Moving Forward: What is on the Horizon for DCBS and Where Do You Fit In

Adria Johnson, Commissioner
Department for Community Based Services
September 18, 2017
Today’s Presentation

Outline/Content
- Agency Orientation
- Statistics/Context
- Reform Efforts
- Group Activity

Takeaways
- List three factors negatively impacting the delivery of Child Protective Services (CPS) in Kentucky
- Identify two strategies for improving outcomes
- Identify opportunity to enhance partnership with DCBS
The Cabinet for Health and Family Services (CHFS) is the primary state agency responsible for protecting and promoting the well-being of Kentuckians through the delivery of health and human services. From birth (certificates) to death (certificates) and everything in between, someone in Kentucky utilizes a service provided by CHFS.

- CHFS is the largest cabinet in state government.
- More than 400 locations with at least one Department for Community Based Services’ office in each county
- 7,200 full-time employees and around 2,500 contractors
- Employees are located in all 120 Kentucky counties.
- CHFS budget is approximately $13 billion – 42% of the total state operating budget of $42 billion.
Department for Community Based Services

— 6 Separate Divisions within DCBS:
  — Division of Service Regions
  — Division of Child Care
  — Division of Administration and Financial Mgmt.
  — Division of Protection and Permanency
  — Division of Family Support
  — Division of Program Performance
— A Central Office leadership team including the Commissioner, Deputy Commissioner and approximately 12 other staff
— Approximately 4,500 employees statewide
The mission of the Department for Community Based Services is to build an effective and efficient system of care with Kentucky’s citizens and communities to:

- Reduce poverty, adult and child maltreatment and their effects;
- Advance person and family self-sufficiency, recovery and resiliency;
- Assure all children have safe and nurturing homes and communities; and
- Recruit and retain a workforce and partners that operate with integrity and transparency.
Eligibility determinations for Medicaid and health insurance affordability options
Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program)
State Supplementation Program for persons who are aged, blind or have a disability
Temporary Assistance for Needy Family Block Grant (K-TAP, KY Works, supportive services);
Child Care Assistance Program
Low Income Home Energy Assistance Program (LIHEAP)
Child maltreatment prevention
Child protective services
Foster care and public agency adoption

Chafee Foster Care Independence Program and Educational and Training Voucher
Community Services Block Grant and standards for Kentucky’s Community Action Network
Family Violence Prevention and Services Grant and regulation of state-funded domestic violence shelters
Adult protective services, general adult services and alternate care services
Designation of the state Rape Crisis Centers and Children’s Advocacy Centers
Regulation of day care, private child care and domestic violence batterer intervention providers
Child care provider professional development and quality-rating system
DCBS Budget Facts

Of the $1,025,695,674 in DCBS expenditures for SFY 16:

- 54% Protection and Permanency programs
- 32% Family Support programs
- 10% Child Care programs

Grants/Loans/Benefits make up 62% of expenditures.

Funding for SFY 16 was $1,025,695,674. Federal funds make up 48% of all funds.

Protection and Permanency programs expend 66% of DCBS’ $399,157,400 in General Funds.
Total Kentucky Population: 4.4 million

Kentucky Families: 1.75 million; 818,000 in poverty
- Families Receiving Child Care Subsidy: 15,074 (June 2017)
- Households receiving SNAP: 305,204 (July 2017)
- Families on KTAP: 17,344 (July 2017)

Kentucky Children: 1 million; 365,000 in poverty
- Children Involved in CPS Report Findings: 30,594 (8/1/16-7/31/17)
- Children on KTAP: 31,019 (July 2017)
- Children in Out-of-Home Care: 8,508 (Aug. 6, 2017)
DCBS Accreditation

- Initially accredited in 2002 – remain accredited presently
- Currently completed accreditation cycle
- One of only very few public statewide agencies to be accredited (e.g., Illinois and Tennessee)
- Final re-accreditation decision is expected soon

Flowchart:
1. Application/Agreement
2. Intake/Assessment
3. Self-Study
4. Site Visit
5. PCR Report
6. Decision
7. Maintenance
DCBS Child Welfare DATA
Caseloads
August 28, 2017

