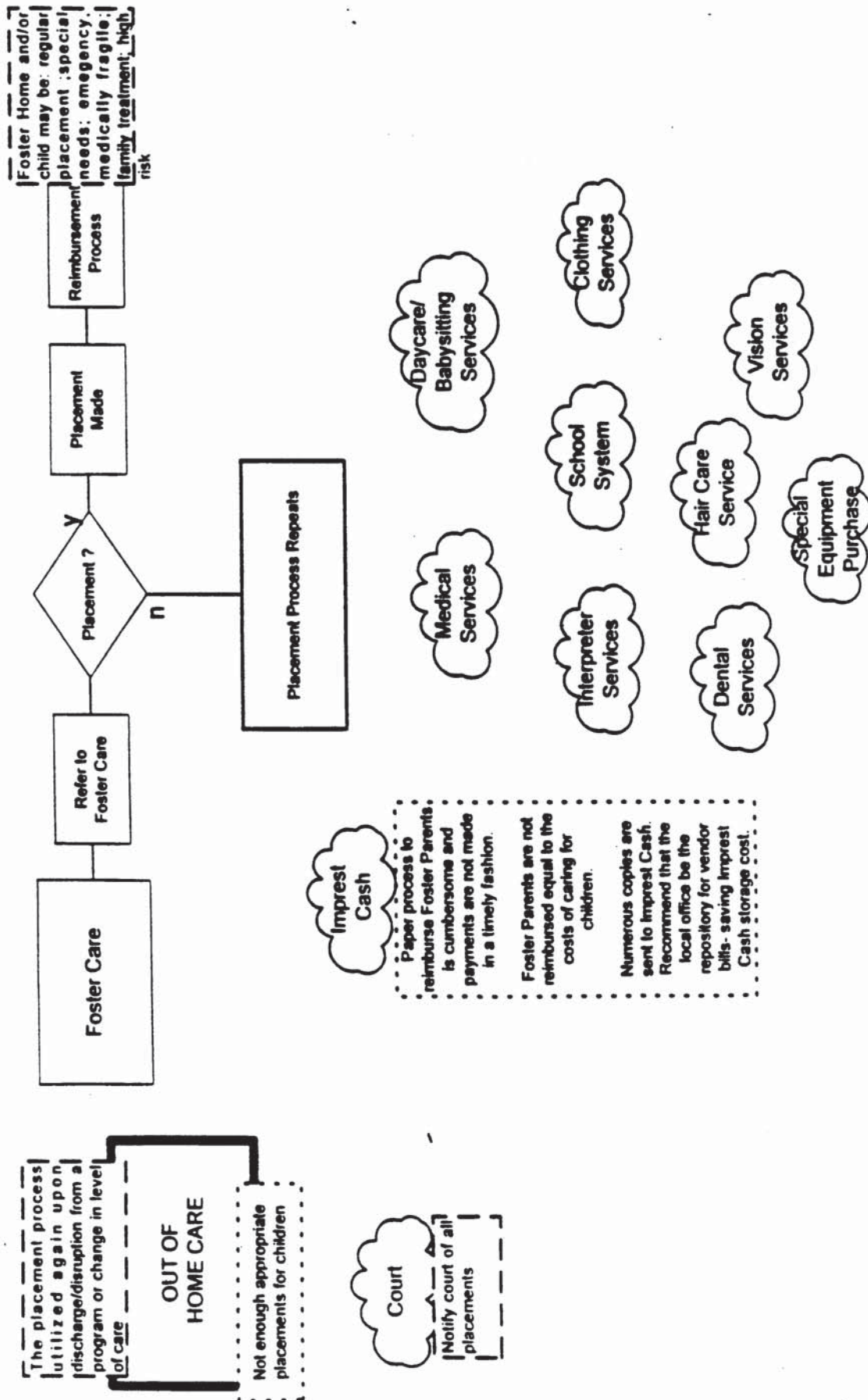
APPENDIX H

Department for Social Services - Out of Home Care



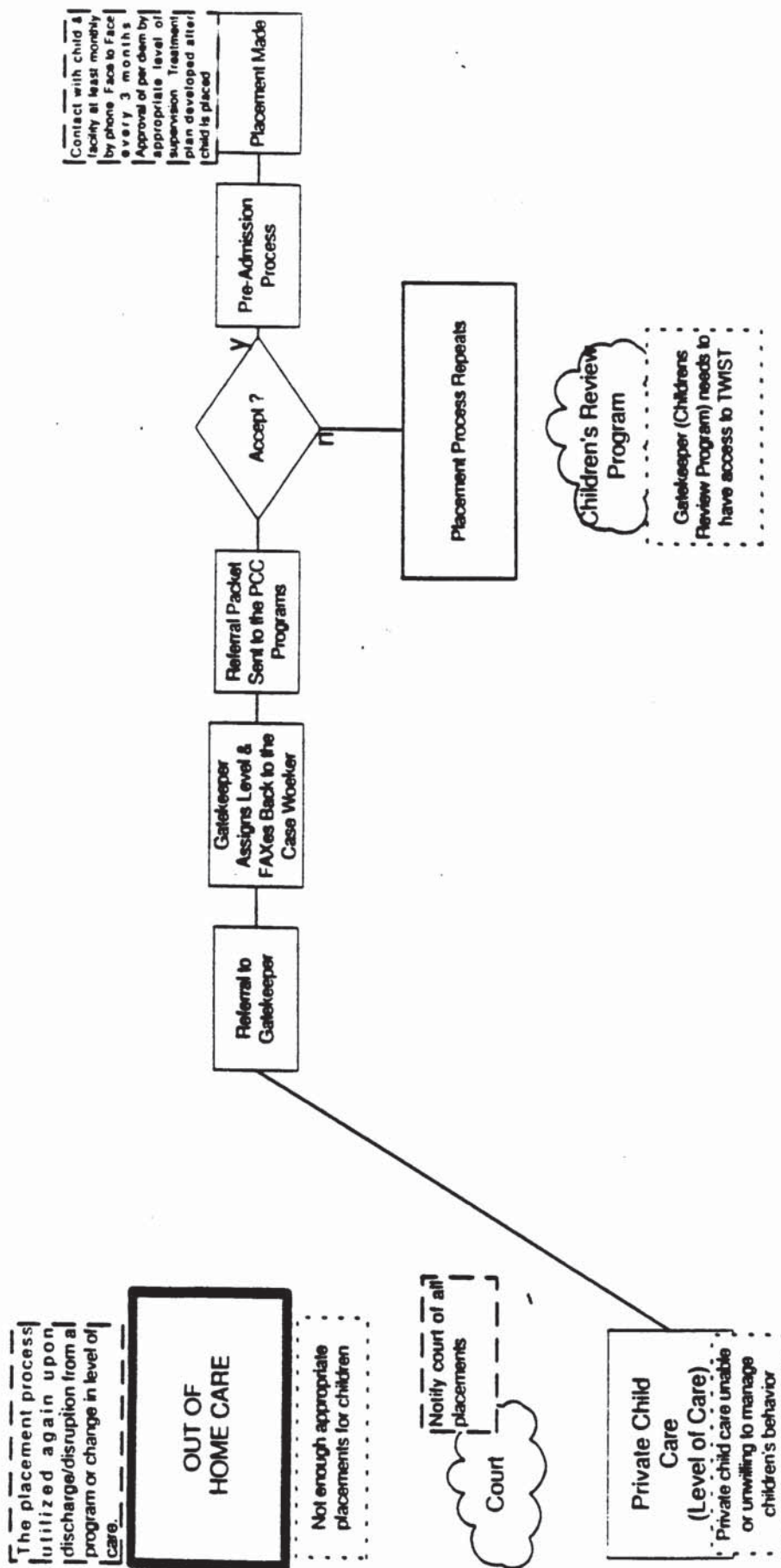
OUTX1.VSD

Department for Social Services - Out of Home Care

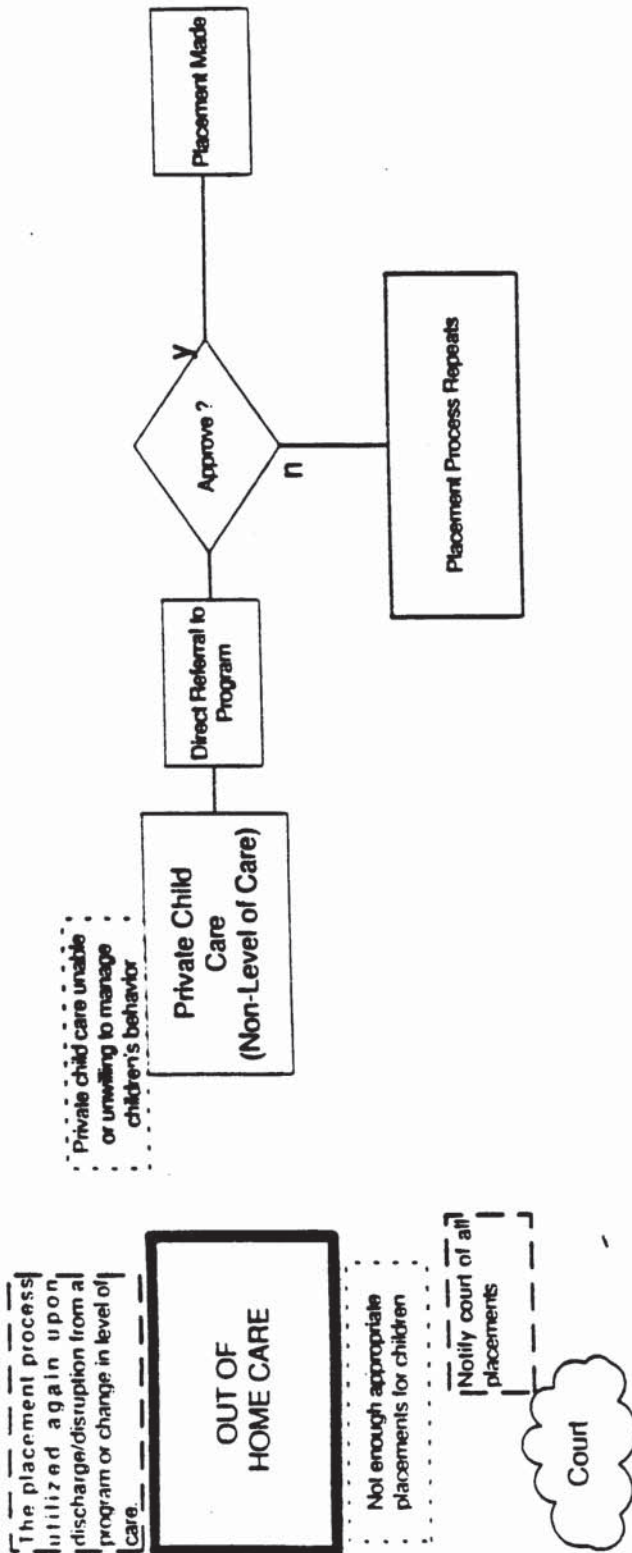


OUTX2.VSD

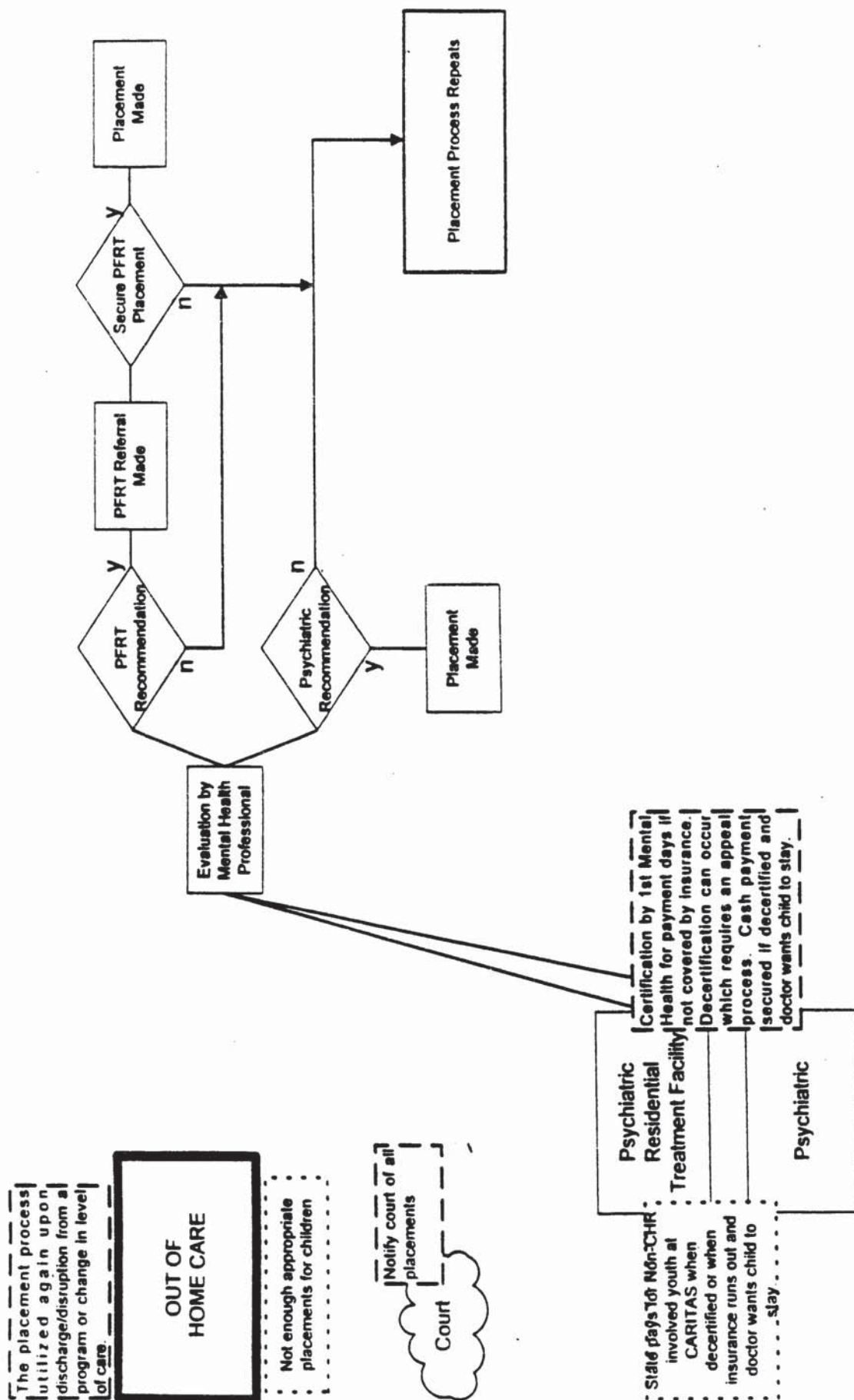
Department for Social Services - Out of Home Care



Department for Social Services - Out of Home Care

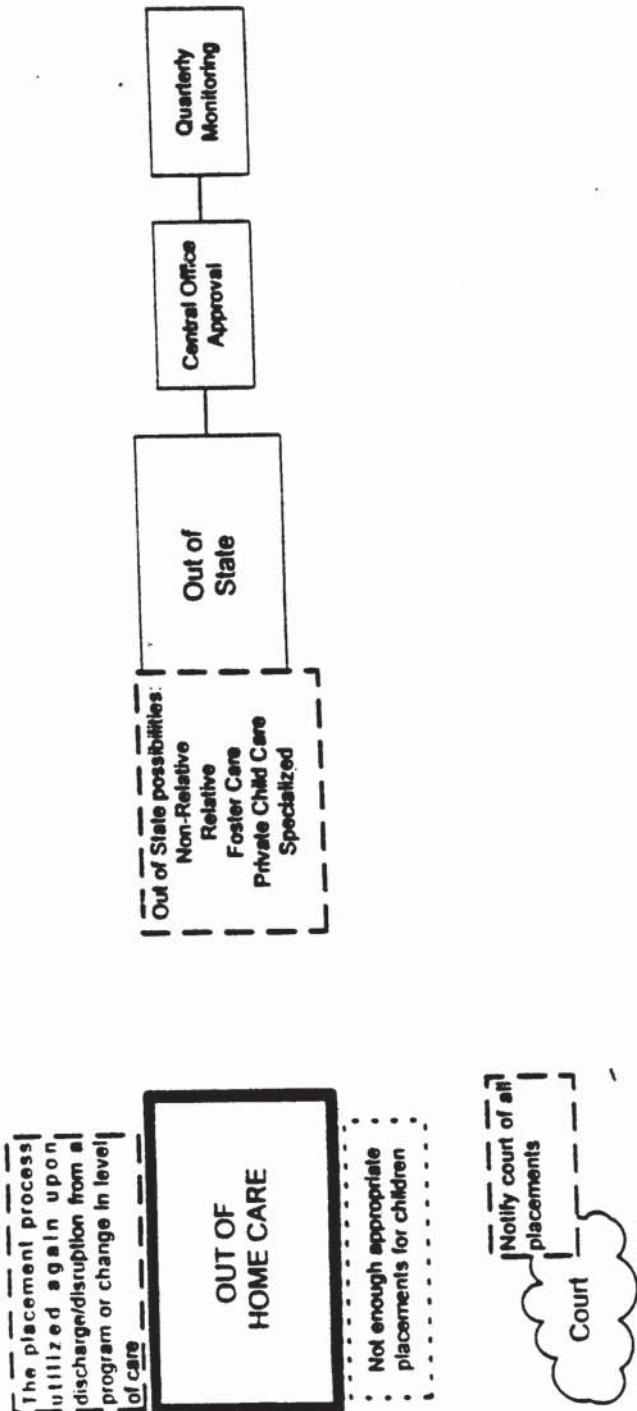


Department for Social Services - Out of Home Care



OUTX5.VSD

Department for Social Services - Out of Home Care



OVERVIEW

How do children get "committed"?

