

**Child Fatality and Near Fatality External Review Panel**  
Kentucky Coalition Against Domestic Violence  
111 Darby Shire Circle  
Frankfort, KY 40601

Monday, February 11, 2019

**MINUTES**

**Members Present:** Judge Roger Crittenden, Chair; Dr. Jaime Pittenger, Prevent Child Abuse Kentucky; Deputy Commissioner Elizabeth Caywood, Department for Community Based Services, Cabinet for Health and Family Services (CHFS); Dr. Christina Howard, University of Kentucky, Department of Pediatrics; Betty Pennington, Family Resource and Youth Service Centers, CHFS; Dr. William Ralston, State Medical Examiner; Sharon Currens, Kentucky Coalition Against Domestic Violence; Lieutenant Scott Lengle, Kentucky State Police; Linnea Caldon, Citizen Foster Care Review Board, Dr. Henrietta Bada, Department of Public Health, CHFS, Angela Brown, State Child Fatality Review Team, CHFS, Hon. Dawn Blair, Assistant Hardin County Attorney; Emily Neal, as proxy for Dr. Melissa Currie, University of Louisville, Pediatric Forensic Medicine

**Welcome:**

*Judge Roger Crittenden*

Judge Crittenden welcomed panel members and staff to the meeting. The Panel welcomed new member, Hon. Dawn Blair, Assistant Hardin County Attorney, who replaced Hon. Jenny Oldham. Joel Griffith is the new full-time case analyst for the Panel. Dr. Christina Howard now represents UK Department of Pediatrics and Dr. Jaime Pittenger is the representative for Prevent Child Abuse Kentucky. Several panel members were unable to attend the meeting due to session, flight delays, and medical reasons. There was a brief discussion regarding changing the meeting dates to later day in the week. However, due to court scheduling the Panel agreed to keep the 2019 dates as previously scheduled. Panel members were reminded of the 2019 Meeting Dates; April 22<sup>nd</sup>, June 17<sup>th</sup>, September 9<sup>th</sup>, October 21<sup>st</sup> and keep October 22<sup>nd</sup> available in case another day is required.

**Child Welfare Transformation**

*Jennifer Warren, Executive Advisor, CHFS*

Kentucky is currently undergoing a child welfare transformation. The focus is not treating the symptoms but implementing a cure with the focus remaining on better outcomes for the family and child. Kentucky has the opportunity to change the system and the support is in place to implement this transformation. As of February, there were 9,810 children across the Commonwealth in out of home care. Kentucky currently has 5,121 total DCBS and PCP foster homes. Federal standards suggest three homes per every child in out of home care. Clearly, Kentucky's system is straining in this area. In Kentucky, it takes thirty-seven (37) months to permanency or adoption. For 2019, the average caseload per social worker is 29 cases, with 26 past due. In Jefferson County, the average case load is 50 per social worker. A manageable caseload is around 18-20.

CPS is reminded that there is a child on the other side of every decision made, every policy implemented, and every law passed who will either feel the benefit or the consequence. The three primary goals are; 1) Reduce caseloads, 2) Improve timeliness to appropriate permanency, and 3) Safely reduce the number of children entering out of home care. CPS is focusing on a new practice model referred to as the Culture of Safety. It moves from a reactive culture of fear, blame and intimidation to a responsive culture that evaluates systems and operations through a trauma informed lens. It acknowledges that child welfare is a high stress and volatile climate. Current culture exposes high profile cases with individuals being publicly blamed and shamed. Safety science used in the airline, health care, and other high risk industries considers system failures and seeks to understand the circumstances through a critical incident review process. Culture of Safety understands no one wakes up with the intent to make decisions that could lead to a negative outcome. Other states that have implemented this practice have reduced the number of children in care, improved their workforce morale, and improved the overall outcomes for families and children.

The child welfare transformation will be outcome driven and data informed with families and children at the center. The Project Management Structure developed nine workgroups; Workforce Supports, Transition Aged Youth, Prevention Supports, Fiscal Modernization, Foster Care and Adoption, Permanency, Relative Placement Supports, Service Region Implementation, and IT. The Workforce Support group implemented a re-organization and created a Clinical Branch and Transitional Services Branch to provide support to the field. DCBS has implemented technology solutions to include new tablets and the development of an offline solution that allows the worker to input the information from the field. DCBS is currently working on a Field Training Specialist program to develop mentors and peer supports. Beginning April 1<sup>st</sup>, there will be a new child-specific foster home type. Kinship Navigator funding supports different means for relative/kin caregivers to access referrals and services and intensive staff training. New administrative regulations were filed in December that outline a new service array for relative/kin caregivers that outline permanency and custodial options and full disclosure options. The Cabinet is expanding associated services option for relative/kin, inclusive of sustainable monetary support, in-home services, and post-permanency supports. Fiscal modernization's purpose is to improve provider relationships and ensure return on investment. Currently, the Cabinet is moving to one MCO for foster children. Prevention supports identify and expand services and resources necessary to prevent maltreatment and support healthy families. The Foster Care and Adoption workgroup creates a more efficient process for recruitment and approval of foster and adoptive families and to identify needs and strengthen the network of resources to provide support. Transition Aged Youth Supports workgroup focuses on building processes and supports necessary to better prepare youth for adulthood. The Service Region Implementation workgroup focuses on identifying and implementing structures and processes necessary to implement transformation measures in the field. This process allows the field employees to review SOP changes and allows them the opportunity to provide comments prior to implementation.

