Kentucky’s Foster Care System

Program Review And Investigations Committee

Abstract

The Department for Community Based Services (DCBS) administers Kentucky’s foster care system, which provides out-of-home care to children who have been removed from home because of dependency, neglect, or abuse. More than 11,000 children were in the Kentucky out-of-home care system at some time during 2016, a 15.4 percent increase since 2012. The number of children in out-of-home care who are available for adoption has increased by more than 17 percent since 2012. Over the past 5 years, only approximately 44 percent of the children in out-of-home care who are available for adoption have been adopted annually. Statute provides a time frame in which required court proceedings must occur in both out-of-home care and adoption cases, but neither DCBS nor the Administrative Office of the Courts collects sufficient information to determine if cases are handled in a timely manner. Caseloads for Kentucky child welfare workers exceed national standards and are a major obstacle to providing effective services. High caseloads are worsened by turnover, which occurs because of uncompetitive salaries, a high stress work environment, limited career opportunities, and lack of recognition. The report has 10 recommendations related to out-of-home care court proceedings, the accuracy and reporting of child welfare workers’ caseloads, and the hiring and retention of child welfare caseworkers.

Project Staff

Christopher T. Hall       Jean Ann Myatt
Aurora Hardin            Chris Riley
Dexter Horne             William Spears
Colleen Kennedy          Shane Stephens
Van Knowles

Legislative Research Commission
Frankfort, Kentucky
lrc.ky.gov

Paid for with state funds.
Acknowledgments

Program Review staff thank employees of the Department for Community Based Services and the Administrative Offices of the Courts for their cooperation and assistance. Other agencies and individuals who contributed to this report include the Tennessee Legislative Auditor’s office; the Michigan Department of Health and Human Services; the Kentucky Departments of Human Resources Administration and Juvenile Justice; Kentucky State Police; Adoption Assistance Inc.; Home of the Innocents; Sunrise Children’s Services; Kentucky Youth Advocates; KVC Kentucky; Operation Open Arms, Inc.; The Children’s Alliance; Dr. Anita Barbee, professor, Kent School of Social Work; Morgain Sprague, Fayette County CASA executive board member; Squire Williams, Franklin County Family Court Judge, Glenda Wright, intern with the Office of the First Lady, president of Voices of the Commonwealth, and former foster child; Ted Schaffhouser, foster and adoptive parent; and Kathleen Saunier, guardian ad litem. Three LRC staff members, Melissa McQueen, Joshua Nacey, and Ben Payne, were especially helpful.
Contents

Summary ........................................................................................................................................vii

Chapter 1: Foster Care System Overview .................................................................................. 1
  Major Conclusions .................................................................................................................. 1
  How Children Enter The Foster Care System ..................................................................... 2
  Child In Cabinet Custody ....................................................................................................... 4
  Court Process For Dependency, Neglect, And Abuse Cases .............................................. 4
    Recommendation 1.1 ........................................................................................................... 5
    Meeting Statutory Deadlines ............................................................................................... 6
    Recommendation 1.2 ........................................................................................................... 7
    Recommendation 1.3 ........................................................................................................... 8
  Department’s Role In Out-Of-Home Care ........................................................................... 8
  Types Of Resource and Foster Homes ................................................................................. 10
  Five-Day Planning Conference ............................................................................................ 11
  Setting Permanency Goals .................................................................................................... 13
    Return To Parent ................................................................................................................ 13
    Permanent Relative Placement ......................................................................................... 13
    Adoption ............................................................................................................................ 13
    Planned Permanent Living Arrangement .......................................................................... 13
    Legal Guardianship ........................................................................................................... 14
    Emancipation ..................................................................................................................... 14
    Ongoing Case Work ........................................................................................................... 14
    Recruitment Of Foster Parents ......................................................................................... 14
    Recommendation 1.4 .......................................................................................................... 16
  Growth Of Kentucky’s Out-Of-Home Care Population ...................................................... 17
  Kentucky’s Out-Of-Home Care Population ........................................................................ 18
    Why Children Were Initially Removed .......................................................................... 19
    Time Spent In Out-Of-Home Care ................................................................................... 20
    Reasons For Multiple Placements ..................................................................................... 21
    Recommendation 1.5 .......................................................................................................... 22
    Reasons For Exiting Out-Of-Home Care ........................................................................... 22

Chapter 2: Adoption .................................................................................................................. 25
  Termination of Parental Rights ............................................................................................. 25
  Voluntary Termination Of Parental Rights ............................................................................ 25
  Involuntary Termination Of Parental Rights ......................................................................... 27
  Certified Adoptive Homes Waiting For Adoption Judgment .............................................. 30
  Establishment Of Adoption As Permanency Goal ............................................................. 30
  Adoption Proceedings ......................................................................................................... 31
  Who May Adopt .................................................................................................................... 32
    Home Studies ....................................................................................................................... 33
    Criminal Background Checks ............................................................................................. 34
    Adoption Assistance ........................................................................................................... 34
Chapter 3: Caseloads And Retention ................................................................. 41
  Child Welfare Caseloads ........................................................................ 42
  Impact Of High Caseloads .................................................................. 42
  Caseload Standards .............................................................................. 43
  Child Welfare Caseloads In Other States ........................................... 44
  Child Welfare Caseloads In Kentucky ................................................. 47
    Calculating Caseload Averages ......................................................... 48
    \textit{Recommendation 3.1} ................................................................. 50
    Kentucky Regional Caseloads ............................................................ 51
    County Caseloads ............................................................................. 52
    \textit{Recommendation 3.2} ................................................................. 53
    Caseload Averages Over Time ........................................................... 53
    Staff Needed to Meet Caseload Standards ....................................... 57
  Program Review Staff Survey Results ............................................... 58
    \textit{Recommendation 3.3} ................................................................. 60
  Improved Data Collection And Analysis Of Workloads .................... 61
    \textit{Recommendation 3.4} ................................................................. 63
  Child Welfare Staff Turnover ............................................................. 65
    Turnover Calculation Methods ......................................................... 65
    Kentucky Staff Turnover ................................................................ 65
      Caseworkers ................................................................................. 65
      Supervisors .................................................................................. 66
    Comparative Turnover Rates ........................................................... 67
    Consequences Of Turnover ............................................................... 69
  Reasons For Turnover .......................................................................... 69
    Salary And Competition ................................................................... 70
    Job Stress And Secondary Trauma .................................................... 73
    Career Ladder And Professional Development ................................ 73
      Credit For Learning ..................................................................... 74
      MSW Stipend .............................................................................. 74
      Employee Educational Assistance Program .................................. 75
    Acknowledgment ............................................................................ 75
  Caseworker And Supervisor Training ................................................ 77
  Recruitment And Hiring ...................................................................... 78
    Realistic Job Preview ....................................................................... 78
    Rapid Filling Of Vacancies ................................................................. 78
    Public Child Welfare Certification Program ..................................... 79
  Turnover And Hiring Strategies .......................................................... 81
    \textit{Recommendation 3.5} ................................................................. 81
Appendix A: How This Study Was Conducted ................................................................. 83
Appendix B: Number And Classification Of Moves By Children Who Entered Out-Of-Home Care On Or After January 1, 2012 ......................................................... 87
Appendix C: Cabinet For Health And Family Services’ Response To Recommendations In 2006 Program Review Report .............................................................. 89

Tables

1.1 Children In Resource And Foster Homes ................................................................. 12
1.2 Statewide Diligent Recruitment Report, July 2017 .................................................. 16
1.3 Children In Out-Of-Home Care By Age Group, FY 2012 To FY 2016 ..................... 18
1.4 Reasons Children Were Removed From Their Home, FY 2010 To FY 2015 ............ 19
1.5 Percent Of Out-Of-Home Care Population By Permanency Goal, FY 2012 To FY 2016 .......................................................... 20
1.6 Average Months Children Spent In Out-Of-Home Care, FY 2012 To FY 2016 ..... 21
1.7 Number And Classification Of Moves By Children Who Entered Out-Of-Home Care On Or After January 1, 2012 .................................................. 22
1.8 Percentage Of Children Who Exit Out-Of-Home Care By Permanency Type, FY 2012 To FY 2016 ........................................................... 23
2.1 Children Available For Adoption And Percent Adopted, 2012 To 2016 ................. 36
2.2 Children Available For Adoption, 2013 To 2016 ................................................... 37
3.1 The Number Of Children In Foster Care In Kentucky And The US And The Number Of Child Protective Services Caseworkers, 2011 To 2017 .............. 41
3.2 National Caseload Standards And Current Kentucky Caseload Estimates .......... 44
3.3 Four Methods For Calculating Caseload Averages, June 2017 ........................... 49
3.4 Estimated Additional Staff Required To Meet Targets ......................................... 57
3.5 Caseworker Response To Caseload Manageability, 2017 And 2006 ................. 58
3.6 Supervisor Response To Caseworker Caseload Manageability, 2017 ............... 59
3.7 Top Three Most Time-Consuming Tasks For Caseworkers ............................... 59
3.8 Average Caseload By Case Manager Role ......................................................... 60
3.10 Turnover Rates For Selected States, 2013 ......................................................... 68
3.11 Caseworker And Supervisor Salaries, 2006 To 2017 ......................................... 71
3.12 Entry-Level Social Worker Salaries For Selected States, 2013 ....................... 72
3.13 MSW Stipend Program Participants And Graduates, FY 2013 To FY 2018 .......... 75
3.14 Participants And Graduates Of The Public Child Welfare Certification Program, FY 2013 To FY 2016 ........................................................... 80

Figures

1.A Court Process For Dependency, Neglect, And Abuse Cases ..................................... 5
1.B Out-Of-Home Care Process From Entry to Permanency ...................................... 9
2.A Voluntary Termination Of Parental Rights Process ............................................. 26
2.B Involuntary Termination Of Parental Rights Process ........................................... 28
3.A Different Methods Of Calculating Kentucky Regional Caseload Averages, 2017 .... 51
3.B  Child Protective Services Caseworker Average Caseloads For Kentucky And Jefferson Service Region, 2011 To 2017 .................................................................54
3.C  Number Of Child Protective Service Cases Kentucky And Jefferson Service Region, 2011 To 2017 .................................................................56
3.D  Department For Community Based Services Caseworker Turnover, 2011 To 2017 .........66
3.E  Department For Community Based Services Supervisor Turnover, 2011 To 2017 ........67
Summary

Kentucky’s foster care system, administered by the Department for Community Based Services (DCBS), includes protective and support services designed to prevent child abuse and neglect, ensure child safety, and promote family well-being. The children considered in this report came to the foster care system after having been removed from home by a court because of dependency, neglect, or abuse, and placed in the custody of the Cabinet for Health and Family Services (CHFS). As of September 2017, there were 8,499 children in Kentucky’s foster care system. This report reviews the court proceedings and DCBS’ role from the time a child enters state custody to the time the child is reunified with the child’s family or finds another permanent living arrangement, including adoption.