A child is "committed" to the Cabinet for Families and Children because a District Court judge determines that the child falls under one of the following five categories:

1. An **Abused or Neglected** child is a child whose health or welfare is harmed or threatened with harm when the parent, guardian or other person exercising custodial control or supervision of the child:
 - Inflicts or allows to be inflicted upon the child physical or emotional injury by other than accidental means;
 - Creates or allows to be created a risk of physical or emotional injury to the child by other than accidental means;
 - Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
 - Creates, or allows to be created a risk that the act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
 - Abandons or exploits the child; does not provide the child with adequate care supervision, food, clothing, shelter, and educational or medical care necessary for the child's well being.
2. A **Dependent** child is 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.
3. A **Public Offender** is a child who has committed an offense relating to firearms or weapons, or a public offense, which, if committed by an adult would be a crime, whether a felony, misdemeanor, or violation. (Other than a moving motor vehicle offense by a child 16 years of age or older.) Public offenders are also sometimes referred to as "delinquents".
4. A **Status Offender** is a child who has committed an act, which, if committed by an adult would not be a crime. Conduct that causes a child to be a status offender is not considered criminal or delinquent for purposes of the law. Status offenses include truancy, running away from home, and exhibiting uncontrollable behavior.
5. A **Voluntary Commitment** occurs when a child's parent or guardian petitions the cabinet to take custody and control of the child.

What does the Cabinet hope to achieve for a committed child?

When a child is committed, the ultimate goal for that child is to achieve permanency.

Permanence means a relationship between a child and an adult which is intended to last a lifetime, providing commitment and continuity in the child's relationships and sense of belonging.

Each committed child has a **treatment plan**. A **treatment plan** is a detailed program of action developed by the Cabinet for the parent(s) and child designed to identify the problems and establish a plan for addressing the problems that caused the child to be removed.

Each committed child also has a **case permanency plan**. The permanency plan establishes the ultimate goal for each child in establishing permanency in the child's life.

Possible permanency goals are as follows:

1. **Return to Parent / Family Reunification** - This is the goal of choice, and the goal which the cabinet is obligated to pursue before pursuing other options.
2. **Relative Placement**
3. **Adoption and TPR (Termination of Parental Rights)** - Adoption is the legal process by which a child becomes the legal child of a person or persons other than his/her biological parents. This goal is considered only if it is in the child's best interests, and all reasonable efforts have been made to reunite the family. A child is available for adoption only after parental rights have been terminated voluntarily or involuntarily.
4. **Independent Living** is a planned program designed to teach youth life skills that will enable them to become self-sufficient. This option is available for children at least 16 years of age. Independent living typically ends when the child reaches the age of 18, but may be extended by the District Court up to the age of 21 at the request of the child.
5. **Permanent Substitute Care** This goal is used when a child's circumstances do not allow for family reunification and adoption is inappropriate or cannot occur. It is also used when a child has special needs that require private child care.

Where will the child live during the commitment?

While a child is in out of home care, there are many placement options available. Children are generally placed in the most family-like, least restrictive setting that meets their special needs and best serves their interests. Following are placement options for committed children in out-of-home care:

1. **Home of a Relative** - Some relatives who care for children in out of home placement do so as foster parents, while others do not.

2. **Family Foster Care** is a private home in which children are placed under the supervision of the Cabinet or a licensed child-placing agency.
- **Medically Fragile Foster Care** is designed to serve children who need medical treatment and continuous monitoring but do not necessarily require daily services from a doctor or nurse. Foster parents caring for these children receive additional training and increased reimbursements.
 - **High Risk Foster Care** is designed for children who have the potential to be served in family foster care who would otherwise remain in a more restrictive placement that costs \$100 a day or more.
 - **Family Treatment Homes** provide a setting where intensively trained foster parents provide a viable alternative placement for children and youth who have serious emotional problems, are due to be released from treatment facilities, display aggressive or destructive behaviors or other disruptive behaviors, are at risk of being placed in a more restrictive setting, or have experienced numerous placement failures. Foster parents serving in these homes receive additional training and increased reimbursement.
3. **Private Child Care Services or Child Caring Facilities** are 24 hour child caring services provided by non-state operated programs. These services include traditional child care services, treatment services for children with moderate emotional or behavioral problems to mental illness, group home services (small programs with 8 or fewer children), and temporary shelter care.
4. **Group Homes** provide community-based treatment for troubled youth in a home-like setting. Typically, group homes serve youth who are temporarily removed from their homes that do not require institutionalization.
5. **Psychiatric Residential Treatment Facilities (PRTF)** provide care for up to 8 children and youth with severe emotional disturbances who need a high degree of structure and treatment intervention, but who do not require acute psychiatric hospitalization.
6. **Clinical Treatment Facilities** are facilities with more than eight (8) beds designated by the cabinet for the treatment of mentally ill children.
7. **Child with Parent** - Some committed children are placed back with the parent(s) for a period of time before the commitment is rescinded to make sure that the family can function, and that the problems that precipitated the removal of the child initially are no longer present.

JUVENILE CODE BASICS

WHAT IS THE JUVENILE CODE?

The Juvenile Code was passed in 1986, effective July 1, 1987, and is an attempt to bring all of the laws with regard to children in one general area of the statutes. The code's chapters are as follows: Chapter 600 Introductory matters; 605 administrative matters; 610 procedural matters; 615 interstate compacts; 620 dependency, neglect and abuse; 625 termination of parental rights; 630 status offenders; 635 public offenders; 640 youthful offenders; and 645 mental health act.

WHAT IS AN ABUSED OR NEGLECTED CHILD?

A child whose health or welfare is harmed or threatened with harm when his parent, guardian or other person exercising custodial control or supervision of the child: inflicts or allows to be inflicted upon the child physical or emotional injury by other than accidental means; creates or allows to be created a risk of physical or emotional injury to the child by other than accidental means; commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child; abandons or exploits such child; does not provide the child with adequate care, supervision, food, clothing, shelter and education or medical care necessary for the child's well being.

WHAT IS A DEPENDENT CHILD?

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.

WHAT IS A COURT DESIGNATED WORKER?

An organization or individual designated by the Administrative Office of the Courts (normally employed by AOC) for the purposes of placing children in alternative placements prior to arraignment, conducting preliminary investigations, and formulating, entering into and supervising diversion agreements, and performing such other functions as authorized by law or court order.

WHAT IS A DIVERSION AGREEMENT?

An agreement entered into between a court designated worker and a child charged with the commission of offenses set forth in KRS Chapters 630 (Status offenses) and 635 (Public offenses), the purpose of which is to serve the best interest of the child and to provide redress for those offenses without court action and without the formal creation of a court record.

WHAT IS AN HABITUAL TRUANT OR HABITUAL RUNAWAY?

Runaway has been absent from his place of lawful residence without parental permission for 3 or more days during a 1 year period. Truant has been absent from school for 3 or more days or has been tardy on 3 or more days during a 1 year period.

WHAT IS A PUBLIC OFFENSE OR PUBLIC OFFENSE ACTION?

An action brought against a child who is accused of committing a public offense which, if committed by an adult, would be a crime, whether the same is a felony, misdemeanor, or violation, excluding motor vehicle offenses by children 16 or over.

Children charged with motor vehicle offenses if 16 or older are treated as adults, except for the place of confinement.

WHAT IS A STATUS OFFENSE OR STATUS OFFENSE ACTION?

An action brought in the interest of a child who is accused of committing acts, which if committed by an adult, would not be a crime. Such behavior shall not be considered criminal or delinquent and such children shall be termed status offenders. Status offenses shall not include violations of state or local ordinances which may apply to children such as a violation of curfew or possession of alcoholic beverages.

WHAT IS A YOUTHFUL OFFENDER?

Any person, regardless of age, transferred to the circuit court and who is subsequently convicted in circuit court. A child may be transferred to the circuit court and tried for: A capital offense, Class A or Class B felony, if the child is 14 or older at the time of the alleged offense; A class C or Class D felony if the child is 16 or older and has been adjudicated as a public offender for two previous felony offenses. To be tried as a youthful offender the juvenile court must recommend the transfer and the circuit court must approve the transfer and trial in circuit court. A child convicted as a youthful offender is then placed in a facility for youthful offenders until 18 at which time he is transferred to the department of corrections for service of the remainder of his offense. Youthful offenders can be paroled from the youthful offender facility or prison by the parole board. As of 1994, a child who is 14 or older who is charged with a felony in which a firearm was used in the commission of the offense, is tried as an adult in the

circuit court and subject to all adult penalties (other than place of incarceration if under 18). He is not eligible to be retained by the juvenile court and tried there.

ARE JUVENILE PROCEEDINGS OPEN TO THE PUBLIC?

No. Juvenile court proceedings are held in private and until July 15, 1994 not even the victim of the crime could attend the proceedings. As of that date the victim, the victim's spouse, the victim's parents, or their legal representatives may attend the juvenile court hearing. If they are also a witness at the hearing, they cannot attend until after their testimony at the hearing.

ARE JUVENILE RECORDS OPEN TO THE PUBLIC?

No. Police and court records relating to juveniles are not normally made public, although the district judge may do so. Records of juveniles adjudicated delinquent of drug, firearms, and other violent offenses are now made available to school authorities and parents of children with such records or who have children expelled from school for the same reasons must report this to the child's school at the bringing of the school year. If the child transfers between schools, the records follow the child. In one county the District Judge has permitted the newspaper to publish the juvenile docket, but without the name or address of the juvenile.

WHAT IS A YOUTH ALTERNATIVE CENTER?

It is a nonsecure facility for the detention of children operated by the jailer or correctional services agency of a county which operates a secure detention facility for juveniles. The youth alternative center may not be part of the county jail.

MAY A JUVENILE OFFENDER BE EXECUTED?

A youthful offender may be executed if he was 16 years of age or older at the time of the commission of the capital offense. If he was under 16 at the time of the commission of the offense he cannot be executed. Youthful offenders are not subject to the provisions adults are with regard to being a persistent felony offender nor are they subject to the adult restrictions on probation, parole, or conditional discharge found in KRS 533.060.

MAY A CHILD WHO IS A STATUS OFFENDER BE DETAINED IN JUVENILE DETENTION FACILITY AS A MEANS OF PUNISHMENT?

No. A status offender may be detained in a juvenile detention facility as a means of punishment, except for contempt of court. A juvenile charged with being a status offender may be held in a juvenile detention facility prior to trial for not more than 48 hours, exclusive of weekends or holidays and then can be detained further only after a juvenile detention hearing is held. In most instances there is a 10 day limit on pretrial detention.

WHAT MAY BE DONE TO A CHILD WHO IS A STATUS OFFENDER?

Residential and nonresidential community based nonsecure treatment programs; with approval of local education agency, place child in nonsecure public or private accredited school; require child and family to participate in any programs which are necessary to effectuate a change in the child and the family; commit the child to the Cabinet for Human Resources for such services as may be necessary provided that they are community based and nonsecure. If a child who is placed on supervised placement at a residential facility violates the terms of the supervised placement the child may be taken into custody by the cabinet pending a hearing on what to do next.

WHAT MAY BE DONE TO A CHILD WHO IS A PUBLIC OFFENDER?

Order the child to make restitution or reparation to the injured person; place the child on probation or supervision in his own home or a suitable home or in a boarding home; commit the child to the custody of the Cabinet for Human Resources or a child caring agency or a child placing agency authorized to care for such children; if the child commits a new offense while under jurisdiction of the court, the child may be ordered to participate in a community labor program not to exceed 120 hours, if 14 or over. If the child is 16 or over, in lieu of commitment to the cabinet, the court may impose a fine not to exceed \$500 for a felony, \$250 for a misdemeanor, or \$100 for a violation. A child who does not pay may be detained in a juvenile detention facility for nonpayment, however, detention shall not interfere with the educational, occupational, or religious obligations of a child. Public offenders are children who have committed offenses, which if committed by an adult, would be felonies, misdemeanors, or violations.

WHAT MAY BE DONE TO A CHILD WHO IS A YOUTHFUL OFFENDER?

A child who is convicted of or pleads guilty to a felony offense upon trial as a youthful offender is subject to the same sentence as an adult with the following exceptions: 1. The pre-sentence investigation is done by the Cabinet for Human Resources; 2. Until the age of 18 the youthful offender is confined in a facility operated by CHR; 3. Youthful offenders may be paroled by the adult parole board under the same terms and conditions as an adult; 4. If a youthful offender turns 18 and is still incarcerated the sentencing court holds a hearing to determine whether the youthful offender will be placed on probation or conditional discharge, whether he will be returned to CHR for 6 more months; or whether he will be transferred to the Department of Corrections to serve the remainder of his sentence as provided by law. A youthful offender may also be transferred to the Department of Corrections by the Cabinet for Human Resources if his violent behavior endangers others at the youthful offender facility; he has escaped from the facility on more than one occasion, has smuggled contraband into the youthful offender facility, or has established a pattern of disruptive behavior.

APPENDIX I

CHILDREN'S REVIEW PROGRAM

Task Force on Children in Care Presentation August 14, 1996

333 Waller Avenue
Suite 101
Lexington, Kentucky 40504
(606) 257-8828
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STAFF

R. Paul Stratton, Ph.D. Director
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Brenda C. Bender, L.C.S.W. Clinical Reviewer
Letisha Gibson, M.S.W. Clinical Reviewer
Alan Hounshell, M.A. Clinical Reviewer
Douglas Shuntich Management Information System

COMMITTEES

Levels of Care Advisory Committee
Annual Review Workgroup
Emergency Shelter/Therapeutic Foster Care Workgroup
Outcome Measures Workgroup
Treatment Plan Workgroup

Department for Social Services Levels of Care Contract
Operated by the Bluegrass Regional Mental Health and
Mental Retardation Board, Inc.
JCAHO Accredited

PRIMARY FUNCTIONS OF THE CHILDREN'S REVIEW PROGRAM

1. Assigning levels of care corresponding to children's needs.
2. Determining that services on the treatment plan are provided.
3. Re-evaluating the needs of children to insure the appropriate level of care.
4. Collecting and analyzing data for:
 - a. Tracking children through the service delivery system.
 - b. Evaluating child and system-related outcomes.

THE CHILDREN'S REVIEW PROGRAM WILL STRENGTHEN THE SYSTEM BY:

1. Providing a state-wide monitoring and review system, which is independent of DSS and PCCs.
2. Standardizing data collection and information systems relating to:
 - a. Children's demographics and diagnoses.
 - b. Assigned providers.
 - c. Services provided.
 - d. Quality and cost of services.
 - e. Length of treatment.
 - f. Others as needed.
3. Monitoring utilization rate for each level of care.
4. Creating and monitoring outcome measures.
5. Enhancing collaboration between DSS and the PCCs.

LEVELS OF CARE ASSIGNMENTS

1. Will be made for each child before entering a PCC.
2. Will be re-evaluated at six months and every three months thereafter. Results may be that the child stays at the same level, is assigned another level, or is recommended for placement outside the levels of care system, e.g. psychiatric residential treatment facility.
3. May be redetermined at any time upon request of DSS or PCC, where there is a significant change in the child's condition.