*Dr. Bada comment* – Hospitals are not included as DCBS' stakeholders but they need to be at the table. Deputy Commissioner Caywood stated they were invited but did not participate. Dr. Bada suggested the training should be provided to the hospitals or mandated.

*Dr. Howard comment* – UK staff does a lot of the statewide training to outlying hospitals and often assists with call coverage. UK could assist with identifying those outlying hospitals that are need of additional training. Dr. Howard expressed her desire to participate in the workgroup.

*Linnea Caldon comment* – In her experience in the last ten years on the Foster Care Review Board, she only sees three primary goals for permanency; 1) Return to Parent, 2) Emancipation, or 3) Adoption. Including the additional permanency goals on their forms could assist in expediting the process.

## **Family First Prevention and Services Act**

*Jessica Brown, Executive Advisor, CHFS*

The Family First Prevention Services Act was the most significant child welfare legislation passed in twenty years. The Act dramatically alters the federal financing structure for child welfare programming (Title IV-E). Title IV-E funds were reactive and not proactive. So a child must experience some form of abuse or neglect in order to access those funds. Historically there was an over reliance on group homes. A Health and Human Services (HHS) study conducted in 2015 showed that nationwide nearly 40% of kids in group homes, clinically did not need to be there. No additional funds were added to the program but it does allow a flexibility of funds if additional requirements are met. The act does require the state to track and create a plan to prevent child fatalities.

Funding for prevention services can be used for children, parents, and/or kin caregivers. They may include in-home skill-based parenting programs, substance abuse treatment, and mental health treatment provided by a clinician. HHS will publish eligible services and their level of evidence via an Evidence-Based Clearinghouse. In November, the Cabinet received the first twelve programs approved but not ranked. At least 50% of the state's funded prevention services/programs must be at the well-supported level. The Act eliminated the income/AFDC test for child, parent, or kin recipients of prevention services. Preventative services may be funded for up to 12 months at a time. States must adhere to maintenance of efforts requirements. This now allows them to transform the child welfare focus from foster care to prevention.

In regards to congregate care, it applies significant restrictions to federal reimbursement for children and youth placed in congregate care. There are also additional safeguards for children placed in Qualified Residential Treatment Programs (QRTP) including specific case planning requirements, review and hearing requirements, and court approval placements. A QRTP must be a program that is licensed and accredited, has a trauma-informed treatment model, facilitates outreach and participates with family members, and has nursing staff and other licensed clinical staff available 24 hours a day and 7 days a week. Exceptions to the QRTP requirements are; a facility for pregnant and parenting youth, supervised independent living for youth 18 years and older, specialized placements for youth who are victims of, or at-risk of, becoming victims of sex trafficking, and residential family based substance use disorder facilities. Regulations filed last month will establish residential family based substance programs that allows a child to be placed there and entitled to IV-E funds.

*Joel Griffith comment* – What is the average length of stay for children in residential treatment? The Cabinet does not have that information at this time but they are confident it is longer than they should be.

*Judge Crittenden comment* – In 2018, the Federal Funding Information states Kentucky did not apply for the full amount of funding for the Kinship Navigator Grant. Deputy Commissioner Caywood explained they could not spend the full amount at that time but the Cabinet does plan to apply for the entire amount this year. The funds are limited to specific activities and they must be evidence based.

## ***Legislation Discussion***

Judge Crittenden advised the panel of HB 89, which would add legislative members from the Child Welfare Oversight Committee, the executive director of the Kentucky Association of Children’s Advocacy Centers and an ex officio nonvoting policy advisor to the Panel.

Sherry Currens informed the panel there are several pieces of legislation pending regarding gun safety and would like to know if anyone from the panel had been invited to testify. Panel members were unaware of any pending invitations to testify.

## **Case Review:**

The following cases were reviewed by the Panel. A case summary of findings and recommendations are attached and made a part of these minutes.

<b><u>Group</u></b>	<b><u>Case #</u></b>	<b><u>Analyst</u></b>
1	F-003-18-C	Joel Griffith
2	F-004-18-NC	Joel Griffith
3	F-008-18-C	Joel Griffith
4	F-009-18-C	Joel Griffith
4	NF-025-18-NC	Ashley DeJarnette
2	NF-049-18-NC	Ashley DeJarnette
1	F-013-18-NC	Joel Griffith
2	F-016-18-C	Joel Griffith
3	F-017-18-C	Joel Griffith
4	F-018-18-C	Joel Griffith
1	F-036-18-PH	Joel Griffith
2	NF-002-18-NC	Joel Griffith
3	NF-003-18-C	Joel Griffith
4	NF-005-18-NC	Joel Griffith
1	NF-006-18-NC	Joel Griffith
2	NF-014-18-NC	Joel Griffith
3	NF-016-18-C	Joel Griffith
4	NF-017-18-C	Joel Griffith
1	NF-018-18-C	Joel Griffith
2	NF-019-18-C	Joel Griffith
3	NF-023-18-C	Joel Griffith
1	NF-026-18-NC	Joel Griffith

**Meeting adjourned**