DCBS is responsible for investigating suspected dependency, neglect, or abuse if the alleged perpetrator is a parent, guardian, or someone who has supervisory responsibility for the child. If claims are substantiated, DCBS may file a petition with the courts and a judge can issue a 72-hour emergency custody order, which allows the child to be removed and usually placed in custody of the cabinet.

Once a child is in cabinet custody, a temporary removal hearing must be held within 72 hours, at which the state must prove that there are reasonable grounds to believe that the child would be dependent, neglected, or abused if returned home. If the court finds the evidence compelling, it may grant the cabinet temporary custody for 45 days. Many involved parties told Program Review staff that 45 days is too short.

**Recommendation 1.1**
The Department for Community Based Services and the Administrative Office of the Courts should work cooperatively to determine a reasonable period for the temporary custody order and propose legislation to the General Assembly.

Ten days prior to the expiration of the temporary custody order, an adjudication hearing is held, at which the court determines the veracity of the allegations. Shortly after that hearing, a dispositional hearing is held to determine the action to be taken by the court on behalf of the child and the parent. If the court orders custody to remain with the cabinet, the case remains open and is reviewed in 6 months. A permanency hearing is held every 12 months thereafter.

The statutory time frame for court proceedings is to ensure that dependency, neglect, and abuse cases are handled in a timely manner. It is not possible to determine whether cases are meeting statutory deadlines. Neither DCBS nor the Administrative Office of the Courts (AOC) were able to provide the needed data.

**Recommendation 1.2**
The Department for Community Based Services and the Administrative Office of the Courts should cooperate to ensure the collection of the date of any dependency, neglect, or abuse court action, the type of hearing, and the result. These data should be analyzed regularly to identify potential problems.
AOC staff said that they can only enter the date and ruling of a particular court action into their system if the judge used the appropriate AOC standardized form, but not all judges use these forms. Kentucky courts’ inconsistent use of appropriate AOC forms can affect more than the agency’s ability to evaluate the timeliness of dependency, neglect, and abuse cases. For example, the U.S. 6th Circuit Court of Appeals questioned whether foster children in a Kentucky case had actually been discharged from DCBS custody because a lower court judge had not written the change custody order using the appropriate AOC-form.

**Recommendation 1.3**

The Administrative Office of the Courts should encourage any court hearing dependency, neglect, or abuse cases to use all appropriate AOC forms.

During the time between court proceedings, DCBS is working to find a safe temporary placement for the child and helping to provide the family and child needed services. Under federal law, DCBS must place the child in the least restrictive and most family-like setting. If this is not possible, the department will place the child in a DCBS resource home or a private child-placing agency foster home. In general, DCBS resource homes tend to be used for placing children with lower levels of care needs, while private facilities tend to handle children with higher levels of care needs.

The caseworker must then convene a planning conference of interested parties within 5 days of the child entering out-of-home care to create a case permanency plan. The caseworker is required to conduct face-to-face visits with the child at least once every month and visit with the family frequently enough to discuss case planning tasks, objectives, and to evaluate the family’s progress.

Federal law requires DCBS to recruit and retain a pool of potential foster parents to meet the diverse needs of the children in its care. The department issues a report that includes a calculation of “percent of need met,” which provides an estimate of how well the pool reflects the youth in care. DCBS has the information needed to make this calculation more accurate.

**Recommendation 1.4**

The Department for Community Based Services should use existing data to calculate a more accurate “percent of need met” figure in its Diligent Recruitment Report.

New children enter the out-of-home care system and others leave it each day. Because the average child stays in care for 20 months or more, a small discrepancy between the number of children entering and exiting each month means the population of children remaining in out-of-home care can grow rapidly.

More than 11,000 children were in the Kentucky out-of-home care system last year, a 15.4 percent increase since 2012. Over the past 5 years, children 5 years and younger were slightly more than one-third of the population. The most common reason children were removed from their homes during this period was neglect (69 percent). Removals due to drug abuse by the parent (nearly 25 percent) and children with behavioral problems (more than 22 percent) were also frequent reasons.
Over the past 5 years, reunification was the primary goal of nearly 70 percent of the cases. Adoption was the permanency goal in nearly 24 percent of cases. The average child spent 20 months in out-of-home care during this period, with older children tending to spend more time in care than did younger children.

In September 2017, DCBS reported that on average a child in out-of-home care had been moved from one foster home to another 3.2 times. Nearly half of the moves were disruptive and caused by either the child's negative behavior or DCBS realizing that the child needed additional or specialized services. More than half the moves were either neutral, such as moving from temporary shelter to a more permanent placement, or represented the child making progress on the case permanency plan.

**Recommendation 1.5**
The Department for Community Based Services should indicate disruptive, neutral, and positive reasons for placement changes in its reports.

Reunification with the family is the most common reason children exited out-of-home care over the past 5 years, representing 40 percent of all cases. However, reunification declined during this period by slightly more than 6 percentage points. The second most frequent reason for exiting care was a child being placed with a relative (27 percent). Nearly 20 percent of the children were adopted during this period.

**Adoption**

Children in state custody can be placed for adoption by DCBS or a private child-placing agency that is licensed by DCBS to make foster-to-adoption placements. From 2012 to 2016, the number of children available for adoption increased every year except one. An adoption is completed when three court proceedings have occurred. Termination of parental rights (TPR) must be granted, a permanency goal of adoption must be established, and a court must rule on an adoption petition. TPR is voluntary or involuntary. When a child is placed in state custody, a court must conduct a permanency hearing within 12 months.

From 2012 to 2016, 2,257 children were adopted. The percentage of available children who were adopted each year ranged from 38.3 percent to 49.2 percent. DCBS is expanding its recruitment efforts for adoptive homes with the Dave Thomas Foundation for Adoption to provide additional recruitment workers.

During the adoption process, there can be lengthy court-related delays. DCBS is currently unable to generate reports of such delays, but the ability to document court-related proceedings is being added to the new i-TWIST system expected to be available by the beginning of 2018.

Any Kentucky resident of at least 12 months, who is at least 21 years old, and whose source of income is sufficient to meet the applicant’s household expenses following adoption may adopt, with restrictions on the number of children who can inhabit one household. A home study must
be completed before adoption can take place. DCBS-licensed child placing agencies have voiced questions about home study standards and waiting times. These are under CHFS review.

Before a prospective parent can be approved to adopt, a criminal background investigation, including FBI fingerprint checks, must be conducted by the Department of Kentucky State Police (KSP). A 2016 FBI audit concluded that DCBS must keep logs on such information, including requests for background checks sent, for whom, and whether appropriate forms were signed by private child placing agencies. A KSP official met with DCBS in summer 2017 and the necessary changes are in process.

Federal monetary assistance may be provided to a parent adopting a special needs child. Kentucky defines a special needs child as one for whom adoptive placement without financial assistance is unlikely because the child has significant physical, mental, or emotional conditions. Adoption assistance means a monthly payment to meet the special needs, and includes payment of legal expenses and may include reimbursement of extraordinary medical expenses. Federal reimbursement is available for a part of the cost.

Children awaiting adoption are in at least one of two DCBS programs. If a child without prospective adoptive parents has a permanency goal of adoption, the child is monitored by Swift adoption teams to expedite the process. At the same time a special needs child becomes eligible for Swift adoption, the child must also be registered with the Special Needs Adoption Program (SNAP). SNAP recruits adoptive families for these children, and coordinates with Swift adoption teams.

**Child Welfare Caseworkers**

**Caseloads**

Since 2011, the number of children living in foster care has increased nearly 8 percent nationally and more than 24 percent in Kentucky. In response, child welfare caseworkers are being assigned more cases. Unmanageable workloads can lead to negative outcomes, including jeopardizing agency funding, an increase in employee turnover, class action litigation, and negative outcomes for children and their families.

The Child Welfare League of America (CWLA) and the Council on Accreditation (COA) have developed nationally recognized standards for manageable child welfare caseloads. CWLA recommends no more than 12 cases per caseworker; COA recommends no more than 15 cases.

As of May 2017, Kentucky does not meet either of these national standards, nor does it currently meet its target standard of 18 cases. DCBS is required by statute to provide a report to the Legislative Research Commission and the Governor’s office whenever average statewide caseloads exceed 25 cases for 90 consecutive days. DCBS made its first such report in January 2017, which indicated that the average statewide caseloads had risen to 29 cases per caseworker in December 2016. By the second report, which covered May 2017 data, the average caseload had risen to 32 cases.
Concurrent with these reports, DCBS changed how it calculates caseload averages. The new method includes past due cases and excludes non-capacity workers from calculations. Past due cases are investigations that have not been completed within an established timeframe and are still being worked on. Non-capacity workers are those who do not carry a full caseload. The result was much higher statewide caseload averages. Using the previous DCBS method, statewide caseload averages would have remained under the statutory maximum of 25 cases and would be 19 as of July 2017.