**THE CHILDREN'S REVIEW
PROGRAM WILL MAINTAIN
AN INFORMATION SYSTEM
FOR CHILDREN SERVED
UNDER THE CONTRACT
WHICH WILL INCLUDE BUT
NOT BE LIMITED TO :**

- a. Placement History
- b. Facility Placement
- c. Cost of Services
- d. Length of Treatment
- e. Discharge Outcomes

CRP Data System Fields List

as of 7/31/96

Category	Data Field
I. Child's Demographics (Info from 886 and 886A)	1) First Name 2) Middle Name 3) Last Name 4) Social Security Number 5) CRP Case Number (same as Soc. Sec. # if available) 6) DSS Case Number 7) Date of Birth (Age) 8) Sex 9) Ethnic Group
II. Child's Physical/Mental condition (Info from 886A & Psychological)	1) Medical Condition(s) - see list* 2) Mental Health Diagnosis (DSM-IV) - see list* 3) Full Scale IQ Score 4) Verbal IQ Score 5) Performance IQ Score 6) IQ Test Date 7) Diagnosed MR (y/n) 8) Psychotropic Medications - see list* 9) Physical/Mental Abuse (y/n/s) 10) Sexual Abuse (y/n/s)
III. Child's Behavioral Characteristics (Info from 886A & Achenbach)	1) Abuses Animals 2) Aggressive Acts (y/n) 3) Destroys Property (y/n) 4) Failure to Comply w/ Treatment (y/n) 5) Fire Setter (y/n) 6) Homicidal - see list* 7) Low-Functioning (y/n) 8) Runaway (from Home and/or Placement(s)) - see list* 9) Self-Abusive/Self-Mutilating (y/n) 10) Sexual Perpetrator - see list* 11) Sexually Acting Out - see list* 12) Substance Use/Abuse - see list* 13) Suicidal - see list* 14) 9 Achenbach Behavior Domain Scores
IV. Child's Previous Placements (Info from 886A & 1251A)	1) Number of Previous Placements 2) Type of Previous Placements - see list*
V. Other Information on Child (Info from 886A)	1) Title IV-E (y/n/u) 2) Medicaid (y/n/u) 3) Parental Rights Terminated (y/n/u) 4) Type of Referral (Already in PCC/New Referral/Invalid) 5) FSW Vendor Number/Name/Phone/Fax Number 6) County of Commitment (and DSS District) 7) Type of Commitment - list is currently being developed.

VI. Initial Level Of Care Information (Input by CRP Reviewer)	1) CRP Reviewer Name 2) Double-Checked By Name 3) Date Packet Received 4) Date LOC Assigned 5) LOC 6) Primary Reasons for LOC Assignment (non-categorized) 7) Supervision Needs Domain Level w/ notes 8) Mental Health Needs Domain Level w/ notes 9) Social Needs Domain Level w/ notes 10) Education Needs Domain Level w/ notes 11) Medical Needs Domain Level w/ notes 12) Risk Indicators (same as listed in 'behavioral characteristics')
VII. DSS Referrals Information (886)	1) PCC(s) referred to 2) Date of Referral
VIII. PCC Response Information (886)	1) PCC Responding 2) Date of Response 3) Accept/Reject/Accept with condition(s)/Referral Withdrawn 4) Reason for Rejection of Referral - see list*
IX. Requests for Redetermination (886 item H & I)	1) Name and Organization Requesting Redetermination 2) Redetermination Request Confirmed/Denied and Reason(s) 3) Redetermined LOC Assigned 4) Name of CRP Reviewer 5) Date of Redetermination
X. Placement Information (114)	1) PCC of Placement 2) Date of Placement 3) Date Rate is effective
XI. Reauthorization Information	1) Date of Review 2) Review Number (6-Month, 1 st quarterly, 2 nd , 3 rd . etc.) 3) Review Type (Desk/On-Site) 4) LOC Assigned 5) CRP Reviewer Name
XII. Discharge Information (114)	1) PCC of Discharge 2) Date of Discharge 3) Condition of Discharge - see list*

* Lists for Data Tracking Detail Fields are available on request.

**Levels of Care Advisory Committee
Department for Social Services
Children's Review Program
Case Summary Results
July 31, 1996**

Total Cases Received.....	878
Total Referrals Inappropriate for LOC.....	17
Total Incomplete Initial Packets Received.....	187
Total Requests for Redetermination.....	24

LOC Summary Table:

	LOC 1	LOC 2	LOC 3	LOC 4	Totals
Group 1	19	47	37	12	115
Group 2	8	36	25	11	80
Group 3	1	1	2	1	5
New Referrals	19	128	272	181	600
Totals	47	212	336	205	800

LOC Totals for Groups 1 2 3 and New Referrals - by District

District	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Info.	Total Cases Received 'on-time'	Total Cases Levelled	Level 1	Level 2	Level 3	Level 4
Barren River									
Group 1	7	4	1	2	3	0	3	0	0
Group 2	5	3	0	3	3	0	3	0	0
Group 3	11	2	1	1	0	0	0	0	0
Group Totals:	23	9 39.1%	2	6	6	0 0.0%	6 100.0%	0 0.0%	0 0.0%
New Referrals:									
	N/A	21	1	N/A	20	0 0.0%	6 30.0%	5 25.0%	9 45.0%
Combined Totals:									
	N/A	30	3	N/A	26	0 0.0%	12 46.2%	5 19.2%	9 34.6%
Big Sandy									
Group 1	7	1	0	1	1	0	0	1	0
Group 2	4	2	0	2	2	0	1	1	0
Group 3	6	1	0	1	1	0	0	0	1
Group Totals:	17	4 23.5%	0	4	4	0 0.0%	1 25.0%	2 50.0%	1 25.0%
New Referrals:									
	N/A	17	0	N/A	15	0 0.0%	6 40.0%	6 40.0%	3 20.0%
Combined Totals:									
	N/A	21	0	N/A	19	0 0.0%	7 36.8%	8 42.1%	4 21.1%

LOC Totals for Groups 1 2 3 and New Referrals - by District

District	Total Cases to be Received per DSS List as of July 31, 1996	Total Waiting for add'l Info.	Total Cases Received 'on-time'	Total Cases Levelled	Level 1	Level 2	Level 3	Level 4
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Bluegrass

Group 1	71	0	8	19	3	7	6	3
Group 2	60	1	10	12	0	9	2	1
Group 3	65	5	4	0	0	0	0	0
Group Totals:	196	6	22	31	3	16	8	4
					9.7%	51.6%	25.8%	12.9%

New Referrals:	N/A	5	N/A	129	3	33	66	27
					2.3%	25.6%	51.2%	20.9%

Combined Totals:	N/A	11	N/A	160	6	49	74	31
					3.7%	30.6%	46.3%	19.4%

Buffalo Trace

Group 1	2	0	0	0	0	0	0	0
Group 2	3	0	0	0	0	0	0	0
Group 3	0	0	0	0	0	0	0	0
Group Totals:	5	0	0	0	0	0	0	0
					0.0%	0.0%	0.0%	0.0%

New Referrals:	N/A	0	N/A	5	0	0	3	2
					0.0%	0.0%	60.0%	40.0%

Combined Totals:	N/A	0	N/A	5	0	0	3	2
					0.0%	0.0%	60.0%	40.0%

LOC Totals for Groups 1 2 3 and New Referrals - by District

<u>District</u>	<u>Total Cases to be Received per DSS List</u>	<u>Total Received as of July 31, 1996</u>	<u>Total Waiting for add'l Info.</u>	<u>Total Cases Received 'on-time'</u>	<u>Total Cases Leveled</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>
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Cumberland Valley

<i>Group 1</i>	12	6	0	2	6	0	3	3	0
<i>Group 2</i>	7	5	1	4	5	1	0	1	3
<i>Group 3</i>	11	2	0	2	1	0	0	1	0
<i>Group Totals:</i>	30	13 43.3%	1	8	12	1 8.3%	3 25.0%	5 41.7%	3 25.0%

<i>New Referrals:</i>	N/A	31	0	N/A	30	1 3.3%	3 10.0%	18 60.0%	8 26.7%
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<i>Combined Totals:</i>	N/A	44	1	N/A	42	2 4.8%	6 14.3%	23 54.8%	11 26.2%
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Fivco

<i>Group 1</i>	8	3	0	2	3	0	3	0	0
<i>Group 2</i>	8	3	0	2	3	0	2	1	0
<i>Group 3</i>	8	2	0	2	0	0	0	0	0
<i>Group Totals:</i>	24	8 33.3%	0	6	6	0 0.0%	5 83.3%	1 16.7%	0 0.0%

<i>New Referrals:</i>	N/A	16	2	N/A	14	0 0.0%	4 28.6%	6 42.9%	4 28.6%
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<i>Combined Totals:</i>	N/A	24	2	N/A	20	0 0.0%	9 45.0%	7 35.0%	4 20.0%
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LOC Totals for Groups 1 2 3 and New Referrals - by District

District	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Info.	Total Cases Received 'on-time'	Total Cases Leveled	Level 1	Level 2	Level 3	Level 4
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Gateway

Group 1	1	0	0	0	0	0	0	0	0
Group 2	3	1	1	0	0	0	0	0	0
Group 3	0	0	0	0	0	0	0	0	0
Group Totals:	4	1 25.0%	1	0	0	0.0%	0.0%	0.0%	0.0%

New Referrals:	N/A	8	0	N/A	8	0.0%	0.0%	5	37.5%
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Combined Totals:	N/A	9	1	N/A	8	0.0%	0.0%	5	37.5%
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Green River

Group 1	14	4	0	0	3	1	2	0	0
Group 2	21	7	0	4	7	3	2	2	0
Group 3	26	1	0	1	0	0	0	0	0
Group Totals:	61	12 19.7%	0	5	10	4 40.0%	4 40.0%	2	0.0%

New Referrals:	N/A	27	0	N/A	26	4 15.4%	10 38.5%	9	11.5%
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Combined Totals:	N/A	39	0	N/A	36	8 22.2%	14 38.9%	11	8.3%
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LOC Totals for Groups 1 2 3 and New Referrals - by District

<u>District</u>	<u>Total Cases to be Received per DSS List</u>	<u>Total Received as of July 31, 1996</u>	<u>Total Waiting for add'l Info.</u>	<u>Total Cases Received 'on-time'</u>	<u>Total Cases Leveled</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>
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Jefferson

<i>Group 1</i>	61	31	2	3	29	4	8	12	5
<i>Group 2</i>	52	21	2	5	16	0	6	7	3
<i>Group 3</i>	58	4	0	4	2	1	0	1	0
<i>Group Totals:</i>	171	56 32.7%	4	12	47	5 10.6%	14 29.8%	20 42.6%	8 17.0%

<i>New Referrals:</i>	N/A	144	7	N/A	134	6 4.5%	16 11.9%	56 41.8%	56 41.8%
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<i>Combined Totals:</i>	N/A	200	11	N/A	181	11 6.1%	30 16.6%	76 42.0%	64 35.4%
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Kentucky River

<i>Group 1</i>	3	3	0	1	3	0	1	2	0
<i>Group 2</i>	5	4	0	3	4	0	1	1	2
<i>Group 3</i>	4	2	0	2	0	0	0	0	0
<i>Group Totals:</i>	12	9 75.0%	0	6	7	0 0.0%	2 28.6%	3 42.9%	2 28.6%

<i>New Referrals:</i>	N/A	8	0	N/A	8	0 0.0%	0 0.0%	4 50.0%	4 50.0%
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<i>Combined Totals:</i>	N/A	17	0	N/A	15	0 0.0%	2 13.3%	7 46.7%	6 40.0%
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LOC Totals for Groups 1 2 3 and New Referrals - by District

<u>District</u>	<u>Total Cases to be Received per DSS List</u>	<u>Total Received as of July 31, 1996</u>	<u>Total Waiting for add'l Info.</u>	<u>Total Cases Received 'on-time'</u>	<u>Total Cases Leveled</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>
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Lake Cumberland

Group 1	1	1	0	0	1	0	1	0	0
Group 2	2	1	0	0	1	0	0	0	1
Group 3	4	1	0	1	0	0	0	0	0
Group Totals:	7	3 42.9%	0	1	2	0 0.0%	1 50.0%	0 0.0%	1 50.0%

New Referrals:	N/A	18	1	N/A	18	0 0.0%	4 22.2%	9 50.0%	5 27.8%
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Combined Totals:	N/A	21	1	N/A	20	0 0.0%	5 25.0%	9 45.0%	6 30.0%
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Lincoln Trail

Group 1	18	10	0	3	10	2	2	4	2
Group 2	12	3	0	0	2	0	0	2	0
Group 3	8	0	0	0	0	0	0	0	0
Group Totals:	38	13 34.2%	0	3	12	2 16.7%	2 16.7%	6 50.0%	2 16.7%

New Referrals:	N/A	27	1	N/A	26	0 0.0%	6 23.1%	15 57.7%	5 19.2%
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Combined Totals:	N/A	40	1	N/A	38	2 5.3%	8 21.1%	21 55.3%	7 18.4%
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LOC Totals for Groups 1 2 3 and New Referrals - by District

District	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Info.	Total Cases Received 'on-time'	Total Cases Levelled	Level 1	Level 2	Level 3	Level 4
Northern									
Group 1	38	26	0	14	26	2	16	7	1
Group 2	36	19	1	6	18	2	7	8	1
Group 3	33	4	2	2	0	0	0	0	0
Group Totals:	107	49 45.8%	3	22	44	4 9.1%	23 52.3%	15 34.1%	2 4.5%
New Referrals:	N/A	56	3	N/A	52	0 0.0%	10 19.2%	23 44.2%	19 36.5%
Combined Totals:	N/A	105	6	N/A	96	4 4.2%	33 34.4%	38 39.6%	21 21.9%
Pennyryle									
Group 1	20	7	0	3	7	3	2	1	1
Group 2	19	8	0	4	6	2	3	1	0
Group 3	20	2	0	2	1	0	1	0	0
Group Totals:	59	17 28.8%	0	9	14	5 35.7%	6 42.9%	2 14.3%	1 7.1%
New Referrals:	N/A	72	4	N/A	68	4 5.9%	19 27.9%	31 45.6%	14 20.6%
Combined Totals:	N/A	89	4	N/A	82	9 11.0%	25 30.5%	33 40.2%	15 18.3%

LOC Totals for Groups 1 2 3 and New Referrals - by District

District	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Info.	Total Cases Received 'on-time'	Total Cases Levelled	Level 1	Level 2	Level 3	Level 4
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Purchase

Group 1	7	4	0	0	4	4	0	0	0
Group 2	8	2	1	1	1	0	1	0	0
Group 3	4	0	0	0	0	0	0	0	0
Group Totals:	19	6 31.6%	1	1	5	4 80.0%	1 20.0%	0 0.0%	0 0.0%

New Referrals:

	N/A	41	1	N/A	37	1 2.7%	9 24.3%	16 43.2%	11 29.7%
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Combined Totals:

	N/A	47	2	N/A	42	5 11.9%	10 23.8%	16 38.1%	11 26.2%
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Grand Totals:

Groups 1,2,3:	773	240 31.0%	18	105	200	28 14.0%	84 42.0%	64 32.0%	24 12.0%
New Referrals:	N/A	626	25	N/A	590	19 3.2%	126 21.4%	272 46.1%	173 29.3%
Combined Totals:	N/A	866	43	N/A	790	47 5.9%	210 26.6%	336 42.5%	197 24.9%

Children Already in PCC's - Groups 1 2 3 Totals by PCC

PCC	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Information	Total Cases Received 'on-time'	Level 1	Level 2	Level 3	Level 4
Adanta Group-Community options								
Group 2	2	2	0	1	0	0	1	1
Group 3	4	1	0	1	0	0	0	0
Totals:	6	3	0	2	0.0%	0.0%	50.0%	50.0%
Barnabas Home, Inc.								
Group 1	10	2	0	1	0	1	0	1
Group 2	8	3	0	3	0	1	2	0
Group 3	8	1	0	1	0	0	0	0
Totals:	26	6	0	5	0.0%	40.0%	40.0%	20.0%
Bellewood-Presbyterian Home for Children								
Group 1	8	5	1	2	2	0	2	0
Group 2	6	5	0	5	0	4	1	0
Group 3	6	1	1	0	0	0	0	0
Totals:	20	11	2	7	22.2%	44.4%	33.3%	0.0%
Brighton Center, Inc.								
Group 1	5	3	0	0	0	3	0	0
Group 2	4	1	0	0	0	1	0	0
Group 3	3	0	0	0	0	0	0	0
Totals:	12	4	0	0	0.0%	100.0%	0.0%	0.0%