Child Protective Services Caseload
- CPS Current Cases – 7,504
- CPS Past Due Cases – 5,028
- CPS Ongoing Request/Agency Cases – 14,334
- Total CPS Staff – 1,204
- CPS Staff Not at Capacity - 253
- Average Statewide CPS Caseload Range – 18 to 28

Recruitment and Certification
- Total Caseload – 5,394
- Total R&C Staff - 115
- Average Statewide Caseload - 4
CPS Fact Sheet  
August 1, 2016 to July 31, 2017

• 133,383 – Intakes/Suspected Maltreatment Reported
• 56,566 – Intakes Meeting Acceptance Criteria
• 14,789 - Substantiations
• 1,692 – Families Needing Services Findings (no perp)

In substantiations and findings:
  — Family violence directly contributed in ~21%;
  — Substance abuse directly contributed in ~42%; and
  — Mental health directly contributed in ~11%
Children in Reports with a Substantiated or Services Needed Finding and a Foster Care/Ongoing Case Disposition

- 2,110 or 51.5% had substance abuse identified as a directly contributing factor.
- 172 (4.2%) had substance abuse identified as an indirectly contributing factor.
- It was identified as a risk factor in 643 (15.7%) of the time.
- Substance abuse was a case characteristic* 71.4% of the time.

Source(s): 272 July 2016 – June 2017

*Case characteristic means it was identified as a contributing factor OR risk factor
## Youth entering Out of Home Care by age group - SFY 2011 - SFY 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
<th>% change '12-'17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborns (0-4 weeks)</td>
<td>320</td>
<td>372</td>
<td>396</td>
<td>386</td>
<td>417</td>
<td>448</td>
<td>2339</td>
<td>40.0%</td>
</tr>
<tr>
<td>Infants (4 weeks - 1yr)</td>
<td>439</td>
<td>469</td>
<td>505</td>
<td>497</td>
<td>462</td>
<td>482</td>
<td>2854</td>
<td>9.8%</td>
</tr>
<tr>
<td>Toddlers (1-3yrs)</td>
<td>680</td>
<td>729</td>
<td>745</td>
<td>681</td>
<td>733</td>
<td>759</td>
<td>4327</td>
<td>11.6%</td>
</tr>
<tr>
<td>Preschoolers (4-6yrs)</td>
<td>855</td>
<td>949</td>
<td>929</td>
<td>836</td>
<td>839</td>
<td>841</td>
<td>5249</td>
<td>-1.6%</td>
</tr>
<tr>
<td>School-aged Children (6-13yrs)</td>
<td>1437</td>
<td>1544</td>
<td>1636</td>
<td>1508</td>
<td>1543</td>
<td>1696</td>
<td>9364</td>
<td>18.0%</td>
</tr>
<tr>
<td>Adolescents (13-17yrs)</td>
<td>1602</td>
<td>1522</td>
<td>1629</td>
<td>1612</td>
<td>1599</td>
<td>1674</td>
<td>9638</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5333</td>
<td>5585</td>
<td>5840</td>
<td>5520</td>
<td>5593</td>
<td>5900</td>
<td>33771</td>
<td>10.6%</td>
</tr>
</tbody>
</table>
As of August 6, 2017, there were 8,508 children in foster care.

The population has been increasing steadily over the past 5 years.

Since 2012, there has been a 18% increase in the number of children in foster care (1,318 more children).

On average, an increase of 20 additional children each month is realized.
Comparison of Children Entering and Exiting Foster Care Over Time
Entries into and Exits from Foster Care Over Time

<table>
<thead>
<tr>
<th>Year</th>
<th>Entries</th>
<th>Exits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>5460</td>
<td>5515</td>
</tr>
<tr>
<td>2009</td>
<td>5086</td>
<td>5308</td>
</tr>
<tr>
<td>2010</td>
<td>5140</td>
<td>5198</td>
</tr>
<tr>
<td>2011</td>
<td>5139</td>
<td>5365</td>
</tr>
<tr>
<td>2012</td>
<td>5507</td>
<td>5131</td>
</tr>
<tr>
<td>2013</td>
<td>5761</td>
<td>5312</td>
</tr>
<tr>
<td>2014</td>
<td>5635</td>
<td>5375</td>
</tr>
<tr>
<td>2015</td>
<td>5479</td>
<td>5367</td>
</tr>
<tr>
<td>2016</td>
<td>5558</td>
<td>5440</td>
</tr>
</tbody>
</table>
CPS Intake Fact Sheet August 1, 2016 – July 31, 2017:
• African-American children and bi-racial children make up 8.37% and 8.28% of children in substantiated and services needed findings.