Program Review staff consider averages that include past due cases and non-capacity staff to be a more accurate representation of caseloads. DCBS needs to collect better data on the relative workloads of non-capacity staff. Program Review staff calculated a caseload average that excludes only caseworkers who are assigned fewer than 10 cases, which resulted in a caseload average of 26.

**Recommendation 3.1**
The Department for Community Based Services should develop a method for calculating or estimating the number of cases assigned to staff not currently carrying full caseloads and the contributions of such staff to state, regional, and county workloads. The workloads of these staff should be included in the calculations of average caseloads along with past due cases.

DCBS currently reports four different caseload averages based on four different methodologies to LRC and the Governor’s office. These include averages based on both the inclusion and exclusion of non-capacity caseworkers and averages based upon the inclusion and exclusion of past due cases. Statewide caseload averages prior to 2017 followed one methodology, while averages after 2017 follow a different methodology. This inconsistency creates additional problems in managing and analyzing workloads.

Caseload averages vary significantly across service regions and counties. Regional caseloads ranged from 17 to 32 cases per caseworker; county caseloads ranged from 5 cases to 57 cases. A number of regions and counties met the statutory maximum of 25 cases, but many did not. A statewide caseload average may not provide the General Assembly with enough information regarding caseloads in Kentucky.

**Recommendation 3.2**
The General Assembly may wish to consider revising KRS 199.461(4) to require reporting of monthly regional and county caseload averages in addition to monthly statewide caseload averages.

From March to May 2017, Program Review staff conducted a survey of child welfare caseworkers, supervisors, support staff, and regional management. Ninety-four percent of caseworkers and 98 percent of supervisors responded that their caseloads were currently unmanageable within a normal work week. Fifty percent of caseworkers and 65 percent of supervisors reported that their workloads were unmanageable regardless of how many hours they worked per week.
Responding caseworkers listed “documenting work”, “entering case information into TWIST” (The Workers Information System), and “conducting in-home visits” as their top three most time consuming case related tasks. “Documenting work” appeared in the top three most time-consuming tasks for 69 percent of respondents. DCBS should investigate why so much of caseworkers’ time is occupied with administrative activities.

**Recommendation 3.3**
The Department for Community Based Services should develop a strategy to lessen the administrative burden of caseworkers so that they can spend more time working with foster children and their families.

Without information about how much time caseworkers have to complete required tasks and how caseworkers are dividing that time among different tasks, it is impossible to know how many cases a caseworker should be responsible for managing.

DCBS would benefit from conducting a workload measurement analysis that would support the reporting of more reliable caseload averages, inform policies to address workforce concerns, align caseload standards with national standards, and provide better services to children and families.

**Recommendation 3.4**
The Department for Community Based Services should develop a method for determining caseloads that is based on an analysis of its workforce and workloads. This information should be used to determine what the appropriate caseload standard for Kentucky child welfare caseworkers should be and the strategies needed in order to meet this standard. The standard that is developed should be aligned with the principles established by current national standards and should focus on ensuring that as few child welfare caseworkers as possible are assigned caseloads that exceed the standard.

**Turnover**

Turnover of caseworkers is one of the most significant challenges facing child welfare systems nationwide. Kentucky’s caseworker and supervisor turnover rates in 2013 were similar to those of many other states. However, caseworker turnover increased significantly and peaked in 2015 at 28.1 percent; it remains at 24.4 percent, much higher than in 2011, the first year with available data. A turnover rate of 25 percent means that a typical caseworker stays on the job 4 years. Private child welfare agencies also reported that turnover was a major concern.

Excessive caseloads and other forms of stress and job dissatisfaction have been reported as causes of turnover. At the same time, turnover increases the workloads of remaining caseworkers and reduces the overall experience level of the workforce, leading to more stress and more turnover. Literature also reports that high turnover results in lower quality of casework and poorer outcomes for children.

Commonly reported reasons for turnover include low salaries, lack of recognition by agency management, unmanageable caseloads, paperwork, and burnout. Caseworkers have stated that
they would be more likely to stay if they had more of a voice in policy decisions and solving problems, received more appreciation for the work they did, and had more opportunities for debriefing and dealing with stress.

Competition for degreed and licensed social workers is high, and DCBS and private agencies all report having difficulty finding qualified caseworkers. DCBS is not able to fill all of its open and funded positions, so any effort to expand its workforce would require more than simply increasing the number of funded positions.

Improving job satisfaction in other ways should restrain turnover, but DCBS has reduced its efforts in some areas because of budget limitations, including educational development and employee recognition programs. Other methods that DCBS has proposed are geographic salary differentials and more flexible work schedules.

**Recommendation 3.5**
The Department for Community Based Services should request funding and authorization to increase caseworker salaries to a competitive level; to increase the number of caseworkers; to offer geographic salary differentials and flexible scheduling; to expand employee recruitment, development, and recognition programs; and to develop further improvements in the hiring process such as applicant pre-screening and hiring prior to vacancies. The agency should also promote expansion of undergraduate social work programs.
Chapter 1

Foster Care System Overview

The Program Review and Investigations Committee voted to initiate a study of Kentucky’s foster care system in May 2016. The committee directed staff to review relevant statutes and regulations, evaluate agency procedures and practices, and make recommendations for improvement.

Federal law defines foster care as the 24-hour care of children who are placed away from their parents or guardians and for whom a state agency has been given placement and care responsibility (45 CFR sec. 1355.20). This report covers only those children for whom a court ordered removal because of dependency, neglect, or abuse and who were remanded to the custody of the Kentucky Cabinet for Health and Family Services (CHFS). As of September 2017, there were 8,499 such children.¹

Kentucky’s foster care system is administered by the Department for Community Based Services (DCBS). Once a child enters state care, the system is designed for the courts and DCBS to work collaboratively to ensure that dependency, neglect, and abuse cases are handled in a timely manner. Statute provides courts a timeframe in which the required hearings must occur. DCBS is responsible for providing services to the family and child with hopes of solving whatever problems caused the child to be removed. This report reviews the court proceedings and DCBS’ role in such cases from the time children enter state custody to the time they are reunified with their family or find another permanent living arrangement, including adoption. Detailed analyses focus on social service worker’s caseloads and turnover rates.

**Major Conclusions**

- More than 11,000 Kentucky children were in out-of-home care at some time in 2016, a 15.4 percent increase from 2012. This growth follows the national trend.
- The number of children in out-of-home care who are available for adoption has increased by more than 17 percent since 2012. Over the past 5 years, only about 44 percent of the children in out-of-home care who are available for adoption are adopted annually.
• There can be lengthy delays in out-of-home care and adoption court cases. However, neither DCBS nor the Administrative Office of the Courts records enough information to accurately judge whether such cases are being handled in a timely manner.
• Growth in the number of DCBS caseworkers has not kept pace with the increasing number of children entering out-of-home care in Kentucky. This has resulted in average caseloads that exceed national standards, DCBS targets, and Kentucky statute.
• DCBS currently uses multiple methods for calculating caseload averages, which attempt to capture different aspects of the workforce and their workloads. These different methods report significantly different caseload averages, which make comparing Kentucky caseload averages to national standards and comparing trends over time difficult.
• Bringing Kentucky’s caseload averages in line with national standards, DCBS’ own target goals, or Kentucky statute will require hiring additional staff.
• Turnover among DCBS caseworkers occurs because of uncompetitive salaries, high stress and workloads, limited career opportunities, and lack of recognition. High caseworker turnover creates increased workloads and stress, a less experienced workforce, and poorer outcomes for children and families. DCBS has implemented some programs to improve retention, but they have been limited by lack of funding.
• Hiring and recruitment are difficult because of competition for a limited number of qualified applicants and the stressful nature of the work.

How Children Enter The Foster Care System

Anyone who knows or has reasonable suspicion that a child has become dependent or is being neglected or abused is required by law to report the incident to authorities. DCBS is responsible for investigating such allegations when the accused perpetrator is a parent, guardian, or someone who has supervisory responsibility for a child. KRS Chapter 600 defines child dependency, neglect, and abuse.

KRS 600.020(20) defines a dependent child as any child who is under improper care that is not due to an intentional act of the parent, guardian, or person exercising custodial control. An example may be a young child whose single parent must be hospitalized for a prolonged period and there is no one else to care for the child.
KRS 600.020(1) defines an abused or neglected child as one whose health or welfare is harmed, or threatened with harm, when the parent or person exercising custodial care of the child:

- Inflicts, allows to be inflicted, or creates the risk of physical or emotional injury other than accidentally;
- Engages in a pattern of conduct that renders them incapable of caring for the child’s immediate and ongoing needs;
- Repeatedly fails to provide essential parental care and protection of the child;
- Commits, or allows to be committed, or creates the risk of acts of sexual abuse;
- Abandons or exploits the child;
- Does not provide the child with adequate care, supervision, food, clothing, shelter, education or medical care necessary for the child’s well-being; or
- Fails to make sufficient progress toward identified goals as set forth in the case permanency plan that results in the child remaining in out-of-home care for 15 of the most recent 22 months.

From the moment a DCBS investigator first makes contact with a family, the investigator is obligated under federal law to make a reasonable effort to keep the family together (42 U.S.C. sec. 671(a)(15)(B)). For example, an investigator who finds the child is not in imminent danger, but the parents are failing to provide for the child’s basic needs, may arrange for services to help the family. However, if the investigator substantiates the allegations and believes that the child would be in imminent danger of death, serious physical injury, or sexual abuse by remaining in the home, the investigator can file a petition with the courts for the child’s removal (KRS 620.060(1)).

If a court finds the petition’s evidence convincing, it may issue a 72-hour emergency custody order (ECO) that allows the child to be removed and assigns temporary custody to a relative, the cabinet, or another appropriate person.

If the court finds the evidence convincing and believes that removal is in the best interest of the child, it will issue a 72-hour emergency custody order (ECO). This order allows a sheriff to serve the parents and to remove the child, and assigns temporary custody of the child to a relative, an agency—usually CHFS, or another appropriate person.