Children Already in PCC's - Groups 1 2 3 Totals by PCC

PCC	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Information	Total Cases Received 'on-time'	Level 1	Level 2	Level 3	Level 4
Brooklawn								
Group 1	2	2	1	0	0	0	1	0
Group 2	1	1	0	1	0	0	0	1
Totals:	3	3 100.0%	1	1	0.0%	0.0%	50.0%	50.0%
Brooklawn, Inc.								
Group 1	3	0	0	0	0	0	0	0
Group 2	4	0	0	0	0	0	0	0
Group 3	6	0	0	0	0	0	0	0
Totals:	13	0 0.0%	0	0	0.0%	0.0%	0.0%	0.0%
Chaney House Group Home								
Group 1	2	0	0	0	0	0	0	0
Group 2	3	1	0	1	0	1	0	0
Group 3	2	0	0	0	0	0	0	0
Totals:	7	1 14.3%	0	1	0.0%	100.0%	0.0%	0.0%
Children's Home of Northern Ky								
Group 1	9	3	0	3	0	1	2	0
Group 2	6	5	2	2	0	3	1	0
Group 3	6	1	0	1	0	0	0	0
Totals:	21	9 42.9%	2	6	0.0%	57.1%	42.9%	0.0%

Children Already in PCC's - Groups 1 2 3 Totals by PCC

PCC	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Information	Total Cases Received 'on-time'	Level 1	Level 2	Level 3	Level 4
Christian Church Homes, Woodlawn								
Group 1	17	8	0	2	1	2	4	0
Group 2	15	3	0	2	0	2	0	1
Group 3	17	3	1	2	0	0	0	0
Totals:	49	14 28.6%	1	6	1 10.0%	4 40.0%	4 40.0%	1 10.0%
Clay City Group Home								
Group 1	5	1	0	1	0	0	1	0
Group 2	2	1	0	1	0	0	1	0
Group 3	3	0	0	0	0	0	0	0
Totals:	10	2 20.0%	0	2	0 0.0%	0 0.0%	2 100.0%	0 0.0%
Cleveland Home								
Group 1	5	4	0	2	1	3	0	0
Group 2	5	2	0	0	1	0	1	0
Group 3	4	0	0	0	0	0	0	0
Totals:	14	6 42.9%	0	2	2 33.3%	3 50.0%	1 16.7%	0 0.0%
Combs Residential Services, Inc.								
Group 1	2	2	0	2	0	0	2	0
Group 2	2	2	0	1	0	1	0	1
Group 3	1	0	0	0	0	0	0	0
Totals:	5	4 80.0%	0	3	0 0.0%	1 25.0%	2 50.0%	1 25.0%

Children Already in PCC's - Groups 1 2 3 Totals by PCC

PCC	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Information	Total Cases Received 'on-time'	Level 1	Level 2	Level 3	Level 4
Diocesan Catholic Children's Home								
Group 1	7	4	0	2	0	3	1	0
Group 2	6	6	0	3	0	3	3	0
Group 3	6	0	0	0	0	0	0	0
Totals:	19	10 52.6%	0	5	0 0.0%	6 60.0%	4 40.0%	0 0.0%
Father Maloney's Boy's Haven								
Group 1	5	3	0	1	0	3	0	0
Group 2	7	3	1	1	0	2	0	0
Group 3	8	0	0	0	0	0	0	0
Totals:	20	6 30.0%	1	2	0 0.0%	5 100.0%	0 0.0%	0 0.0%
Gertrude Ramey Children's Home								
Group 1	30	5	0	3	2	2	1	0
Group 2	25	6	1	5	1	5	0	0
Group 3	26	2	0	2	0	0	0	0
Totals:	81	13 16.0%	1	10	3 27.3%	7 63.6%	1 9.1%	0 0.0%
Holly Hill Children's Home, Inc.								
Group 1	6	6	0	2	0	6	0	0
Group 2	3	2	0	0	0	0	2	0
Group 3	6	1	0	1	0	0	0	0
Totals:	15	9 60.0%	0	3	0 0.0%	6 75.0%	2 25.0%	0 0.0%

Children Already in PCC's - Groups 1 2 3 Totals by PCC

PCC	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Information	Total Cases Received 'on-time'	Level 1	Level 2	Level 3	Level 4
Home Care Management								
Group 1	16	6	0	1	1	1	4	0
Group 2	14	6	1	1	1	1	2	1
Group 3	16	1	0	1	0	0	1	0
Totals:	46	13 28.3%	1	3	2 16.7%	2 16.7%	7 58.3%	1 8.3%
Hope Hill Children's Home, Inc.								
Group 1	3	2	0	0	1	1	0	0
Group 2	2	1	0	1	1	0	0	0
Group 3	2	1	1	0	0	0	0	0
Totals:	7	4 57.1%	1	1	2 66.7%	1 33.3%	0 0.0%	0 0.0%
Kentucky Baptist Homes for Children								
Group 1	47	24	0	7	5	14	2	2
Group 2	39	12	0	5	3	5	1	0
Group 3	43	3	1	2	1	0	0	0
Totals:	129	39 30.2%	1	14	9 27.3%	19 57.6%	3 9.1%	2 6.1%
Life Connection, Inc.								
Group 1	6	4	0	2	0	0	0	4
Group 2	5	4	0	1	0	0	0	2
Group 3	5	1	0	1	0	0	0	0
Totals:	16	9 56.3%	0	4	0 0.0%	0 0.0%	0 0.0%	6 100.0%

Children Already in PCC's - Groups 1 2 3 Totals by PCC

PCC	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Information	Total Cases Received 'on-time'	Level 1	Level 2	Level 3	Level 4
Mary Kendall Home								
Group 1	5	0	0	0	0	0	0	0
Group 2	4	0	0	0	0	0	0	0
Group 3	5	0	0	0	0	0	0	0
Totals:	14	0 0.0%	0	0	0.0%	0.0%	0.0%	0.0%
Maryhurst								
Group 1	21	10	1	3	0	1	7	2
Group 2	21	6	0	1	0	1	3	2
Group 3	20	2	0	2	0	0	0	0
Totals:	62	18 29.0%	1	6	0.0%	12.5%	62.5%	25.0%
Methodist Home of Kentucky								
Group 1	14	4	0	2	1	2	1	0
Group 2	15	4	0	3	1	1	2	0
Group 3	10	0	0	0	0	0	0	0
Totals:	39	8 20.5%	0	5	2 25.0%	3 37.5%	3 37.5%	0 0.0%
Metro Group Homes, Inc.								
Group 1	3	0	0	0	0	0	0	0
Group 2	1	1	0	1	0	0	1	0
Group 3	1	0	0	0	0	0	0	0
Totals:	5	1 20.0%	0	1	0 0.0%	0 0.0%	1 100.0%	0 0.0%

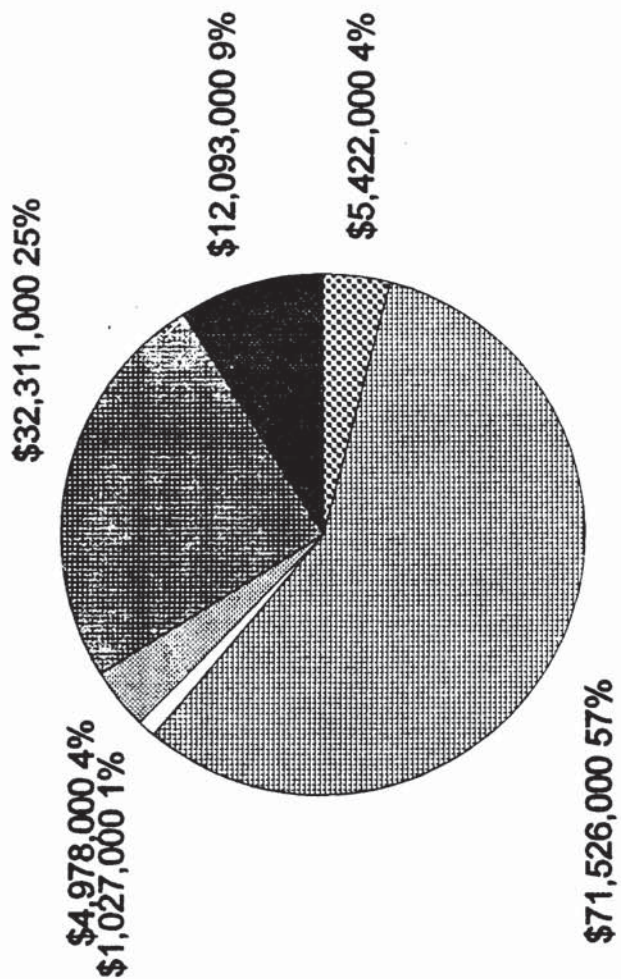
Children Already in PCC's - Groups 1 2 3 Totals by PCC

PCC	Total Cases to be Received per DSS List	Total Received as of July 31, 1996	Total Waiting for add'l Information	Total Cases Received 'on-time'	Level 1	Level 2	Level 3	Level 4
Presbyterian Child Welfare (Buckhorn)								
Group 1	26	15	0	3	1	3	8	3
Group 2	30	13	2	5	0	4	4	2
Group 3	32	6	1	5	0	0	0	1
Totals:	88	34 38.6%	3	13	1 3.8%	7 26.9%	12 46.2%	6 23.1%
St. Joseph Catholic Orphanage								
Group 1	12	5	0	0	2	2	1	0
Group 2	13	1	0	0	0	0	1	0
Group 3	13	5	3	2	0	0	1	0
Totals:	38	11 28.9%	3	2	2 28.6%	2 28.6%	3 42.9%	0 0.0%
West Kentucky Children's Home								
Group 1	5	2	0	0	2	0	0	0
Group 2	3	0	0	0	0	0	0	0
Group 3	6	1	0	1	0	1	0	0
Totals:	14	3 21.4%	0	1	2 66.7%	1 33.3%	0 0.0%	0 0.0%
Grand Totals:	779	241 30.9%	18	105	28 13.9%	84 41.8%	65 32.3%	24 11.9%

APPENDIX J

OUT-OF-HOME PLACEMENT FUND SOURCES

FOR 1995



Department for Social Services
Out-of-Home Care

SFY '95

	Adoptions	Foster Care	Private Child Care	Group Home	Residential	Clinical	Total
SSBG					9,343,000		12,093,000
IV-E	3,490,000	19,598,000	8,234,000	2,750,000			32,311,000
IV-B	77,000	4,978,000		989,000			4,978,000
Adoption Placement of Foster Children	33,000						77,000
Testimony of Abused Children					446,000		33,000
School Lunch				64,000	375,000	9,000	510,000
Chapter I					23,000		384,000
Drug & Alcohol							23,000
Federal	3,600,000	24,576,000	8,234,000	3,803,000	10,187,000	9,000	50,409,000
General	5,353,000	20,060,000	24,392,000	3,008,000	14,431,000	4,282,000	71,526,000
Agency	117,000	2,922,000	2,255,000	0	128,000	0	5,422,000
Total	9,070,000	47,558,000	34,881,000	6,811,000	24,746,000	4,291,000	127,357,000

SFY '94

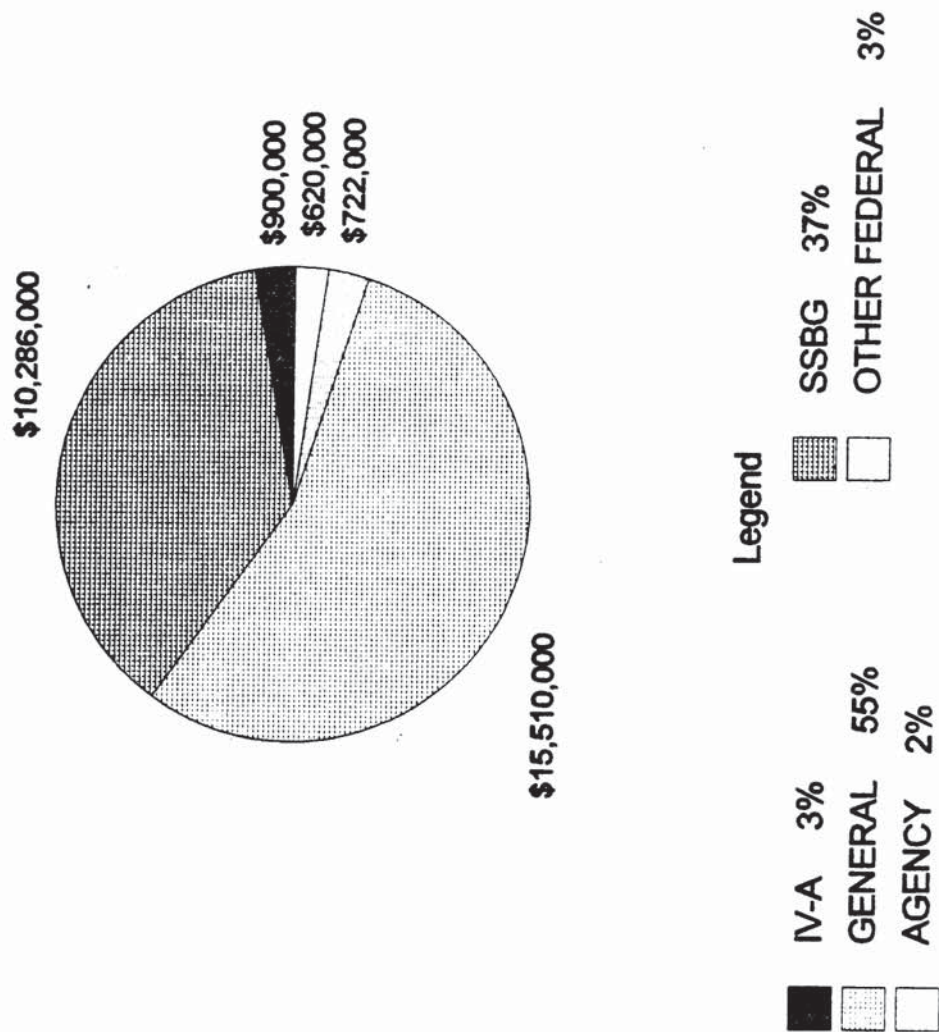
	Adoptions	Foster Care	Private Child Care	Group Home	Residential	Clinical	Total
SSBG					8,108,000		10,654,000
IV-E	2,176,000	17,118,000	7,376,000	2,546,000			27,462,000
IV-B		5,083,000		792,000			5,083,000
Adoption Placement of Foster Children	23,000						23,000
Post Legal Adoption	26,000			73,000	549,000		26,000
School Lunch					334,000	27,000	622,000
Chapter I					36,000		361,000
Drug & Alcohol							36,000
Federal	2,225,000	22,201,000	7,376,000	3,411,000	9,027,000	27,000	44,267,000
General	5,814,000	19,894,000	19,565,000	2,315,000	13,499,000	4,897,000	65,984,000
Agency	0	0	200,000	0	263,000	0	463,000
Total	8,039,000	42,095,000	27,141,000	5,726,000	22,789,000	4,924,000	110,714,000

SFY '93

	Adoptions	Foster Care	Private Child Care	Group Home	Residential	Clinical	Total
SSBG					9,428,000		11,786,000
IV-E	2,655,000	17,166,000	5,842,000	2,358,000			26,586,000
IV-B		5,087,000		923,000			5,087,000
Post Legal Adoption	72,000						72,000
Black Adoption	20,000			57,000	365,000		20,000
School Lunch					333,000	15,000	422,000
Chapter I					18,000		348,000
AIDS					37,000		18,000
Drug & Alcohol							37,000
Federal	2,747,000	22,253,000	5,842,000	3,338,000	10,181,000	15,000	44,376,000
General	5,382,000	14,720,000	8,135,000	2,686,000	11,706,000	5,503,000	48,132,000
Agency	494,000	8,000	8,337,000	6,000	43,000	58,000	8,946,000
Total	8,623,000	36,981,000	22,314,000	6,030,000	21,930,000	5,576,000	101,454,000