Racial Disproportionality Quality Report Statewide – April 2017:
• African-American and bi-racial children make up 9% and 2% of the Census child population in Kentucky, but 12.1% and 5.8% of the children entering foster care in Kentucky.
• African-American and bi-racial children are 13.8% and 5.7% of children exiting foster care to emancipation.
Children in Foster Care by Placement Type

• The majority of children in foster care are in Private Child Placing (PCP) and DCBS foster homes. These placement types make up approximately 80% of all placements, with 45% in PCP therapeutic foster homes followed by 35% in DCBS foster homes.
• 12% of children are in Private Child Caring (PCC) residential facilities.
• 4% are in a relative placement.
• The remaining 4% are placed in detention centers, psych hospitals, or in an independent living or education setting*.

Source(s): Foster Care Fact Sheet, June 2017

*Note: There are an additional 217 children not represented in these data due to newly added resource types in TWIST have not been categorized for inclusion in the Foster Care Fact Sheets. These include; Trial Home Visits, AWOL, DJJ and SCL placements.
• 60.5% of children in care has a permanency goal of return to parent.
• 33.3% has a goal of adoption.
• The remaining 6.2% has case plan goals of Emancipation, Planned Permanent Living Arrangement (PPLA), or Permanent Relative Placement.

*Excludes children incomplete case plans and/or missing “permanency goal”.
• 2,675 children have a goal of adoption.
• 1,294 have a TPR.
• 883 are going to be adopted by foster parent(s).
• 411 have no identified adoptive family.
Adoptions Achieved over the Last 5 Years

- The number of children adopted has increased steadily every year since 2012.
- In 2012, just over 700 children were adopted.
- Over 1,135 were adopted last year (approximately 60% increase).
Barriers to Achieving Timely Permanency for Children in Foster Care

- Availability and accessibility of services to families and relatives
- Difficulty locating absent parents or establishing paternity
- Court processes and delays
- High caseloads and staffing shortages for DCBS and CHFS attorneys
- Inconsistencies among private child-placing agencies’ foster home approvals
- Complex case considerations, such as sibling separation issues, late relative identifications and placement instability.
- Obtaining and providing appropriate treatment for children in foster care
System Challenges

- The average age of a child entering out-of-home care has decreased each year from 7.4 years of age in 2011 to 6.8 years of age in 2016.
- African-American and multi-racial children are over-represented in out-of-home care compared to Kentucky’s overall child population.
- Race/ethnicity of foster parents in DCBS’ pool of available resource homes does not reflect the race/ethnicity of the overall out-of-home care population.
- Timeliness of foster and adoptive home approvals and retention of approved homes are both lacking.
• DCBS staff have been asked to take on additional responsibilities.
• Resources available for recruitment have diminished (such as, advertising and materials).
• Budget reductions absorbed by DCBS since the national recession have not been restored.
• As a result, DCBS is increasingly placing younger children and children with less intensive care needs with private child-placing agencies and utilizing foster homes that should be reserved for therapeutic foster care.
Strengths:
• Positive work with foster and adoptive resources (can be leveraged to increase support of relative caregivers)
• Current work towards developing performance-based contracting model aimed to improve individualized services for families

Areas Needing Improvement:
• Monitoring and servicing In-Home cases
• Assessing and supporting relative caregivers
• Ensuring family-centered practice throughout the child welfare system – agency, provider, courts
• Permanency planning
• Functioning Continuous Quality Improvement (CQI) system
• Ensuring adequate workforce – recruitment, retention, training
“We want Kentucky to be the absolute best model for foster care in the United States...”
- Governor Bevin
Red Tape Reduction

As part of Governor Bevin’s Red Tape Reduction, DCBS has over 100 administrative regulations subject to internal review and public comment.

http://www.redtapereduction.com/
Since December 2015, multiple foster and adoption reform efforts have taken place:

• Training requirements have been streamlined and made consistent;
• DCBS staff have been trained in the Structure Analysis Family Evaluation (SAFE) national home evaluation methodology;
• Per diem rates for DCBS-approved foster and adoptive homes have increased by 6% starting on July 1, 2016;
• Per diem rates for private child-placing agencies increased 4% in 2014;
• Passing of Senate Bill 174 in 2016 Regular Session (i.e., reasonable and prudent parent) and House Bills 180 and 192 from the 2017 Regular Session (i.e., fictive kin and foster youth operator’s license);
• Three Branch Institute to Improve Child Safety and Reduce Child Fatality
Reform Efforts
(Continued)

- More intensive outreach to faith-based communities;
- DCBS service regions have been meeting to align regional practices to be more consistent across the state;
- Database enhancements for Protection and Permanency workers are underway and the new platform will be completed in 2017;
- Wendy’s Wonderful Kids recruiters are now being hired to enhance DCBS adoption services;
- Title IV-E Waiver (START, KSTEP) and Project SafeSpace;
- Efforts to modernize workforce (i.e., new technologies, shift work, rapid response teams) and increase leadership presence in field;
- Multiple efforts are underway by Commissioner Johnson to improve relationships with community partners, providers and other state agencies.
Building Bridges Initiative Mission

To identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community-and residentially-based treatment and service providers, advocates and policymakers to ensure that comprehensive services and supports are family-driven, youth guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed and consistent with the research on sustained positive outcomes.
Race Community and Child Welfare (RCCW) Initiative is a statewide effort to eliminate disproportionality and disparities in outcomes for children of color in the child welfare system. Local advisory boards in five targeted counties are made up of community partners, residents and DCBS staff that review local child welfare and juvenile justice data for their community and develop and implement action plans for improvement.
How Can You Help?

• Commit to equity for all children.
• Join the Local RCCW Board in your county.
• Learn how children of color in your community are faring by reviewing local data.
• Attend training on implicit bias and cultural humility.
• Become a foster/adoptive parent to a child or sibling group.
• Identify/develop resources in your community that support the safety and wellbeing of children.
• Mentor young parents.
• Hold support groups at your church or organization.
• Integrate Kentucky Strengthening Families Principles into your program.
• Hold a foster care informational meeting at your church or organization.
• Consider opening a visitation center at your church.
• Support legislation that addresses disproportionality and funding for relative caregivers.
Kentucky Fatherhood Initiative

- To incorporate fatherhood specific initiatives into current DCBS programming.
- Educate on the importance of fatherhood engagement in family programming and treatment.
- Bring public awareness to the positive implications of the presence of fathers and father figures in the lives of children in Kentucky.
- Currently working on a strategic plan to outline future work.
• House Workgroup on Adoptions (a.k.a., Adoptions Task Force)
• Program Review and Investigations Committee’s Foster Care and Public Agency Adoption Study (HR282 2016 Session)
• Dan Dumas (a.k.a., “Foster Care Czar”)
• Kentucky Youth Advocates
• Annie E. Casey Foundation Review
• 2018 Regular Session (Longer 60-Day, Budget Session)
Major Efforts in Other Program Areas Impacting Families and Community Engagement

Public Assistance/Work Force Development:

- Medicaid 1115 Waiver
- Child Care Assistance Program (CCAP) deployment on benefind
- Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) move to voluntary participation
- SNAP Grants to improve health of children and employment opportunities in Promise Zone and areas of Eastern Kentucky
Major Efforts in Other Program Areas Impacting Families and Community Engagement

Child Care:
• Race to the Top – Early Learning Challenge Grant: Transition to new tiered quality-rating system for publicly funded Early Care and Education Providers, All STARS
• Comprehensive background checks for child care staff members, namely Fingerprint-Based Criminal Checks
• Increasing the overall number of Licensed and Certified Child Care Providers and those accepting Children Receiving Subsidy
HOW CAN WE WORK TOGETHER?

“You have BRAINS in your HEAD, you have FEET in your SHOES, You can STEER yourself any DIRECTION YOU CHOOSE.”

- Dr. Suess
If you can’t fly, then run. If you can’t run, then walk. If you can’t walk, then crawl. But whatever you do, you have to keep moving forward.”

Martin Luther King Jr.