---

*Only a court can determine if a “reasonable effort” has been made.*
Once a child is in cabinet custody, a complex set of actions is taken by many agencies to ensure the child’s safety, including a formal court process.

A temporary removal hearing must be held within 72 hours after the ECO’s issuance. The state bears the burden of proving the child would be in danger if returned home.

If the state proves its case, the court may issue a temporary custody order (TCO) that gives custody of the child to the cabinet or another appropriate person or agency. If the cabinet is granted custody, the TCO is effective for a maximum of 45 days.

Both the department and the Administrative Office of the Courts stated that the 45-day limit of the TCO is too short to fix some of the problems that often result in the child being removed.

Children In Cabinet Custody

Once a child has been removed and placed in cabinet custody, a complex set of actions is taken by the cabinet, other state and private agencies, service providers, family members, and the courts to ensure the child’s safety. At the center of this activity is the formal court process and DCBS’ attempt either to reunite the family or to find the child another permanent placement.

Court Process For Dependency, Neglect, And Abuse Cases

As Figure 1.A shows, a temporary removal hearing must be held within 72 hours after the ECO’s issuance, excluding weekend and holidays. At this hearing, the state bears the burden of proving that there are reasonable grounds to believe that the child would be dependent, neglected, or abused if returned home, even though it need not be proved conclusively at this time who was responsible for the dependency, neglect, or abuse (KRS 620.080).

If the state proves its case, the court may issue a temporary custody order (TCO) that gives temporary custody of the child to the cabinet or another appropriate person or agency. Under both federal and state law, the court must give preference to qualified relatives of the child (42 U.S.C. sec. 671(a)(19); KRS 620.090(1)). If the court finds no reasonable grounds to believe the child would be dependent, neglected, or abused if returned home, the ECO is dissolved.

In cases where the court grants custody to the cabinet, the TCO is effective for a maximum of 45 days from the time the child was removed from home. Courts are allowed to extend the order if it is determined to be in the child’s best interest (KRS 620.090(5)).

Program Review staff heard from department officials, the Administrative Office of the Courts (AOC), and several other involved parties that the 45-day limit of the TCO is too short to fix some of the problems that often result in the child being removed, especially in cases where the parent or child must complete a drug or alcohol treatment program. However, neither the department nor AOC could provide staff with reliable data on how often the courts have to extend the 45-day limit.
Recommendation 1.1

The Department for Community Based Services and the Administrative Office of the Courts should work cooperatively to determine a reasonable period for the temporary custody order and propose legislation to the General Assembly.

Figure 1.A
Court Process For Dependency, Neglect, And Abuse Cases

No later than 10 calendar days prior to the expiration of the TCO, an adjudication hearing must be held, at which time the court determines the veracity of the allegations. The court then holds a dispositional hearing.

No later than 10 calendar days prior to the expiration of the TCO, the cabinet schedules with the court an adjudication hearing, at which time the court determines the veracity of the allegations (KRS 620.100(3)). Following this hearing, the department must submit an investigation report to the court at least 3 days before the next hearing. This report must contain relevant information on the child and the family to assist the court in determining a dispositional finding for the child (KRS 610.100(1)).

The dispositional hearing determines the action to be taken by the court on behalf of the child and the parent or other person exercising custodial control or supervision (KRS 620.100(4)). The court must ascertain whether the cabinet has made “reasonable efforts” to avoid the need for extended placement outside of the home, and whether reunification would be detrimental to the well-being of the child before determining the disposition of the case.
When a court places custody with the cabinet, the case remains open and is reviewed after the first 6 months and every 12 months thereafter.

The statutory timeline is to ensure that dependency, neglect, and abuse cases are handled in a timely manner. Therefore, it is important that both the cabinet and AOC collect the necessary data to identify when and why delays occur. However, neither agency collects data in a reliable enough manner for such analyses to be done.

When a court places custody of the child with the cabinet, the case remains open and is reviewed after the first 6 months. A permanency review hearing is conducted by the court every 12 months thereafter if a child remains in the custody of the cabinet (KRS 610.125). The goal of the hearing is to establish a plan for obtaining a permanent placement for a child in out-of-home care. KRS 610.125 states that at the conclusion of the permanency hearing, the court provides a written order that formally establishes the case permanency plan for a child. Goals of the plan can be reassessed and changed by the court because of new information discovered during a 6-month permanency progress review or during subsequent annual permanency hearings.

Meeting Statutory Deadlines. The statutory time frame for court proceedings is to ensure that dependency, neglect, and abuse cases are handled in a timely manner. Any delays increases unnecessary time children remain separated from their families. The cabinet and AOC should collect the necessary data to identify when and why delays occur.

In September 2016, Program Review staff requested data from the department to analyze whether cases were meeting statutory deadlines, but DCBS said that AOC retained those data. Later, the department clarified that its automated child welfare information database has a screen where the dates and findings of various court actions can be entered, but noted that only a few of the data fields are mandatory.

AOC staff explained that they were not confident in the data they compiled regarding the dates particular court actions occurred in dependency, neglect, and abuse cases. AOC staff explained that court clerks only enter the date and rulings of various court actions if judges use the appropriate AOC standardized forms. However, not all judges use these forms for the temporary removal, adjudication, dispositional, or the permanency hearings. As such, AOC cannot reliably query its database to determine when any other court action occurred.
**Recommendation 1.2**

The Department for Community Based Services and the Administrative Office of the Courts should cooperate to ensure the collection of the date of any dependency, neglect, or abuse court action, the type of hearing, and the result. These data should be analyzed regularly to identify potential problems.

Kentucky courts’ inconsistent use of appropriate AOC forms can affect more than the agency’s ability to evaluate the timeliness of dependency, neglect, and abuse cases. For example, there is a Kentucky case in which the U.S. 6th Circuit Court of Appeals questioned whether the foster children had actually been discharged from DCBS custody because a lower court judge had written the custody order on the docket sheet rather than using the appropriate AOC form (*D.O. v. Glisson*, 847 F.3d 374 (2017) p. 381). The cabinet appealed the case to the U.S. Supreme Court, which denied the petition on October 10, 2017. This action leaves in place the ruling of the Circuit Court.

The rule at issue was Family Court Rules of Procedure and Practice (FCRPP) Rule 22(4). At the time the lower court issued its custody order, the rule read, “Any order of permanent custody entered pursuant to KRS 620.027 shall be on [form] AOC-DNA-9, Order-Permanent Custody” (FCRPP Rule 22(4), 2014). In November 2014, the Kentucky Supreme Court amended the rule to read, “Any order of permanent custody entered pursuant to KRS 620.027 shall contain the contents of the official AOC form, AOC-DNA-9, Order-Permanent Custody, which is available for use in compliance with this rule” (FCRPP Rule 22(4), 2017). Whereas previously, judges were required to use the appropriate AOC form, under the new rule judges are not required to use the physical AOC form, but must include all of the information found on the form in their order.

The rule change may or may not have resolved the certainty of custody issues. However, the change to the rule could worsen the problem of courts not using official AOC forms, which, according to AOC officials, is the primary reason AOC was unable to provide Program Review staff reliable data on the timeliness of dependency, neglect, and abuse cases.
Recommendation 1.3

The Administrative Office of the Courts should encourage any court hearing dependency, neglect, or abuse cases to use all appropriate AOC forms.

Department’s Role In Out-Of-Home Care

DCBS provides out-of-home care to families whose children have been removed. It consists of care in an approved placement for a planned period. Once a child enters DCBS custody, a caseworker plans for and prepares the child for initial placement by first evaluating whether a noncustodial parent is able and willing to care for the child. If so, the child is placed with the noncustodial parent because this is considered the least disruptive placement for the child. However, as Figure 1.B shows, if a noncustodial parent cannot be located, the caseworker initiates an absent parent search.8

If placing the child with a noncustodial parent is not an option, the caseworker begins searching for relatives, including fictive kin. Fictive kin are individuals who are not related to the child by birth, but who have developed an emotionally significant relationship with the child, such as schoolteachers, coaches, or neighbors (KRS 600.020(28)). If an appropriate relative or fictive kin agrees to take the child, the child is placed with this person.9
**Figure 1.B**
Out-Of-Home Care Process From Entry To Permanency

- **Relative accepts child**
- **Court Removes & Places Child with DCBS**
  - Search for a noncustodial parent
  - Search for relatives and fictive kin
- **No relative located; Child placed in foster home**

**Five-Day Planning Conference**
- Search for relative continues.
- Family case plan is created; permanency goal is set.

- **Child remains in relative placement**
  - Parents continue to work case
- **Appropriate relative found and accepts child**
  - Child moves from resource home to relative
- **Parent(s) successfully working case plan**

**Court terminates parental rights**
- **Child remains in resource home**
  - Parent(s) work case plan
- **Relative search continues**

**Court grants permanent relative custody**
- **Child remains in resource home**
- **Relative search continues**
- **Termination of parental rights is pursued in court**

**Parent(s) successfully working case plan**

**Court orders child returned home**

- **Adoption**
- **Emancipation**
- **Guardianship**
- **Planned permanent living arrangement**

If no appropriate relative or fictive kin can be found, the caseworker searches for other placement options and selects the one most appropriate, least restrictive, and most family like. Such placements often consist of a DCBS resource home or a private foster home.

Types Of Resource And Foster Homes

Various types of DCBS resource homes and private child-placing agency foster homes are available for placing foster children. DCBS resource homes vary by the level of care they can provide to meet the child’s needs. Most DCBS-certified resource homes are classified as “regular basic”; they accept foster children who have the lowest level of need. A child with a slightly higher level of need may be placed in a “regular advanced” resource home, where the caregiver has received additional training and certification. As defined in 922 KAR 1:350(1), “care plus” resource homes are for children who have been diagnosed with emotional or behavioral problems and who are at risk of needing to be placed in a more restrictive setting or institution. “Medically complex resource homes,” as defined in 922 KAR 1:350.4(1), are able to care for children who have a severe disability or who have been diagnosed with a serious illness or condition that requires specialized medical care.