PREVENTIVE SERVICES FUND SOURCES

FOR 1995



Department for Social Services
Preventive Services

SFY '95

	Family Preservation	Preventative Assistance	Day Care Protection	Juvenile Services in Community	Homemakers	Preventive Services	Self Help	Spouse Abuse Centers	Day Treatment	Total
IV-A, Emergency Assistance	900,000	22,000	4,763,000	3,277,000	579,000	72,000			1,595,000	900,000
LIHEAP			94,000							22,000
SSBG										10,286,000
CCDBG								212,000		94,000
Family Violence									390,000	212,000
Chapter I									4,000	390,000
School Lunch										4,000
Federal	900,000	22,000	4,857,000	3,277,000	579,000	72,000	0	212,000	1,989,000	11,908,000
General	1,906,000	348,000	3,756,000	1,890,000	1,107,000	109,000	90,000	3,260,000	3,044,000	15,510,000
Agency	0	0	0	0	0	0	197,000	423,000	0	620,000
Total	2,806,000	370,000	8,613,000	5,167,000	1,686,000	181,000	287,000	3,895,000	5,033,000	28,038,000

SFY '94

	Family Preservation	Preventative Assistance	Day Care Protection	Juvenile Services in Community	Homemakers	Preventive Services	Self Help	Spouse Abuse Centers	Day Treatment	Total
IV-A, Emergency Assistance	2,000	28,000	4,649,000	3,376,000	643,000	78,000			1,436,000	2,000
LIHEAP			43,000							28,000
SSBG										10,182,000
CCDBG								216,000		43,000
Family Violence									392,000	216,000
Chapter I									8,000	392,000
School Lunch										8,000
Federal	2,000	28,000	4,692,000	3,376,000	643,000	78,000	0	216,000	1,836,000	10,871,000
General	2,994,000	387,000	3,933,000	905,000	1,065,000	129,000	68,000	3,407,000	2,614,000	15,502,000
Agency	0	0	0	0	0	0	211,700	347,000	0	558,700
Total	2,996,000	415,000	8,625,000	4,281,000	1,708,000	207,000	279,700	3,970,000	4,450,000	26,931,700

SFY '93

	Family Preservation	Preventative Assistance	Day Care Protection	Juvenile Services in Community	Homemakers	Preventive Services	Self Help	Spouse Abuse Centers	Day Treatment	Total
IV-A, Emergency Assistance	0	23,000	6,426,000	3,506,000	728,000	129,000			1,373,000	23,000
LIHEAP			97,000							12,162,000
SSBG										97,000
CCDBG								199,000		199,000
Family Violence									341,000	341,000
Chapter I									16,000	16,000
School Lunch										16,000
Federal	0	23,000	6,523,000	3,506,000	728,000	129,000	0	199,000	1,730,000	12,838,000
General	2,254,000	371,000	4,860,000	2,093,000	1,149,000	204,000	68,000	3,225,000	2,622,000	16,846,000
Agency	0	40,000	0	0	0	0	207,000	456,000	2,000	705,000
Total	2,254,000	434,000	11,383,000	5,599,000	1,877,000	333,000	275,000	3,880,000	4,354,000	30,389,000

DEPARTMENT FOR SOCIAL SERVICES

FEDERAL FUNDS

Title IV-B (Child Welfare)- Title IV-B is a formula grant which is used to establish, extend, and strengthen child welfare services to enable children to remain in their own homes, or where it is impossible, to provide alternate permanent homes for them. A 25% match is required on the grant and the amount to be used for alternate homes is capped.

Social Services Block Grant (SSBG)-Block grant provided to states to enable them to furnish social services best suited to the needs of individuals residing in that state. There are several restrictions placed on SSBG. The grant can not be used to pay for construction costs or capital purchases; the costs of subsistence or room and board; the costs of medical care; or the costs associated with providing educational services. There is no match requirement for SSBG.

Title IV-E (Foster Care) - Title IV-E is a reimbursement earned on eligible expenditures for care of children away from their families who are in the custody of the State agency, and the cost of proper and efficient administration and training. The match rate for children's maintenance is the state's current FMAP rate, for training 75% federal/ 25% state, and for administration 50% federal/ 50% state.

Independent Living (Title IV-E) - Funds provided to states for establishing and carrying out programs designed to assist youth over age 16 to transition from foster care to independent living. Grants may be used on behalf of eligible youths for skills development, and education or training related to independent living, but not for room and board. Funds have a 50% match rate over a base amount.

Low-Income Heating Assistance Program (LIHEAP) - LIHEAP funds are provided to states to assist eligible households to meet the costs of home energy. The funds are administered by the Department for Social Insurance. Each year \$25,000 is transferred to the Department for Social Services to expand the Preventative Assistance program. There is no match requirement for these funds.

Adoptive Placements - Grants are for demonstration projects in the field of special needs adoption which are of regional or national significance and projects which demonstrate new methods showing promise of substantial contribution to the advancement of special needs adoption. The objectives of the funding are to improve adoption practices, to gather information on adoptions, and to provide training and technical assistance to improve adoption services. The project period for this grant has ended.

Family Violence - Funds are provided to assist states in prevention of family violence and in the provision of immediate shelter and related assistance for victims of family violence. No less than 70% of the funds must be used for immediate shelter and related assistance and no less than 25% for related assistance. The funds may not be used as a direct payment to a victim of domestic violence.

Child Care Development Block Grant - Block grant provided to states to increase the availability, affordability, and quality of child care. At least 25% of these funds must be used for early childhood development and before- and after-school care and quality improvement. At least 75% must be used for direct child care services and quality improvement. There is no match requirement for these funds.

Emergency Assistance (IV-A) - Emergency Assistance is also funded through Family Support Payments to States-Assistance Payments. These funds are available for families in crisis or emergency situations. The Department is currently claiming expenditures for Family Preservation. We are in the process of expanding the claim for staff time and out-of-home care costs for families in crisis. The time limit on these funds is currently for six months; however, we have submitted a plan amendment to HHS for an extension of up to twelve months. The required match rate is 50%/50%.

Chapter I - Funds are provided to states to operate programs that supplement services to children who are disabled and enrolled in state operated or state supported. Funds may be used for projects providing supplementary education and related services. Construction of facilities is prohibited. There is no matching requirement for these funds, however, there is a maintenance of effort requirement.

National School Lunch Program - Reimbursement to participating public and nonprofit schools, including residential child care institutions, for lunches meeting the nutritional requirements prescribed by the Secretary of Agriculture, served to eligible students.

Drug and Alcohol - These funds are part of the Safe and Drug-Free Schools Grant. The grant's objective is to establish state and local programs of alcohol and drug abuse education and prevention coordinated with related community efforts and resources. The majority of these funds must be administered by state educational agencies and allocated for drug abuse and prevention in local school systems. The remainder of these funds can be allocated to the Governor's office for grant and contracts with community-based organizations for the development and implementation of broadly-based programs of violence and drug prevention.

Testimony of Child Victims - These grant funds were received from the Drug Control and System Improvement Formula Grant. The grant's objectives include to improve the functioning of criminal justice system. Restrictions on the grant include supplantation of state and local funds and land acquisition.

Agency Funds

Title XIX - Agency receipts from Medicaid for Medicaid eligible services described in Federal Funds section.

Foster Care Receipts - K.R.S. 200.115 authorizes DSS to collect third party payments to be used toward the cost of care for committed children. The funds includes SSI receipts, court-ordered child support, and others.

Custody Investigations - K.R.S. 605.130 requires DSS to assist circuit courts through services to children whenever requested by the court. The Cabinet may charge a reasonable fee for the services. The fee is used by DSS to offset the costs of preparing the evaluation pursuant K.R.S. 403.300...

Adoption - K.R.S. 199.473 and K.R.S. 199.55 restrict these funds for the costs of subsidized adoptions. The funds are earned on fees attached to the court application to place or receive a child through independent adoption.

Self-Help - K.R.S. 213.141 restricts fees from birth certificates for self-help services to parents in danger of abusing and/or neglecting their children.

Spouse Abuse - K.R.S. 209.160 restricts a portion of fees earned on the sale of marriage licenses for the provision of services to victims of spouse abuse.

KECSAC - These funds are received from the Kentucky Department of Education. K.R.S. 158.135 requires DSS to contract with the Kentucky Educational Collaborative for State Agency Children for educational services. These funds support that contract.

J.T.P.A. - Funds awarded to the Lake Cumberland Boys' Camp by the local Private Industry Council for specific educational purposes.

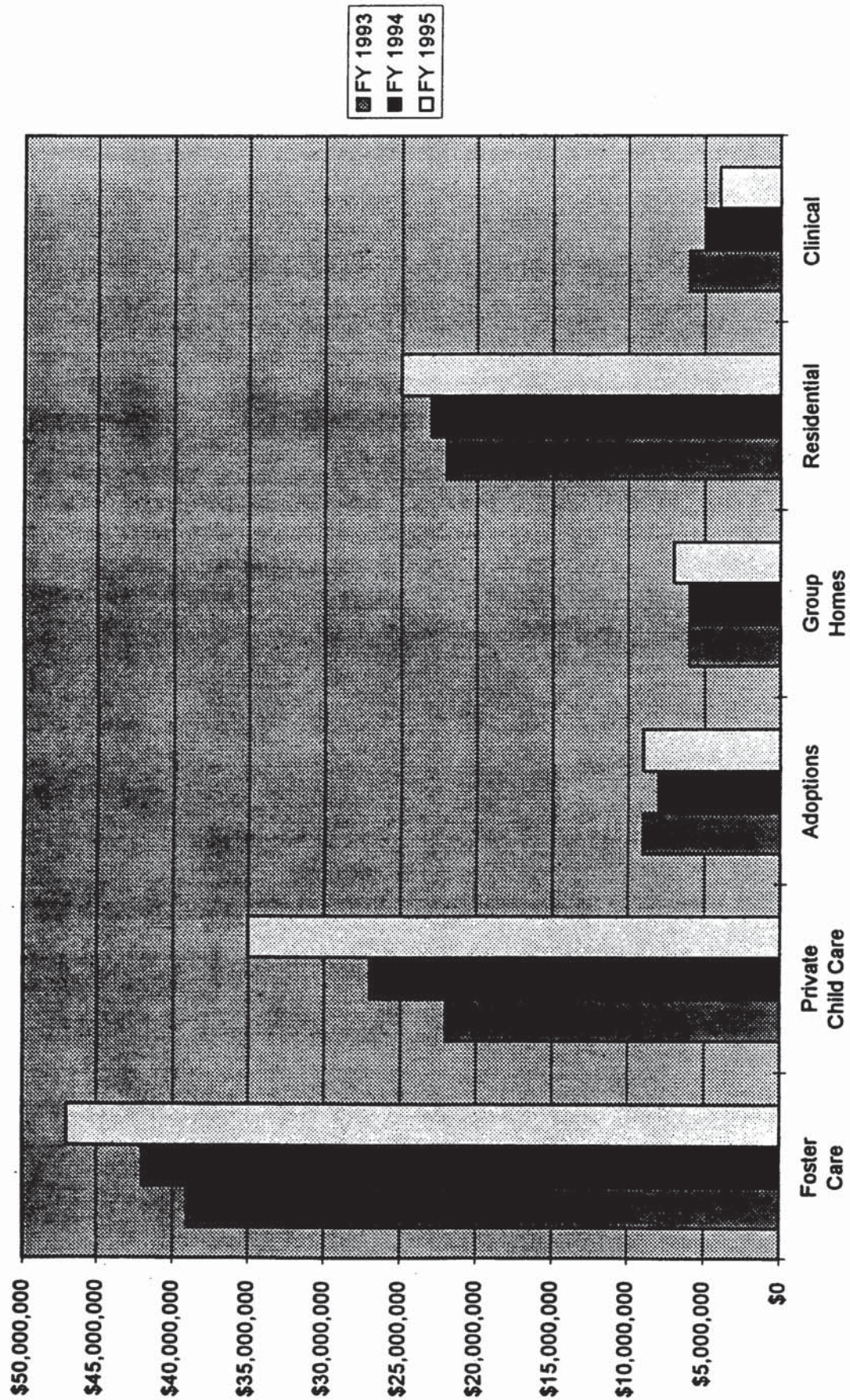
Testimony of Child Victims - General fund match for grant which is transferred from

OUT-OF-HOME PLACEMENT COSTS 1993-1995

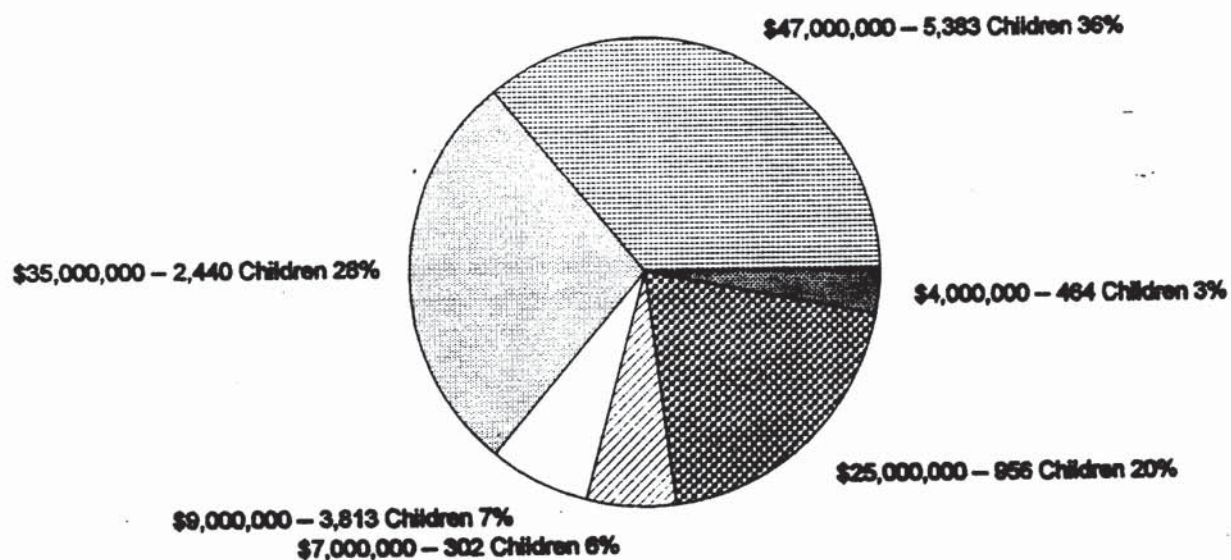
	FY 1993	FY 1994	FY 1995
Foster Care	\$39	\$42	\$47
Private Child Care	\$22	\$27	\$35
Adoptions	\$9	\$8	\$9
Group Homes	\$6	\$6	\$7
Residential	\$22	\$23	\$25
Clinical	\$6	\$5	\$4
Total	\$104	\$111	\$127







Out-of-home placements costs in millions for state fiscal years 1993 through 1995.