Private foster homes also differ by the level of care they are able to provide to meet the child’s needs. The department contracts with the Children’s Review Program to assign levels of care to any child placed in a private foster home based on the levels of support the child needs. The scale ranges from level 1 to level 5, with level 1 being a child who needs a routine home environment and level 5 being a child with a severe impairment or disability, or who is at severe risk of causing harm to self or others. There are also private therapeutic foster care homes for children who need therapeutic intervention for behavioral or emotional issues.
Finally, emergency shelter can be a group home, private residence, foster home, or similar homelike facility that serves the temporary or emergency care needs of foster children (KRS 600.020(25)).

As Table 1.1 shows, DCBS resource homes tend to be used for placing children needing lower levels of care, while private facilities tend to handle children needing higher levels of care. For example, of the children placed in a DCBS resource home, 92 percent are in a regular foster home. Most of the children placed through private agencies are in therapeutic foster care homes.

**Five-Day Planning Conference**

Regardless of where a child is initially placed, the caseworker must convene a planning conference within 5 days of the child entering out-of-home care. Participants typically include the caseworker, birth parent(s), relatives, community partners, therapists, physicians, other service providers, and attorneys. The purpose of this meeting is to bring together all interested parties to discuss issues that affect the safety and well-being of the child and family. A case permanency plan is created during this meeting, which provides details about the case and sets objectives and specific tasks parents and child must complete.

Attendees also work to create a case permanency plan, which must include

- a full account of the reasons the child was removed from the home, what has happened since removal, and proposed actions which may be taken or are contemplated with regard to the child during their time in out-of-home care;
- a list of objectives and specific tasks, together with specific time frames for each task, for which the parents have agreed to assume responsibility, including a schedule of regular visits with the child; and
- a list of factors which may indicate when the child can be returned to the home, and efforts the cabinet or others are making to return the child to the home (KRS 620.230(2)).

This plan is a pivotal part of the out-of-home care process because it spells out the steps that the parent(s), child, or both need to take to rectify the issues that caused the child to be removed. It is essentially a roadmap of what must happen before the cabinet will recommend reunification.
## Table 1.1
Children In Resource And Foster Homes
(As Of July 16, 2017)

<table>
<thead>
<tr>
<th>DCBS Resource Homes</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCBS regular foster Basic - birth to age 11</td>
<td>1,634</td>
</tr>
<tr>
<td>DCBS regular foster Basic – age 2 &amp; over</td>
<td>486</td>
</tr>
<tr>
<td>DCBS regular foster Advanced - birth to age 11</td>
<td>168</td>
</tr>
<tr>
<td>DCBS regular foster Advanced – age 12 &amp; over</td>
<td>146</td>
</tr>
<tr>
<td>Emergency shelter -</td>
<td>0</td>
</tr>
<tr>
<td>Care plus Basic</td>
<td>49</td>
</tr>
<tr>
<td>Care plus Advanced</td>
<td>88</td>
</tr>
<tr>
<td>Medically complex Basic</td>
<td>34</td>
</tr>
<tr>
<td>Medically complex Advanced</td>
<td>15</td>
</tr>
<tr>
<td>Medically complex Degree</td>
<td>21</td>
</tr>
<tr>
<td>Specialized medically complex Advanced</td>
<td>1</td>
</tr>
<tr>
<td>Specialized medically complex Degree</td>
<td>1</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>2,643</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private Foster Homes</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private residential Level 1</td>
<td>0</td>
</tr>
<tr>
<td>Private residential Level 2</td>
<td>0</td>
</tr>
<tr>
<td>Private residential Level 3</td>
<td>71</td>
</tr>
<tr>
<td>Private residential Level 4</td>
<td>385</td>
</tr>
<tr>
<td>Private residential Level 5</td>
<td>473</td>
</tr>
<tr>
<td>Private residential Level 5 - supervised</td>
<td>12</td>
</tr>
<tr>
<td>Private foster care Basic</td>
<td>855</td>
</tr>
<tr>
<td>Private therapeutic foster care Level 1</td>
<td>15</td>
</tr>
<tr>
<td>Private therapeutic foster care Level 2</td>
<td>178</td>
</tr>
<tr>
<td>Private therapeutic foster care Level 3</td>
<td>1,706</td>
</tr>
<tr>
<td>Private therapeutic foster care Level 4</td>
<td>673</td>
</tr>
<tr>
<td>Private therapeutic foster care Level 5</td>
<td>220</td>
</tr>
<tr>
<td>Private emergency shelter Without treatment</td>
<td>9</td>
</tr>
<tr>
<td>Private emergency shelter With treatment</td>
<td>20</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>4,617</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,260</strong></td>
</tr>
</tbody>
</table>

Note: The table does not include children in acute hospitals, absent without leave, alternative living units, detention facilities, group homes, independent living, psychiatric hospitals, rehabilitation centers, skilled care, or trial home visit with the parent.

The plan also states the official permanency goal of the case, which is usually “return to parent.” However, even if the goal is reunification, concurrent planning may be considered at this point. Concurrent planning is a simultaneous plan for both reunification and permanent removal of the child, if the prognosis for reunification is poor.

DCBS must submit a case permanency plan to the court and the Citizen Foster Care Review Board no later than 30 calendar days after the effective date of the TCO. Thereafter, the plan is reviewed at least every 3 months and revised as needed. Under KRS 600.020, a parent’s failure to make sufficient progress toward the identified goals as set forth in the plan is considered child neglect.

**Setting Permanency Goals**

The six possible permanency goals in an out-of-home care cases, in order of least to most restrictive, are as follows.

**Return To Parent.** The cabinet recommends that a child should be returned to the parent when it is determined that the family has made sufficient progress toward completing the case permanency plan, and if returning the child home is in the child’s best interest.

**Permanent Relative Placement.** This goal is selected when returning the child home is not in the child’s best interest and when the cabinet determines that a relative, who does not want to pursue adoption or legal guardianship, is able to provide a permanent home for the child. This is not synonymous with placement of the child with a relative, in which the cabinet retains custody.

**Adoption.** The goal of adoption is chosen if the parent pursues voluntary termination of parental rights, the cabinet pursues involuntary termination of parental rights, or the child has been in foster care for 15 of the most recent 22 months, pursuant to federal law (42 U.S.C. sec. 675(5)(E)).

**Planned Permanent Living Arrangement.** This permanency goal is available for children 16 years of age and older for whom the cabinet has unsuccessfully tried to find an adoptive family or suitable relative and all other permanency goals have been exhausted. If the child has formed a psychological bond with the caregiver, DCBS may enter into a court-sanctioned written agreement regarding the cabinet’s intention for the child to remain with the caregiver to provide a permanent living arrangement.
Legal Guardianship. This permanency goal shall be sought if the cabinet determines that returning the child home is not in the child’s best interest and there is an identified adult willing to seek legal guardianship of the child.

Emancipation. This permanency goal is pursued for a child 16 years of age or older when family reunification, adoption, legal guardianship, or other permanency goals are determined not in the best interests of the child. Regulation requires emancipation as a permanency option for children 16 or older when relative placement or adoption has been unsuccessful and the child has been placed on a national adoption register, and other permanency options are not appropriate due to the child’s specific circumstances (922 KAR 1:140 sec. 10). If emancipation is sought for a child’s permanency goal, the cabinet must refer the child to an independent living program (922 KAR 1:140 sec. 10(2)).

Ongoing Case Work

Once DCBS has found a placement for the child and has created a case permanency plan, the caseworker is required to conduct face-to-face visits with the child at least once every month and visit with the family frequently enough to discuss case planning tasks, objectives, and to evaluate the family’s progress. As circumstances change, the case permanency plan can be modified to ensure that everyone involved understands what is expected of them and that all actions are taken in the best interest of the child.

Recruitment Of Foster Parents

Federal law requires that DCBS recruit and retain an adequate pool of potential foster parents to meet the diverse needs of children in out-of-home care (42 U.S.C. 622(b)(7)). To this end, the department created the Diligent Recruitment Report in 2009, which uses demographic information about the children in out-of-home care to assess the extent to which the racial, cultural, and ethnic background of foster parents are reflective of the youth in care. This report is produced monthly for each county, DCBS

---

DCBS filed an emergency regulation that removed emancipation as a viable permanency goal, which went into effect June 29, 2017.
service region, and statewide, and distributed to DCBS child welfare staff in all counties.\textsuperscript{15}

Table 1.2 presents the data found in the July 2017 Diligent Recruitment Report for the state. This report breaks down the out-of-home care population by age, ethnicity, and whether the children are part of a sibling group. It also provides data on the number of DCBS resource homes and private foster homes that accept children of a particular age, accept sibling groups, and have parents of a particular ethnicity. The far right column is the “percent of need met,” which DCBS said was developed “as a relatively simple estimate that could be used to help staff and partners assess to what extent the racial, cultural, and ethnic background of Kentucky’s foster parents was reflected of youth in care.”\textsuperscript{16}

The measure identifies areas where there are shortfalls in meeting the needs of the out-of-home care population and where foster parent recruitment efforts need to be focused. When calculating the percent of need met, the department assumes that each foster home is caring for a sibling group consisting of two children. So, percent of need met equals

\[
\left(\frac{\text{# of DCBS homes} + \text{# of Private homes}}{\text{# of children}} \times 2\right) \times 100
\]

For example, to calculate the percent of need that is being met for children ages 0 to 5 years, add the number of DCBS homes (1,617) and the number of PCC homes (771) that accept children ages 0 to 5, multiply by 2 children per home (4,776), divide the resulting number by the number of children in out-of-home care who are ages 0 to 5 (2,793), and multiply by 100 to get a percentage. The result is 171 percent, which is interpreted to mean that the state has 171 percent of foster homes to meet the placement needs for children ages 0 to 5 years.

Assuming that each foster home is caring for a sibling group that consists of two children may result in an inaccurate and inflated percent of need met figure. For example, if each home used in the calculations above was caring for only one child, the resulting percent of need met would be 85.5 percent.
Table 1.2
Statewide Diligent Recruitment Report
July 2017

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Children</th>
<th>DCBS</th>
<th>Private</th>
<th>Percent Of Need Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in out-of-home-care</td>
<td>8,530</td>
<td>1,982</td>
<td>2,548</td>
<td>106%</td>
</tr>
<tr>
<td>Children age 0-5</td>
<td>2,793</td>
<td>1,617</td>
<td>771</td>
<td>171</td>
</tr>
<tr>
<td>Children age 6-11</td>
<td>2,182</td>
<td>720</td>
<td>1,086</td>
<td>166</td>
</tr>
<tr>
<td>Children age 12-21</td>
<td>3,555</td>
<td>238</td>
<td>1,412</td>
<td>93</td>
</tr>
<tr>
<td>Children 19+ (aged out)</td>
<td>231</td>
<td>13</td>
<td>35</td>
<td>42</td>
</tr>
<tr>
<td>Children in sibling group</td>
<td>4,349</td>
<td>1,422</td>
<td>922</td>
<td>42</td>
</tr>
<tr>
<td>Siblings placed together</td>
<td>2,531</td>
<td>436</td>
<td>406</td>
<td>*</td>
</tr>
<tr>
<td>African American</td>
<td>1,597</td>
<td>155</td>
<td>426</td>
<td>73</td>
</tr>
<tr>
<td>Asian</td>
<td>14</td>
<td>7</td>
<td>10</td>
<td>243</td>
</tr>
<tr>
<td>Caucasian</td>
<td>7,176</td>
<td>1,830</td>
<td>2,071</td>
<td>109</td>
</tr>
<tr>
<td>Native American</td>
<td>24</td>
<td>1</td>
<td>11</td>
<td>100</td>
</tr>
<tr>
<td>Hispanic</td>
<td>445</td>
<td>24</td>
<td>43</td>
<td>11</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Island</td>
<td>17</td>
<td>1</td>
<td>5</td>
<td>71</td>
</tr>
<tr>
<td>Medically complex</td>
<td>179</td>
<td>35</td>
<td>48</td>
<td>39</td>
</tr>
</tbody>
</table>

Note: Original Percent of Need Met figures were rounded to the nearest whole number.

* Note: Percent of Need Met was not calculated for siblings placed together in the original report.


DCBS has data to make a more accurate percent of need met calculation.

A department data analyst confirmed that DCBS collects enough information to make a more accurate calculation. However, DCBS officials stated, “If a more intensive examination of a geographic area’s needs is necessary, specialists exist in each Service Region and Central Office to assist with data extraction and analysis.”

Since this report is used by DCBS service region and county staff to plan foster parent recruitment efforts, the monthly Diligent Recruitment Report data should be as accurate as possible.

**Recommendation 1.4**

The Department for Community Based Services should use existing data to calculate a more accurate “percent of need met” figure in its Diligent Recruitment Report.
Growth Of Kentucky’s Out-Of-Home Care Population

The number of children in out-of-home care changes daily, with new children entering the system and others leaving it. However, because the average child stays in care for 20 months or more, it does not take much of a discrepancy between the numbers of children entering and exiting each month for the population of those remaining to grow rapidly.

Figure 1.C shows the number of children who entered and exited care on January 1, 2012 or after. In January 2012, 459 children entered the system. Of those, 56 returned home or found another permanent placement within the month; leaving 403 children still in care by January 31, 2012. Because more children entered than exited each month, by the end of 2012, the number of children remaining in care rose to 3,702. By just 2 years later, January 2015, the number had increased to 5,904.

Note: The variable “still in care” does not represent the actual number of children in Kentucky’s out-of-home-care system at any given date; it represents the number of children who remain in care after entering the system on or after January 1, 2012.
Kentucky’s Out-Of-Home Care Population

As of September 2017, there were 8,499 Kentucky children in out-of-home care. However, this number changes daily as new children enter the system while others are either reunited with their families or placed elsewhere permanently. As Table 1.3 shows, more than 11,000 children were in the Kentucky out-of-home care system at some time last year, a 15.4 percent increase since 2012. The largest increase was the number of 6- to 10-year-olds, which grew more than 32 percent during this period.

Table 1.3
Children In Out-Of-Home Care By Age Group
FY 2012 To FY 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>3,392</td>
<td>3,591</td>
<td>3,617</td>
<td>3,671</td>
<td>3,719</td>
</tr>
<tr>
<td>6-10</td>
<td>1,983</td>
<td>2,167</td>
<td>2,436</td>
<td>2,444</td>
<td>2,620</td>
</tr>
<tr>
<td>11-15</td>
<td>2,050</td>
<td>2,089</td>
<td>2,260</td>
<td>2,319</td>
<td>2,291</td>
</tr>
<tr>
<td>16-20</td>
<td>2,334</td>
<td>2,513</td>
<td>2,583</td>
<td>2,576</td>
<td>2,665</td>
</tr>
<tr>
<td>21 &amp; over</td>
<td>108</td>
<td>131</td>
<td>112</td>
<td>86</td>
<td>92</td>
</tr>
<tr>
<td>Total</td>
<td>9,867</td>
<td>10,491</td>
<td>11,008</td>
<td>11,096</td>
<td>11,387</td>
</tr>
</tbody>
</table>


Over the past 5 years, children 5 years and younger represented the largest proportion of the out-of-home care population. Children 16 to 20 years consistently accounted for approximately one-quarter of the children.

Over this period, boys were approximately 52 percent of the children in out-of-home care; girls were approximately 48 percent. Nearly 75 percent of the children were Caucasian, 15 percent were African-American, and approximately 10 percent were classified as “other” or “unable to determine.”
Nearly 69 percent of the children in out-of-home care were removed from their home because of neglect. Removal due to drug abuse by the parent (24.5 percent) and children with behavioral problems (22.7 percent) were the second and third most frequent reasons.

Why Children Were Initially Removed

DCBS collects data on the reasons children were removed from their homes and is required to submit these data annually to the federal government’s Adoption and Foster Care Analysis and Reporting System (AFCARS) (45 C.F.R. sec. 1355.40). As Table 1.4 shows, the most common reason for removal from the home was neglect, which occurred in nearly 69 percent of the cases. Removals due to drug abuse by the parent (nearly 24.5 percent) and children with behavioral problems (more than 22.7 percent) were the second and third most frequent reasons.

Table 1.4
Reasons Children Were Removed From Their Home
FY 2010 To FY 2015

<table>
<thead>
<tr>
<th>Reason For Removal</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>68.6%</td>
</tr>
<tr>
<td>Drug abuse - parent</td>
<td>24.5</td>
</tr>
<tr>
<td>Child behavior problem</td>
<td>22.7</td>
</tr>
<tr>
<td>Caretaker inability to cope</td>
<td>19.2</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>10.9</td>
</tr>
<tr>
<td>Inadequate housing</td>
<td>10.2</td>
</tr>
<tr>
<td>Parent incarceration</td>
<td>9.5</td>
</tr>
<tr>
<td>Alcohol abuse - parent</td>
<td>5.2</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>3.6</td>
</tr>
<tr>
<td>Abandonment</td>
<td>3.1</td>
</tr>
<tr>
<td>Relinquishment</td>
<td>3.1</td>
</tr>
<tr>
<td>Drug abuse - child</td>
<td>3.0</td>
</tr>
<tr>
<td>Child disability</td>
<td>1.2</td>
</tr>
<tr>
<td>Alcohol abuse - child</td>
<td>1.1</td>
</tr>
<tr>
<td>Parent death</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Note: Percentages add up to more than 100 because children can be removed for more than one reason.

Over the past 5 years, reunification was the most common permanency goal (70 percent) but has been decreasing during this period. Adoption was the goal in nearly 24 percent of cases.

If a child is removed from the home, DCBS is obligated under federal law to “make reasonable efforts to reunify children with their families” (42 U.S.C. sec. 671(a)(15)(B)). As Table 1.5 shows, on average, the Citizen Foster Care Review Boards found reunification as the primary goal in nearly 70 percent of out-of-home-care cases over the past 5 years. However, reunification as the primary permanency goal had decreased over this period to just under 67 percent in FY 2016 from a peak of just over 72 percent in
FY 2013. Adoption was the permanency goal in nearly 24 percent of cases over this period, but increased to more than 28 percent last year. Other permanency goal options, accounting for just over 6 percent of all cases from 2012 to 2016, included emancipation, planned permanent living arrangement, permanent relative placement, legal guardianship, and independent living.

Table 1.5
Percentage Of Out-Of-Home Care Population By Permanency Goal FY 2012 To FY 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to parent</td>
<td>72.5%</td>
<td>73.1%</td>
<td>70.6%</td>
<td>66.9%</td>
<td>66.5%</td>
</tr>
<tr>
<td>Adoption</td>
<td>22.7%</td>
<td>21.5%</td>
<td>23.5%</td>
<td>27.2%</td>
<td>28.2%</td>
</tr>
<tr>
<td>Emancipation</td>
<td>2.6%</td>
<td>3.0%</td>
<td>3.4%</td>
<td>3.6%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Planned permanent living</td>
<td>1.6%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>1.5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Permanent relative placement</td>
<td>0.5%</td>
<td>0.7%</td>
<td>0.6%</td>
<td>0.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Legal guardianship</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Independent living</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Note: Not included here are 3 children in 2014 and 5 in 2015 classified as “relative placement” and 1 child in 2016 classified as “permanent substitute care.”