OUT-OF-HOME PLACEMENT COSTS 1993-1995



OUT-OF-HOME PLACEMENT COST 1995



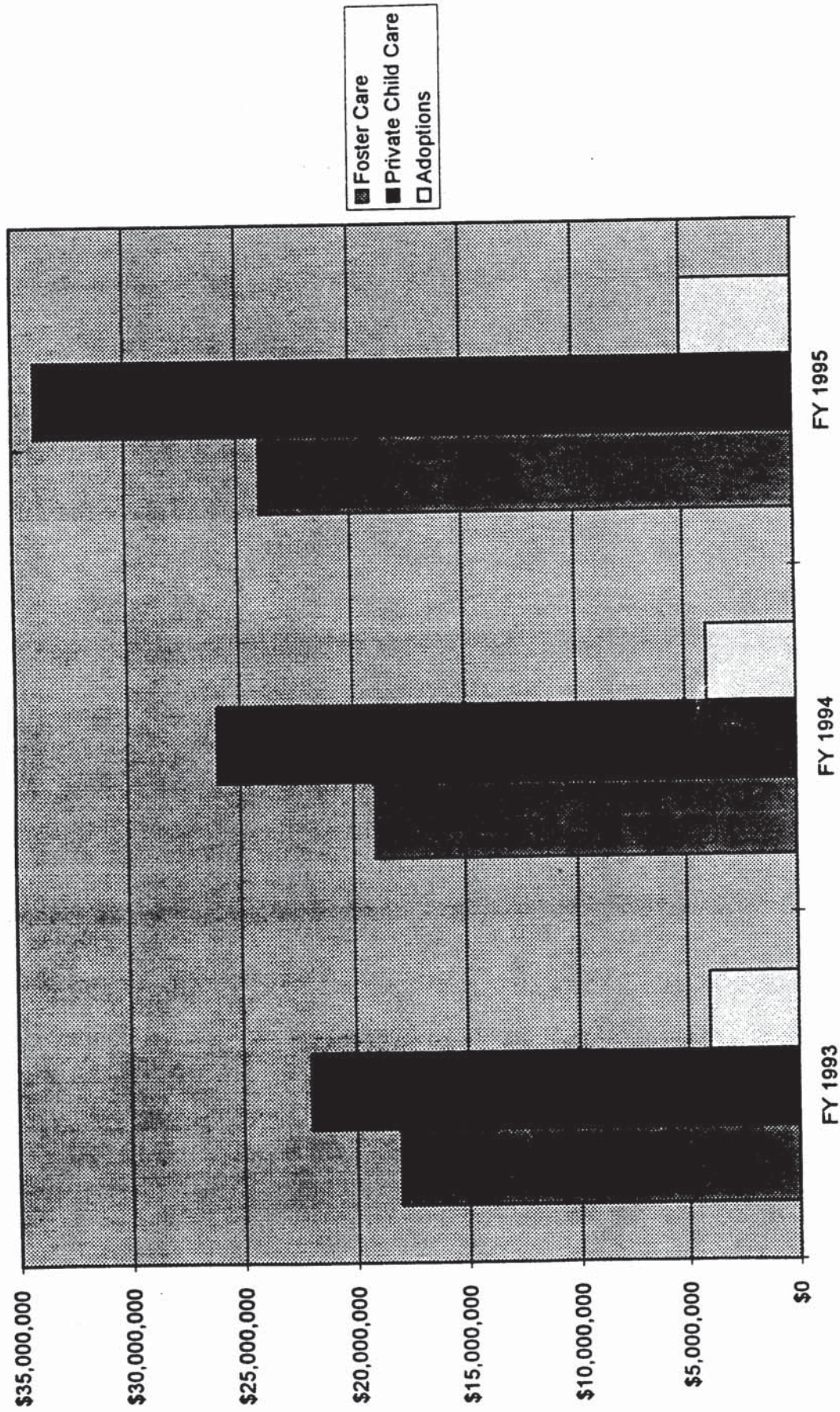
Legend					
	Foster Care		Private Child Care		Adoptions
	Group Homes		Residential		Clinical

OUT-OF-HOME PLACEMENT COSTS - CARE AND SUPPORT ONLY

	FY 1993	FY 1994	FY 1995
Foster Care	\$18	\$19	\$24
Private Child Care	\$22	\$26	\$34
Adoptions	\$4	\$4	\$5

Care and support costs for out-of-home placements in millions for state fiscal years 1993 through 1995.

OUT-OF-HOME PLACEMENT COSTS CARE AND SUPPORT ONLY



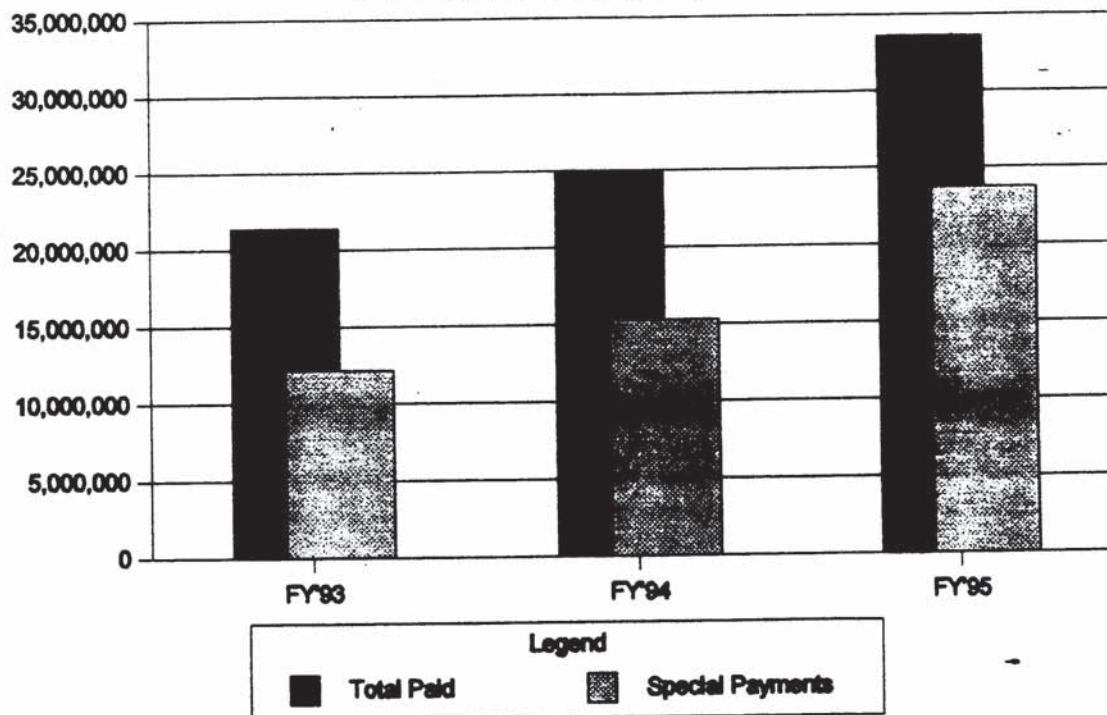
PRIVATE CHILD CARE PAYMENTS
STATE FISCAL YEARS 93, 94 AND 95

	Total Paid	Special Payments	% Special of Total
FY 93	\$21,360,959	\$12,184,640	57.04%
FY 94	\$24,884,332	\$15,285,219	61.43%
FY 95	\$33,577,296	\$23,713,979	70.63%

Total payment is total Care and Support from final financial report for each year.

PRIVATE CHILD CARE PAYMENTS

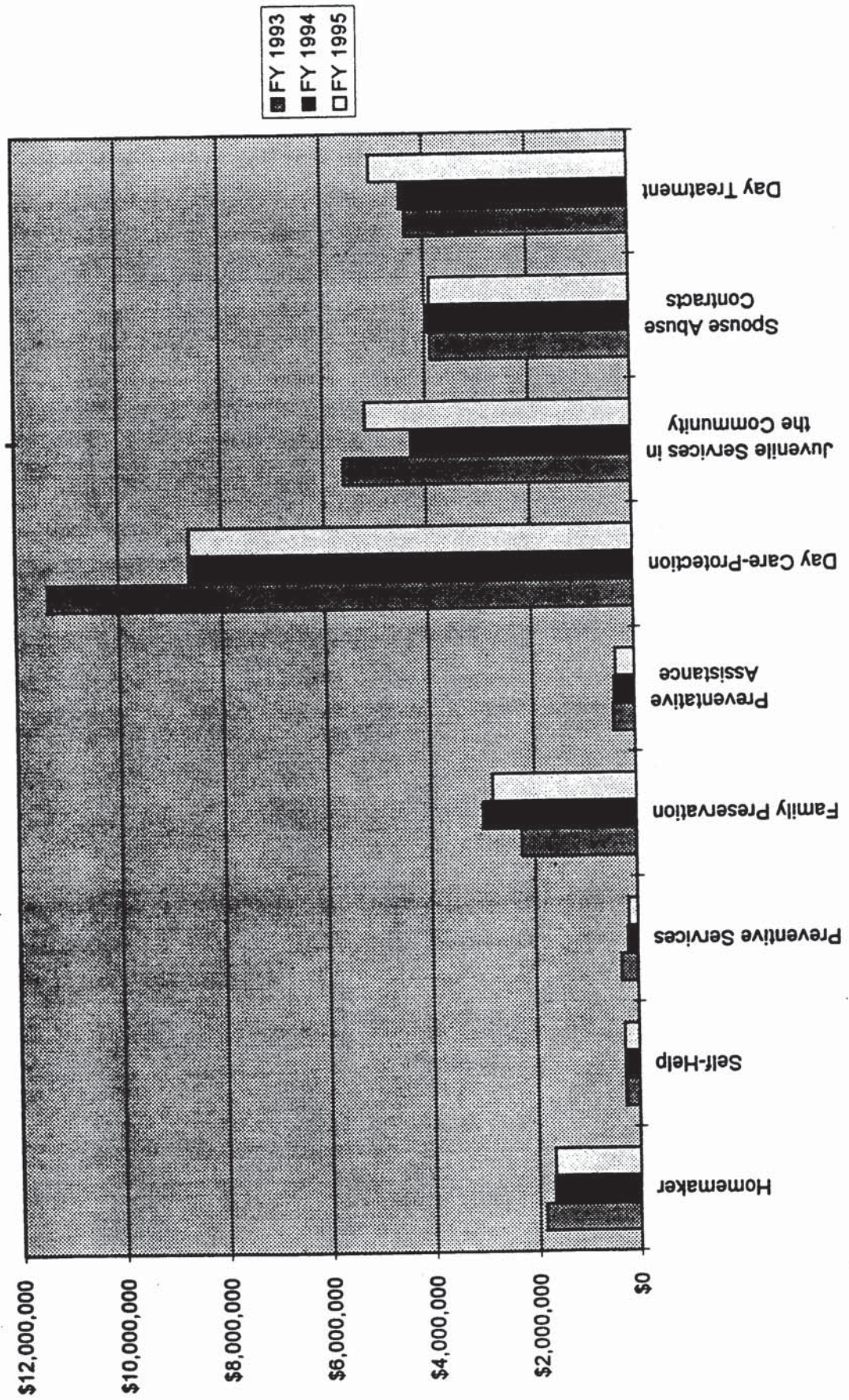
State Fiscal Years 93, 94 and 95



PREVENTIVE SERVICE EXPENDITURES 1993-1995

	FY 1993	FY 1994	FY 1995
Homemaker	\$1,877,000	\$1,708,000	\$1,686,000
Self-Help	\$275,000	\$279,700	\$287,000
Preventive Services	\$333,000	\$207,000	\$181,000
Family Preservation	\$2,254,000	\$2,996,000	\$2,806,000
Preventative Assistance	\$434,000	\$415,000	\$370,000
Day Care-Protection	\$11,383,000	\$8,625,000	\$8,613,000
Juvenile Services in the Community	\$5,598,900	\$4,281,000	\$5,167,000
Spouse Abuse Contracts	\$3,880,000	\$3,970,000	\$3,895,000
Day Treatment	\$4,354,000	\$4,450,000	\$5,033,000

PREVENTIVE SERVICE EXPENDITURES 1993-1995



PRESENTATION FOR
OUT-OF-HOME
PLACEMENT TASK
FORCE
SEPTEMBER 11, 1996

EXPENDITURES PER FY 1995 COMMITTED CHILD REPORT

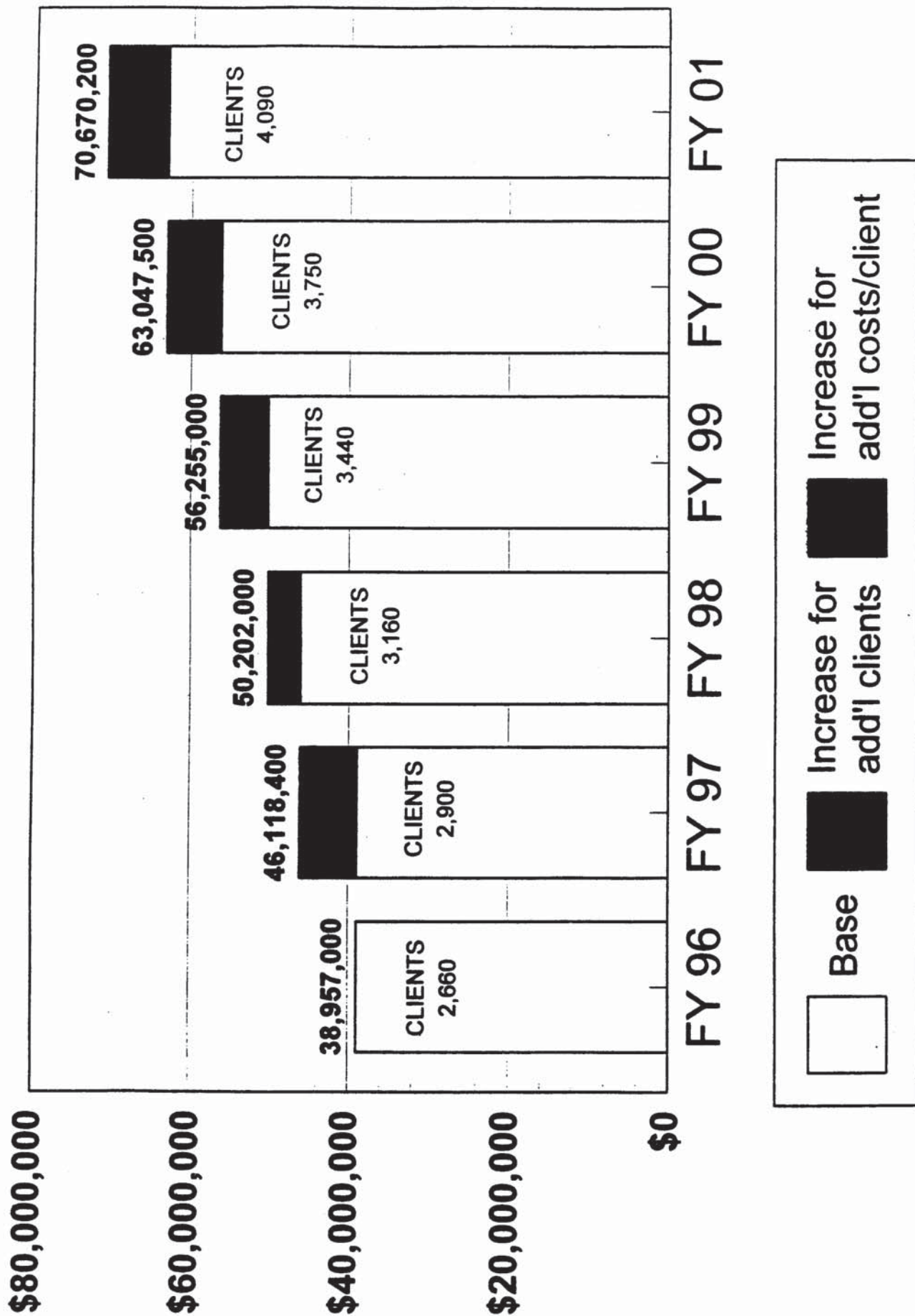
	PRIVATE CHILD CARE	ADOPTION	GROUP HOME	RESIDENTIAL	CLINICAL	FOSTER CARE
Salaries	\$586,227	\$3,056,164	\$3,551,148	\$16,530,925	\$1,576,434	\$13,862,139
Operating	\$65,148	\$226,008	\$620,372	\$2,983,693	\$164,271	\$1,724,191
Administrative	\$50,356	\$275,192	\$319,580	\$1,494,622	\$135,798	\$1,051,392
Training	\$0	\$1,143	\$126,376	\$581,782	\$208,967	\$5,991,341
Care and Support	\$34,134,816	\$5,275,876	\$2,023,528	\$3,510,465	\$2,125,808	\$23,758,184
TOTAL	\$34,836,547	\$8,834,383	\$6,641,004	\$25,101,487	\$4,211,278	\$46,387,247
PER CHILD:						
Care & Support	\$13,990	\$3,829	\$6,700	\$3,653	\$4,581	\$4,342
Total	\$14,277	\$6,411	\$4,819	\$26,120	\$9,076	\$8,477

NOTES:

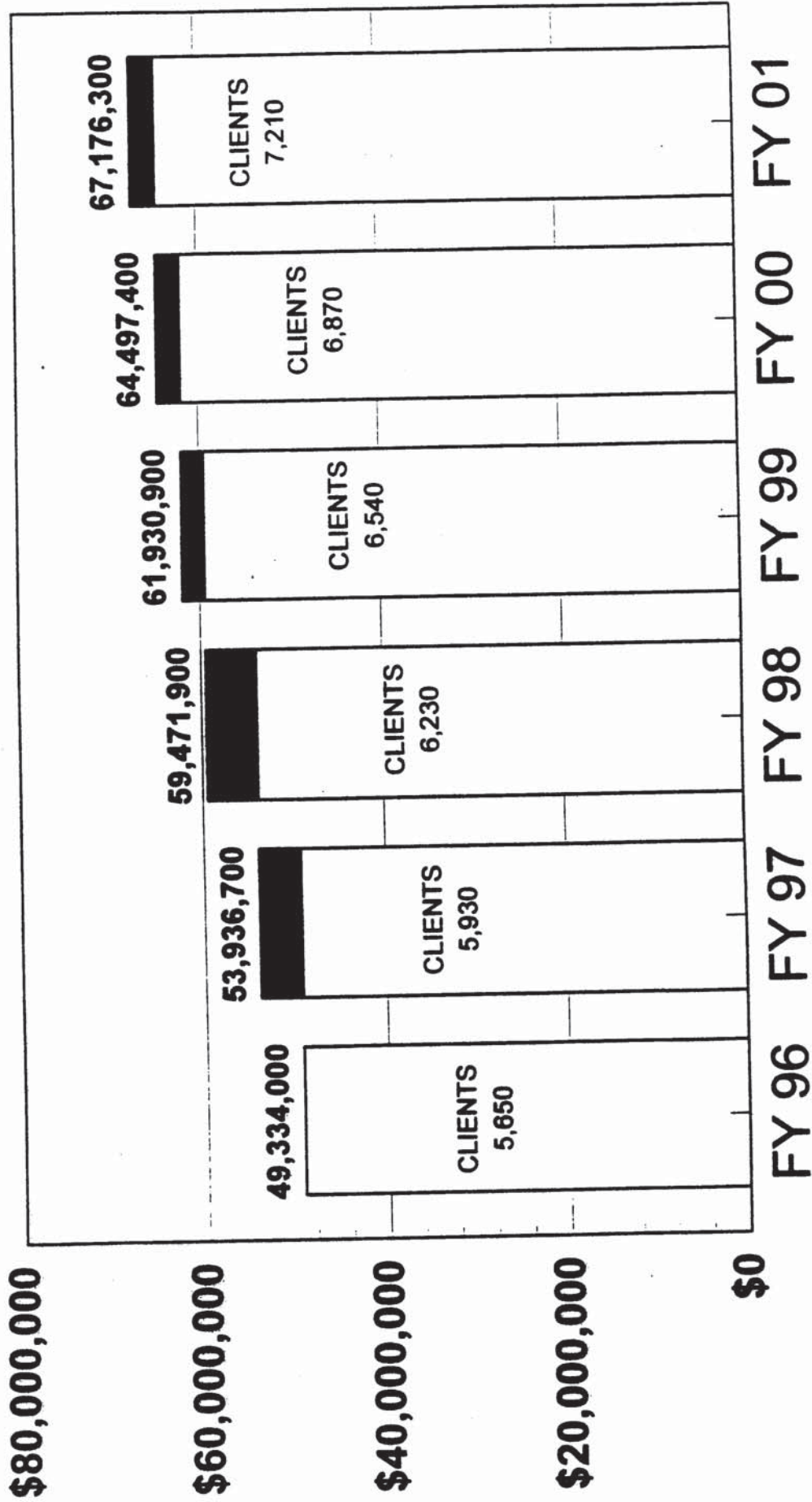
The average cost per care and support for adoption is based on the children receiving subsidies. The average total cost is based on all children receiving adoption services.

The average cost for clinical services is based on the client count from the Biennial Budget Request. The cost only reflects DSS payments for psychiatric hospital when Medicaid has decertified committed children.

PRIVATE CHILD CARE



FOSTER CARE

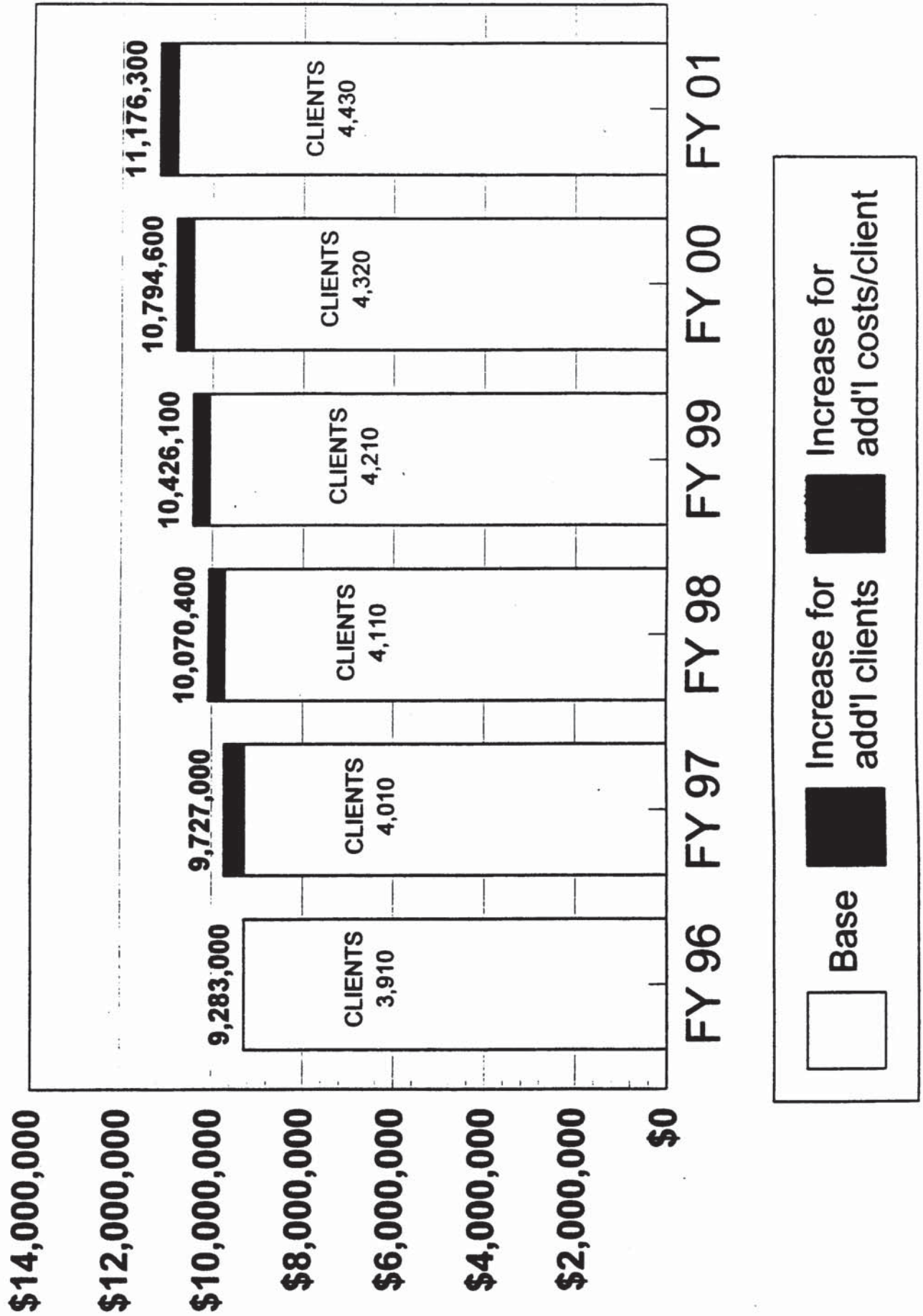


Base

Increase for add'l clients

Increase for add'l costs/client

ADOPTIONS



DEPARTMENT FOR SOCIAL SERVICES - SUBSIDY PROGRAMS

	BASE EXPENDITURES	INCREASE FOR ADDITIONAL CHILDREN	INCREASE FOR ADDITIONAL COST PER CHILD	TOTAL EXPENDITURES	CLIENTS
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PRIVATE CHILD CARE

FY 96	\$38,957,000	\$0	\$0	\$38,957,000	2,660
FY 97	\$38,957,000	\$3,408,400	\$3,753,000	\$46,118,400	2,900
FY 98	\$46,118,400	\$3,715,200	\$368,400	\$50,202,000	3,160
FY 99	\$50,202,000	\$4,049,500	\$2,003,500	\$56,255,000	3,440
FY 00	\$56,255,000	\$4,414,000	\$2,378,500	\$63,047,500	3,750
FY 01	\$63,047,500	\$4,811,200	\$2,811,500	\$70,670,200	4,090

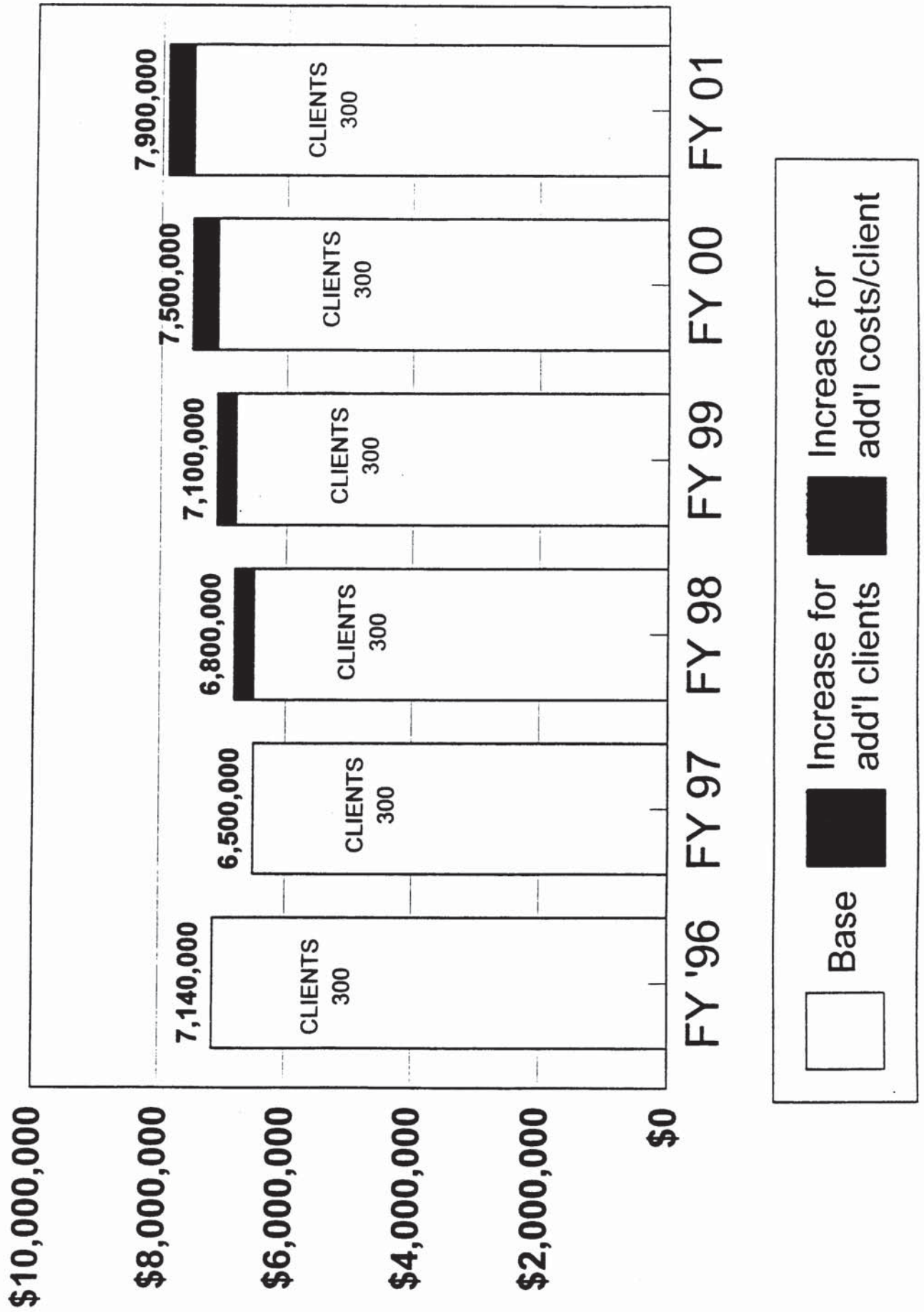
FOSTER CARE

FY 96	\$49,334,000	\$0	\$0	\$49,334,000	5,650
FY 97	\$49,334,000	\$1,252,500	\$3,350,200	\$53,936,700	5,930
FY 98	\$53,936,700	\$1,315,100	\$4,220,100	\$59,471,900	6,230
FY 99	\$59,471,900	\$1,380,900	\$1,078,100	\$61,930,900	6,540
FY 00	\$61,930,900	\$1,449,900	\$1,116,600	\$64,497,400	6,870
FY 01	\$64,497,400	\$1,522,400	\$1,156,500	\$67,176,300	7,210

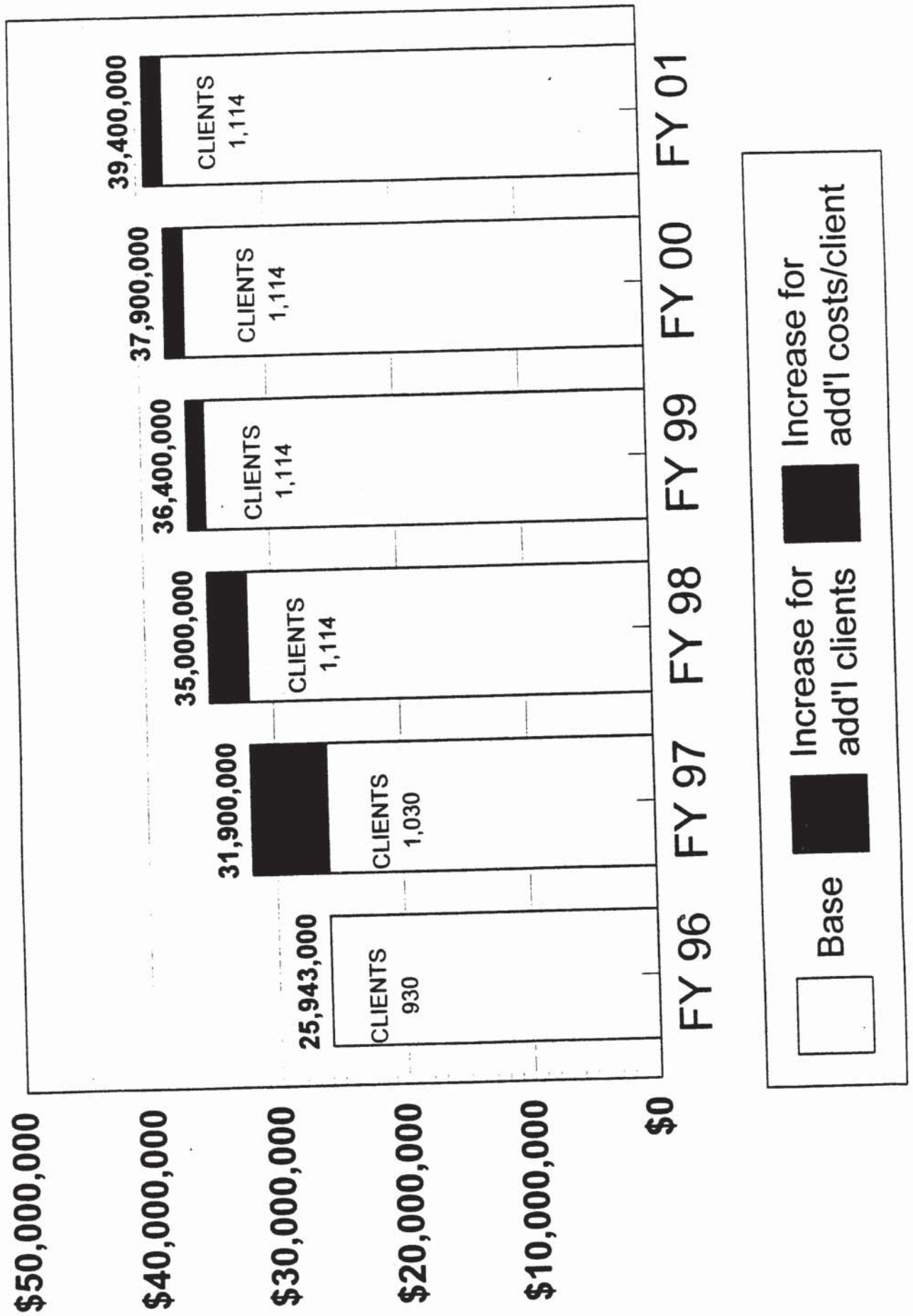
ADOPTIONS

FY 96	\$9,283,000	\$0	\$0	\$9,283,000	3,910
FY 97	\$9,283,000	\$232,100	\$211,900	\$9,727,000	4,010
FY 98	\$9,727,000	\$237,900	\$105,500	\$10,070,400	4,110
FY 99	\$10,070,400	\$243,800	\$111,900	\$10,426,100	4,210
FY 00	\$10,426,100	\$249,900	\$118,600	\$10,794,600	4,320
FY 01	\$10,794,600	\$256,200	\$125,500	\$11,176,300	4,430