Time Spent In Out-Of-Home Care

Table 1.6 shows the average number of months children of various ages spent in out-of-home care from FY 2012 to FY 2016. Over this period, the average child spent nearly 19 months in out-of-home care. In all years, older children tended to spend more time in out-of-home care than did younger children.21
In September 2017, DCBS reported that on average a child in out-of-home care had been moved from one foster home to another 3.2 times during the child’s current stay in state custody. Such figures are often interpreted by interested parties as strictly negative, but that is not necessarily the case.22

Many circumstances occur during a child’s stay in out-of-home care that may require DCBS to move the child from the current placement to another. Program Review staff used data from all children who entered out-of-home care on or after January 1, 2012, and analyzed placement changes by classifying the reasons for each move as being either a disruption, neutral, or progress toward reaching either reunification or another permanency option.23

As Table 1.7 shows, of the 36,539 moves that could be classified, more than half were seen as either neutral (16.2 percent) or progress (39.0 percent). Neutral moves occurred most often when the child was moved from a temporary emergency shelter to a more permanent placement or when the move was court ordered. The progress moves represent children making progress on the case permanency plan and closer to reunification or another type of permanency.
Table 1.7
Number And Classification Of Moves By Children Who Entered Out-Of-Home Care On Or After January 1, 2012

<table>
<thead>
<tr>
<th>Effect Of Move</th>
<th>Number</th>
<th>Percent Of Disruptions</th>
<th>Percent Of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disruption</td>
<td>16,386</td>
<td>44.9%</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>5,857</td>
<td>35.7%</td>
<td></td>
</tr>
<tr>
<td>Caretaker</td>
<td>3,538</td>
<td>21.6%</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>6,991</td>
<td>42.7%</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td>5,911</td>
<td>16.2%</td>
<td></td>
</tr>
<tr>
<td>Progress</td>
<td>14,242</td>
<td>39.0%</td>
<td></td>
</tr>
</tbody>
</table>

Note: Appendix B provides a full account of the reasons for each move; percentages may not add to 100 because of rounding.

Nearly 45 percent were disruptive moves and of those disruptive moves, more than 40 percent resulted from the child’s negative behavior such as running away or being aggressive to caregivers. Disruptive moves caused by the agency (35.7 percent) were mostly from either DCBS or the PPC realizing that the child needed additional or specialized services. The remainder of the disruptive moves (21.6 percent) resulted from actions taken by the caregiver, such as being noncompliant with requirements or becoming physically incapacitated.

Recommendation 1.5

The Department for Community Based Services should indicate disruptive, neutral, and positive reasons for placement changes in its reports.

Reasons For Exiting Out-Of-Home Care

Over the past 5 years, on average, nearly 4,300 children exited out-of-home care annually. This number has been trending upwards, from 4,054 in 2012 to 4,600 in 2016. As shown in Table 1.8, reunification with the family was the most common reason, averaging approximately 40 percent of the cases. However, reunification declined during this period by slightly more than 6 percentage points. The second most frequent reason for exiting care was children being placed with a relative, which occurred, on average, approximately 27 percent of the time. Children leaving out-of-home care because they were adopted increased during this period by slightly more than 5 percentage points.24
Table 1.8  
Percentage Of Children Who Exited Out-Of-Home Care By Permanency Type  
FY 2012 To FY 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunification</td>
<td>41.2%</td>
<td>39.9%</td>
<td>40.4%</td>
<td>39.4%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Placed with relative</td>
<td>27.2%</td>
<td>28.2%</td>
<td>25.6%</td>
<td>26.7%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Adoption</td>
<td>18.2%</td>
<td>16.9%</td>
<td>19.4%</td>
<td>20.4%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Aged out</td>
<td>12.2%</td>
<td>12.9%</td>
<td>12.9%</td>
<td>11.8%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Other permanency</td>
<td>1.3%</td>
<td>2.2%</td>
<td>1.7%</td>
<td>1.7%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Note: Other permanency includes other guardian, transfer to another agency, death, and delinquent; the 2016 report had 14 children as “not released,” who were not included in the total.


16 Ibid.
17 Ibid.
\footnote{Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. \textit{Annual Reports}, FY 2012 to FY 2016.}
\footnote{Caywood, Elizabeth. “LRC data request – 12 July 2016.” Email to Chris Hall. Aug. 15, 2016}
\footnote{Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. \textit{Annual Reports}, FY 2012 to FY 2016.}
\footnote{Kentucky. Dept. for Community Based Services. “Statewide Foster Care FACTS.” Sept. 3, 2017.}
\footnote{Kentucky. Administrative Office of the Courts. Citizen Foster Care Review Board. \textit{Annual Reports}, FY 2012 to FY 2016.}
Chapter 2

Adoption

Children in state care can be placed for adoption by either the Department for Community Based Services or a DCBS-licensed child placement agency if the agency’s license specifically authorizes it to make foster-to-adoption placements. Such agency licenses are issued for 1 year. To renew the license, Cabinet for Health and Family Services staff must visit and inspect the agency each year (KRS 199.640 and 199.660).

Court proceedings consist of three broad steps. Termination of parental rights (TPR) must be granted; a permanency goal of adoption must be established; and a court must rule on a petition for adoption.

Termination Of Parental Rights

Under federal law, an action for termination of parental rights must be initiated when a child has been in foster care for 15 of the past 22 months, with certain exceptions. An action must be immediately pursued if the child is an abandoned infant. Termination of parental rights must also be pursued when the parent has committed, aided, or attempted the murder or voluntary manslaughter of the child’s sibling; or when the parent has committed a felony assault resulting in serious bodily injury to the child or the child’s sibling (42 USC sec. 675(5)(E)).

Exceptions that may suspend the requirement for pursuing termination of parental rights include the child being cared for by a relative; the case permanency plan documents a compelling reason that termination of parental rights is not in the child’s best interest; or the state has not provided services, within the required case plan time frame, deemed necessary for the child’s safe return home (42 USC sec. 675(5)(E)(i-iii)).

Voluntary Termination Of Parental Rights

As Figure 2.A shows, a birth parent(s) may file a petition for the voluntary termination of parental rights in the Circuit Court in the judicial circuit where the petitioner or child resides. A petition may not be filed prior to 3 days after the child is born (KRS 625.040).
Within 3 days after a petition is filed, the Circuit Court must set a hearing date, which cannot be more than 30 calendar days after the petition is filed (KRS 625.042). The court must appoint a guardian ad litem to represent the best interest of the child (KRS 625.041(1)). The birth parent(s) represents to the court that termination is desired; they understand the effect of the termination; and the child’s best interests will be served by the termination.

**Figure 2.A**

**Voluntary Termination Of Parental Rights Process**

A child 3-days old or more

Birth parent(s) file a petition for voluntary TPR with Circuit Court

Within 3 days of petition being filed

Circuit Court must set a hearing date on the petition

Hearing must take place within 30 days

Birth parents testify that TPR is desired

Source: Created by Program Review staff from KRS 625.040, 625.042, and 625.041(1).

If a court finds that the statutory requirements have been met and termination of parental rights is in the child’s best interest, the court enters an order terminating parental rights. Upon CHFS’ consent, the child may be declared a ward of the state and custody vested in CHFS or in a CHFS-licensed child placement agency (KRS 625.043). Any order for the voluntary termination of parental rights is conclusive and binding on all parties (KRS 625.046).
Involuntary Termination Of Parental Rights

As Figure 2.B shows, a petition for the involuntary termination of parental rights is filed in the Circuit Court for the county in which either birth parent lives or may be found or the county in which the child involved lives or is present. Proceedings for involuntary termination of parental rights are initiated by petition by CHFS, a CHFS-licensed child placing agency, a county or Commonwealth’s attorney, or a parent. No petition may be filed prior to 5 days after the birth of the child or solely because of a mother’s use of a non-prescribed controlled substance during pregnancy if she enrolls in and maintains substantial compliance with both a substance abuse treatment or recovery program and a regimen of prenatal care throughout the remaining term of her pregnancy (KRS 625.050).

A hearing on the petition must be held within 60 days of the motion. An adoption may be granted without the consent of the biological living parents of a child if it is proved that one of the following conditions exist.

- The parent has abandoned the child for 90 days or more;
- The parent intentionally inflicted or allowed others to inflict serious physical injury on the child;
- The parent intentionally continuously or repeatedly inflicted or let others inflict physical injury or emotional harm;
- The parent has been convicted of a felony that involved the infliction of serious physical injury on the child;
- The parent, for 6 or more months, has continuously or repeatedly failed, refused, or has been incapable of providing the child with essential care and protection, and there is no reasonable expectation of improvement;
- The parent caused or allowed the child to be sexually abused or exploited;
- The parent, for reasons other than poverty alone, continuously or repeatedly failed to provide or is incapable of providing essential food, clothing, shelter, medical care, or education reasonably necessary and available for the child’s well-being and there is no reasonable expectation of significant improvement in the parent’s conduct in the immediately foreseeable future;
- The parent’s parental rights to another child have been involuntarily terminated;
- The child was born during or after an interlude in the termination of parental rights; and the factor which led to the termination has not been corrected; or
- The parent has been convicted in a criminal proceeding of having caused or contributed to the death of another child as a result of physical or sexual abuse or neglect (KRS 625.090(2); KRS 199.502).

**Figure 2.B**

**Involuntary Termination Of Parental Rights Process**

- A child 5 days old or older
- Petition for involuntary TPR is filed in Circuit Court by CHFS, a CHFS-licensed child placement agency, a county or Commonwealth’s attorney, or a birth parent
- Within 60 days of petition being filed
- Court must have hearing on petition
- Within 30 days after hearing
- Circuit Court enters decision
- Appeal allowed

Source: Created by Program Review staff from KRS 625.050 and 625.090

The child is always made a party to the action and the court must appoint a guardian ad litem to represent that child’s best interests. The guardian ad litem is paid up to $500 by the Finance and Administration Cabinet when CHFS is the proposed custodian (KRS 625.080(2)).