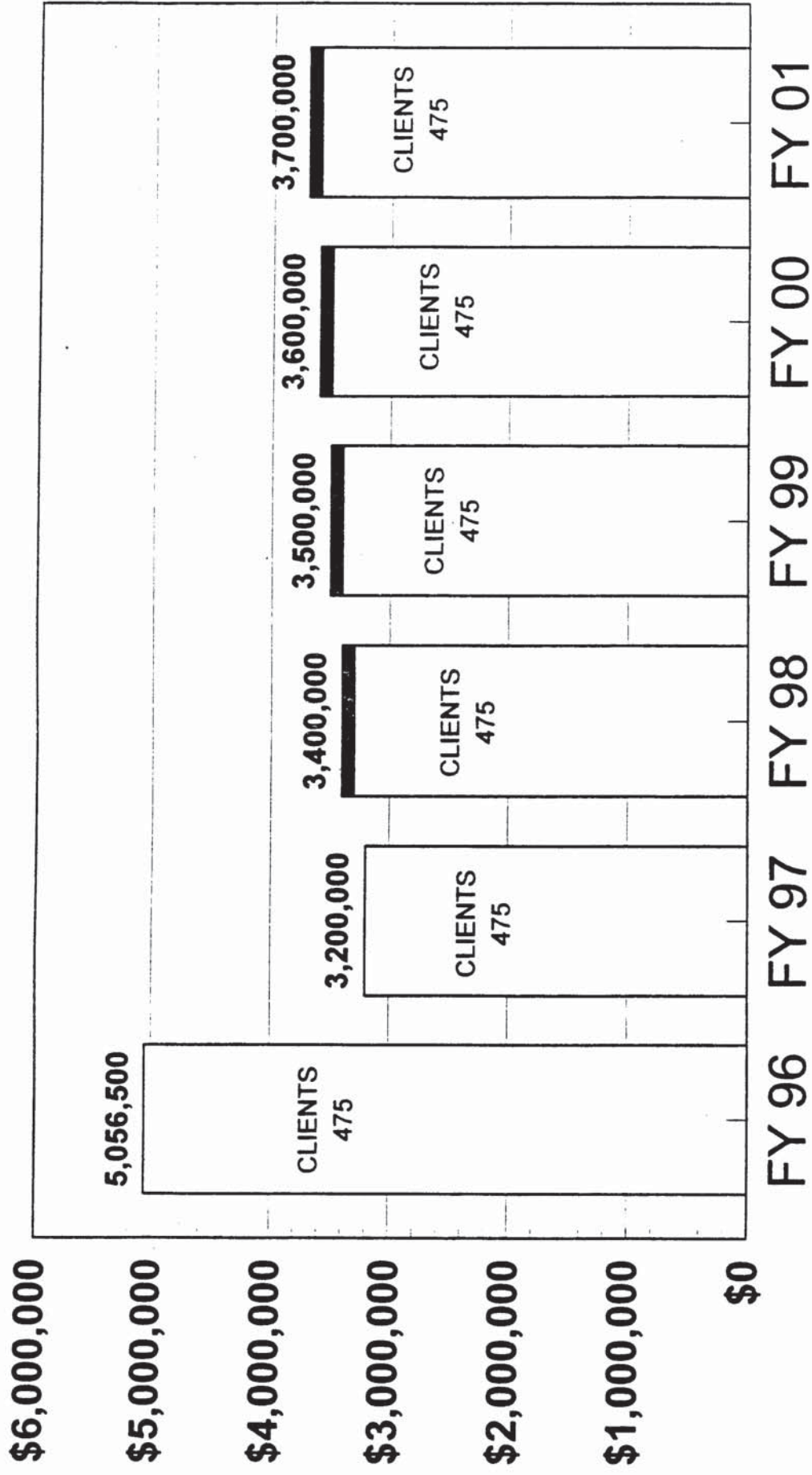
GROUP HOMES



RESIDENTIAL FACILITIES



CLINICAL



DEPARTMENT FOR SOCIAL SERVICES - YOUTH SERVICE PROGRAMS

	BASE EXPENDITURES	INCREASE FOR ADDITIONAL CLIENTS	INCREASE FOR ADDITIONAL COST PER CLIENT	TOTAL EXPENDITURES	CLIENTS
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GROUP HOME

FY 96	\$7,140,000	\$0	\$0	\$7,140,000	300
FY 97	\$6,500,000	\$0	\$0	\$6,500,000	300
FY 98	\$6,500,000	\$0	\$0	\$6,800,000	300
FY 99	\$6,800,000	\$0	\$300,000	\$7,100,000	300
FY 00	\$7,100,000	\$0	\$300,000	\$7,500,000	300
FY 01	\$7,500,000	\$0	\$400,000	\$7,900,000	300

RESIDENTIAL

FY 96	\$25,943,000	\$0	\$0	\$25,943,000	930
FY 97	\$25,943,000	\$2,335,300	\$3,621,700	\$31,900,000	1,030
FY 98	\$31,900,000	\$2,619,200	\$480,800	\$35,000,000	1,114
FY 99	\$35,000,000	\$0	\$1,400,000	\$36,400,000	1,114
FY 00	\$36,400,000	\$0	\$1,500,000	\$37,900,000	1,114
FY 01	\$37,900,000	\$0	\$1,500,000	\$39,400,000	1,114

CLINICAL

FY 96	\$5,056,500	\$0	\$0	\$5,056,500	475
FY 97	\$3,200,000	\$0	\$0	\$3,200,000	475
FY 98	\$3,200,000	\$0	\$200,000	\$3,400,000	475
FY 99	\$3,400,000	\$0	\$100,000	\$3,500,000	475
FY 00	\$3,500,000	\$0	\$100,000	\$3,600,000	475
FY 01	\$3,600,000	\$0	\$100,000	\$3,700,000	475

LA FUNDITURES PER F I 1999 COMMUNITIED CHILD REPORT I

Family Type	Number of Homes		Total Families	Percent of Homes	
	Where All Parents Work			Where All Parents Work	
Single Parent	328		459	71.46%	
Two Parent	566		1,177	48.09%	
Overall Total	894		1,636	54.65%	

APPENDIX K

DESCRIPTION OF FAMILY FOSTER CARE

Regular Foster Care

Qualifications-Foster parents must complete 30 hours of preparation. This is the "Group Preparation and Selection of Foster and/or Adoptive Parents (often called GPS or MAPP) which is a nationally recognized program that helps prepare families to work in partnership with the Department to parent foster and adoptive children. In addition to completing the 30 hours of preparation, foster parents must meet the following qualifications:

- Applicants must be at least 21 years of age.
- Applicants and family members must be in good physical and mental health. This requires a statement from a physician.
- Applicants are expected to have an income sufficient to meet their present family needs and to insure stability of the family unit.
- Applicants may be married or single.
- Applicants must provide at least three references and shall authorize the release of criminal records to the Department. In addition to the criminal record search, a check of the child/spouse abuse registry shall be completed.

Types of Children-Children placed in foster care are between the ages of 0-21 years. Most of these children have been abused, neglected, emotionally maltreated, exploited or sexually abused.

Annual Training Requirements-Regular foster parents must complete six hours of training annually. Failure to comply with the training requirement may result in closure of the foster home.

Per Diem Rate for Regular Foster Home

AGE	BASE RATE	SIBLING INCENTIVE
0-4	\$10.00	\$1.50
5-12	\$10.75	\$1.50
13+	\$12.25	\$1.50

Special Needs

Qualifications -Besides meeting the requirements of a regular foster home, parents approved as special needs must complete an additional 24 hours of training.

Types of Children-Special needs children are those with multiple or severe problems. The following conditions may qualify a child to be special needs:

- a. Medical disability, physical handicaps, special dietary need (prescribed by a physician), birth defects, chronic illness
- b. Mental retardation diagnosed by a qualified professional.
- c. Emotional or behavioral disturbances evaluated by a qualified professional, or
- d. Other circumstances or added evidence that ordinary care with base rate reimbursement does not meet the needs of the child.

Annual Training Requirements-Special Needs Foster Parents shall receive a minimum of 12 hours of training per year. Failure to meet the ongoing training requirements ends the family's approval for the Special Needs training incentive.

Per Diem Rate Schedule for Special Needs

AGE	SPECIAL NEEDS	SPECIAL NEEDS TRAINING INCENTIVE
0-4	\$12.50	\$14.50
5-12	\$13.75	\$15.75
13+	\$15.25	\$17.25

If children are classified as special needs, the per diem is increased by \$3.00. In addition, if the foster home is approved as a special needs home, the parents receive a training incentive of \$2.00 per day.

MEDICALLY FRAGILE

Qualifications-Foster parents who care for medically fragile children shall meet the same requirements as foster parents in regular care and special needs foster homes. Both foster parents shall not be employed outside the home. At least one shall be in the home as the responsible caretaker. In addition to the initial training requirement, they are required to have additional training in the areas of: Growth and Development; Nutrition; Medical Disabilities; Current Certification in CPR; and Current Certification in First Aid.

Medically fragile foster parents are approved based on the above criteria. However, prior to placement of a medically fragile child and the payment of the fragile rate, the foster parent shall also be trained in the techniques of caring for the specific fragile child to be placed.

Types of Children -Children who have a condition, as documented by a physician, which can become unstable and can change abruptly, resulting in a life threatening situation may be considered medically fragile. A child with one or more of the following diagnoses may be considered medically fragile. This list is not inclusive.

- a. uncontrollable diabetes, the child's diabetes cannot be effectively controlled by either medication or diet and as result, other body functions are effected so that the child

- may, at any time, go into a coma,
- b. a child who requires the use of a monitor, apnea, oxygen, or cardiac;
- c. neurological or physical impairments to a degree that the child is nonambulatory and requires 24 hour care;
- d. feeding problems that require nasal gastric or gastrostomy tubes because of a condition associated with low birth weight, often a genetic condition;
- e. tracheotomy requiring frequent suctioning and changing;

Annual Training Requirements -Participation in 24 hours of ongoing training is required annually. Failure to meet the training requirement ends the family's approval for the medically fragile rate.

Rate- The medically fragile rate is a flat rate paid to foster parents approved to care for children identified as medically fragile. **The rate is \$30.25.**

The medically fragile rate is paid only while the child meets the agency's definition of medically fragile.

Family Treatment Home

Qualifications -Family Treatment Home is a remedial care program for acting out, troubled children and youth. Family treatment homes allow a child to live in the least restrictive environment where the foster parent, role-model is trained to implement planned, remedial supervision and care leading to positive changes in the child's behavior.

Prior to approval, both parents shall complete the 24 hour family treatment home training in addition to meeting the training requirements of the regular foster home. At least one parent shall be in the home as the responsible caretaker.

Types of Children-Family Treatment Homes serve children and youth who: Have serious emotional problems; are due to be released from treatment facilities; display aggressive or destructive behaviors or other disruptive behaviors; are at risk of being placed in more restrictive settings; are at risk of being institutionalized; or have experienced numerous placement failures.

Annual Training Requirements -Family Treatment Home parents are required to receive 24 hours of ongoing training per year. Failure to meet the ongoing training requirements ends the family's approval for the Family Treatment Home rate.

RATE-The family treatment home rate is a flat rate paid to foster parents who have completed the 24 hour initial Family Treatment Home training.

Family Treatment Home Per Diem

DURING THE FIRST YEAR OF PARTICIPATION IN THE PROGRAM	UPON COMPLETION OF A POSITIVE ANNUAL RE-EVALUATION	AT THE END OF THE SECOND YEAR AND EACH SUBSEQUENT YEAR (COMPLETION OF A POSITIVE ANNUAL REEVALUATION IS REQUIRED)
\$26.25	\$28.25	\$30.25

High Risk Supplement Program

Qualifications -The high risk supplement program is for children in placements with per diems over \$100.00 and for whom a suitable foster family has been located.

The foster parents participating in the program must be approved as Special Needs foster parents. They must have child specific training to meet the child's needs as outlined in the Treatment Plan. In addition, they must meet monthly with a qualified professional and discuss behavior management specific to the high risk child in their home.

Types of Children-Children eligible for this program must have experienced four or more placement disruptions or psychiatric hospitalization. The children must presently be participating in a mental health intervention program and must score 24 points on the high risk behavior scale.

Annual Training Requirements-They must meet the 12 hours of training required for special needs. This training may be child specific as outlined in the treatment plan.

PER DIEM RATE SCHEDULE FOR THE HIGH RISK PROGRAM

Age	Base Rate	Special Needs	Special Needs Training Incentive	Sibling Incentive	High Risk Supplement
0-4 years	\$10.00	\$3.00	\$2.00	\$1.50	\$12.00- \$84.00
5-12 years	\$10.75	\$3.00	\$2.00	\$1.50	\$12.00- \$84.00
13+ years	\$12.25	\$3.00	\$2.00	\$1.50	\$12.00- \$84.00

The supplement will be negotiated at a meeting of the District's High Risk Supplement Committee. It is developed by determining the services needed by the child and the activities/services required from the foster parent. It includes the usual expenses that foster parents are ordinarily reimbursed for and may also include a variety of services for the child or the foster parent. These expenses may include: allowances, incidentals, room and board, baby sitting, tutoring, counseling, school expenses, respite, recreational coordinator, transportation, child specific training for the foster parent and others as identified.

Emergency Shelter

Qualifications -Emergency shelter parents care for children ages 12 and above who are in need of immediate, unplanned placement for less than 30 days and for whom no other appropriate resources are available. Emergency shelter foster parents shall meet the same requirements as foster parents in regular foster care. In addition, they shall complete 10 hours of training. One parent shall be in the home as the primary responsible caretaker.

Type of Children -Children ages 12 and above. These children can be classified as regular, special needs, family treatemnts home or may have been involved in the high risk program. Emergency Shelters are used when no other appropriate home is available.

Annual Training Requirements -Emergency Shelter Foster Parents shall receive 10 hours of training per year. Failure to meet the ongoing training requirements ends the family's approval as an emergency shelter.

RATE-The emergency shelter rate is a flat daily rate paid to foster parents. The rate is \$21.25.

Relative Foster Home

A relative may be approved as a foster home for the placement of a specific child when it is in the best interest of the child and when the relative has met the same requirements as foster and adoptive homes.

TYPES OF FOSTER CARE

- ◆ Regular
- ◆ Special Needs
- ◆ Medically Fragile
- ◆ High Risk
- ◆ Family Treatment Home

APPENDIX L

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TASK FORCE ON CHILDREN IN PLACEMENT

Meeting No. 5

TIME:	10:00 a.m.
DATE:	October 9, 1996
PLACE:	Room 129, Capitol Annex

- I. **Call to Order and Roll Call**
- II. **Approval of the Minutes**
- III. **Chairmen's Remarks**
- IV. **Listen to the Children: A Description of the Children Served and Their Educational Needs**

Dr. Osa Coffey

External Evaluator

Kentucky Educational Collaborative for State Agency Children

- V. **Funding Educational Programs for Children in Placement**

Tom Willis

Associate Commissioner

Office of District Support Services

Department of Education

- VI. **KECSAC's (Kentucky Educational Collaborative for State Agency Children) Role in Educating Children**

Dr. Bruce Wolford

Executive Director

Kentucky Educational Collaborative for State Agency Children

Next meeting date: November 13, 1996

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VII. **Applicability of the Individuals with Disabilities Education Act on Educating Children in Placement**

Lois Adams-Rodgers
Deputy Commissioner
Learning Support Services
Department of Education

VIII. **Local School District's Perspective on Educating Children in Placement**

Betty Brewer
Exceptional Children Supervisor
Wolfe County Schools

Mary Ann Bueso
Exceptional Children Supervisor
Hardin County Schools

Judith Lovelace
Jefferson County Public Schools

IX. **Other Business**

X. **Adjournment**

Next meeting date: November 13, 1996