A putative father is the alleged biological father of a child born out of wedlock. The putative father must be made a party to the petition for involuntary termination of parental rights if
- The birth mother identified him by affidavit;
• He has legally asserted paternity within 60 days after the child was born;
• His name is affixed to the child’s birth certificate;
• He has begun a judicial proceeding claiming parental rights;
• He has contributed financially to the child’s support, either by paying the medical bills for the child’s birth or financially contributing to the child’s support; or
• He is married to the biological mother or has lived openly with the child or the child’s biological mother (KRS 625.065).

The parents have the right to legal representation in involuntary termination actions. If the court finds the parent indigent, it may appoint an attorney to represent the parent, to be provided or paid for by the Finance and Administration Cabinet. The fee is set by the court, not to exceed $500 (KRS 625.080(3)).

A birth parent may defend an involuntary termination of parental rights by attempting to show one of three elements. One is that CHFS has failed to provide all reasonable services that might result in a reunion of the family. Another is that the child’s welfare will not be improved if termination is ordered. Another is that the parent may prove that serious physical injury to the child will not reoccur, that continuous or repeated physical injury or emotional harm to the child will not reoccur, or sexual abuse or exploitation will not reoccur. If one of these circumstances is proved, the court may decide not to terminate parental rights.³

In determining the best interests of the child, the court must consider:
• The parent’s emotional or mental illness, or mental deficiency which renders the parent consistently unable to care for the physical or psychological needs of the child for extended periods of time;
• Acts of abuse or neglect towards any child in the family;
• If the child is in state custody, whether DCBS provided all reasonable services to the parent which reasonably might bring about a reunion of the family;
• The efforts and adjustments the parent(s) have made in their circumstances, conduct or conditions to make it in the child’s best interest to return him to his home within a reasonable period of time, considering the age of the child;
The child’s physical, emotional and mental health and the prospects for improvement of the child’s welfare upon termination of parental rights; and

- The parent’s payment or failure to pay a reasonable portion of substitute physical care and maintenance if financially able to do so (KRS 625.090(3)). This refers to financial support for the child by the biological parent while the child is awaiting involuntary TPR.4

The Circuit Court enters a separate decision for each parent contesting TPR within 30 days, either terminating the parent’s right or dismissing the petition and stating whether the child must be returned to the parent or must remain in state custody (KRS 625.090(6)). The final order entered by the court following a hearing on a termination petition may be appealed in accordance with the Kentucky Rules of Civil Procedure (KRS 625.110).

When an involuntary termination of parental rights is appealed, there can be long court-related delays. Program Review staff attempted to determine the length of such delays, but as noted in Chapter 1, AOC cannot provide reliable information on these delays. Also, the DCBS system does not document for a management report that a termination of parental rights is under appeal or any other court-related delays. The ability to document termination of parental rights under appeal is expected to be added to i-TWIST when the adoptions system migrates to it at the end of 2017. The adoption screens are to track court-related dates to make it easier to identify barriers such as court delays and delays in filing court paperwork.5

Certified Adoptive Homes Waiting For Adoption Judgment.
When a court rules to change a child’s permanency goal to adoption, the child may be placed with a certified adoptive parent while waiting for termination of parental rights. Once a child comes into state custody, a District Court must conduct a permanency hearing within 12 months, and every 12 months thereafter.

Establishment Of Adoption As Permanency Goal
If a child is placed in state custody, a District Court judge must conduct a permanency hearing within 12 months. If state custody continues, a permanency hearing must be conducted every 12 months (KRS 610.125(1)). If CHFS determines that reunification is not in the child's best interest, it must file a case permanency plan with the court to change the child’s permanency goal. The
plan must document the reasons for not making further reasonable efforts toward reunification (KRS 610.125(2)). One reason may be that the biological parent(s) have not worked on an assigned case plan, such as a substance abuse treatment plan. DCBS workers review the entire life of the case, making sure all points have been addressed. CHFS determines whether to petition the court for a permanency goal of adoption. If yes, the caseworker files the petition with the court.  

The clerk of the court then sets a pre-trial hearing on a permanency goal. At that point, the biological parents and extended family members are served notice to attend the pre-trial (KRS 610.125(3)). It may be difficult to find the biological parents or other family members. If so, the court may set another pre-trial hearing to try once again to locate all adult family members. If the relevant family members still cannot be found, the court appoints a warning order attorney to undertake a comprehensive search that can last up to 50 days. At that point, the court can proceed to rule on a permanency goal.

**Adoption Proceedings**

Once a court has terminated parental rights and ruled that the placement goal is adoption, the goal is to finalize the adoption within 24 months. Priority consideration for an adoption must be given to a relative or the current foster family. If neither of those options is available, then consideration for adoption turns to interested adoptive parent(s) (922 KAR 1:100 sec. 5(2)), sec. 3(1), and sec. 3(2).

If an adoption petition is filed, the court must hold a hearing within 30 days. Notice of the hearing must be given to all necessary parties at least 10 days in advance. At least one of the adopting parents and the guardian ad litem, if any, for the child must be present at the hearing (KRS 199.515). Parties in an action for permission to place a child for adoption must include the child to be adopted and the child’s guardian, if there is one. If custody of the child has been transferred to CHFS, it is a defending party (KRS 199.480(1)). Other parties must include the child’s biological living parents if the child was born in wedlock. If the child was born out of wedlock, the biological mother is a party, along with a putative father, if there is one.

After hearing the case, the court may grant adoption, at which time the child becomes the child of the adoptive parent. The clerk of the
court notifies CHFS of a judgment granting an adoption, the amendment of an adoption, or the denial or dismissal of a petition for adoption (KRS 199.520).

Who May Adopt

A Kentucky resident of at least 12 months who is at least 21 years old may file a petition to adopt a child in the Circuit Court of the county in which the petitioner lives (KRS 199.470(1); 922 KAR 1:350 sec. 2(1)(a)). An adoptive parent applicant must have a source of income sufficient to meet the applicant’s household expenses separate from any adoption assistance provided (922 KAR 1:350 sec. 2(10)).

Unless an exception has been approved, no more than five children, including the adoptive parent’s own children, shall live in the adoptive parent’s home; and no more than two children under age two, including the adoptive parent’s own children, shall live in the adoptive parent’s home (922 KAR 1:100 sec. 3(4)). CHFS officials noted that the five-child limit was created “based upon experience regarding typical capacities of a home and study of other states.” They also noted that this standard is under review and may be revised in a future regulatory amendment.9

Petitions for adoption of children for whom parental rights have been involuntarily terminated shall not be denied based on the religious, ethnic, racial, or interfaith background of the adoptive applicant (KRS 199.471).

An adoptive applicant shall provide to CHFS the names of three personal references who either can be interviewed by DCBS staff or provide letters of reference. Two credit references are also required (922 KAR 1:350 sec. 2(13)). At least two family consultations are conducted by DCBS staff in an applicant’s home (922 KAR 1:350 sec. 6(6)). Planned visitation between a child older than 1 month and a prospective adoptive parent must occur at least two times prior to placement (922 KAR 1:100 sec. 5(1)).

Prior to approval as an adoptive parent, an applicant must complete a number of training requirements (922 KAR 1:350 sec. 6(2)). CHFS must either provide or approve the training curricula (922 KAR 1:495 sec. 2(2)). An adoptive parent must complete a minimum of 15 hours in areas such as expectations of an adoptive parent; a number of ways trauma, grief, loss, and attachment affect
children; cultural competency, and behavior management (922 KAR 1:495 sec. 2(2)(a)).

Unless justification is documented, adoptive parent training is completed in a group setting by each adult member of the household who may provide routine care to the child (922 KAR 1:495 sec. 2(2)(c)). In addition to these initial training requirements, an applicant must complete electronic courses provided by CHFS on pediatric abusive head trauma; first aid and universal precautions; medication administration; and medical passports (922 KAR 1:495 sec. 2(3)).

**Home Studies**

A home study must be completed before adoption can take place. The purpose is to review the applicant’s background and determine the applicant’s suitability to receive a child. The portion of the home study pertaining to the home and family background is valid for 1 year. Based on the home study report and the recommendation of the adoption worker who conducted the study, the CHFS secretary must grant or refuse permission for the applicant to adopt a child within 60 days after receipt of the application (KRS 199.473(2), 199.473(3)(e), and 199.473(5)).

When a licensed child placement agency finds an adoptive home for a child in state care, DCBS staff must complete the DCBS portion of the home study. To be eligible for a federal adoption subsidy, the adoptive home must be approved as a DCBS home. That requires approximately 25 percent of additional information only DCBS can provide.

DCBS-licensed child placement agencies have voiced questions about the home study process. There seems to be confusion among them about the need for a home study to be done by DCBS. The confusion may be due to a need for DCBS to provide additional federally-required components, not necessarily a revision of the child placement agency’s study.

When potential adoptive parents first contact a child placement agency to adopt, they may not care if the child is in state custody or may be open to independent adoptions or adoptions from another state, so the agency performs its own home study. If the parents later see a state-custody child they want to adopt, the home study must be sent to DCBS for completion. Since there may be a wait to obtain the DCBS-completed home study, the potential adoptive parents may become frustrated. In addition, the foster-to-
adopt parents need to open their homes twice: once to review them as adoptive parents for any kind of adoption and again when DCBS approves them to adopt a child in state custody.\(^{14}\)

### Criminal Background Checks

Before a prospective parent can be approved to adopt, KRS 199.462 requires a criminal background investigation of the adoptive parent and each adult household member. This includes a fingerprint check by the Department of Kentucky State Police (KSP) and the Federal Bureau of Investigation (FBI). The investigation also includes a criminal records check conducted by the Justice and Public Safety cabinet and an address check of the Sex Offender Registry (922 KAR 1:490).

All requests for adoption background checks are submitted to KSP, whether from DCBS, private agencies, or someone else. Thus, KSP does not know which requests were submitted by whom. FBI rules require KSP to return these background checks to a state agency, so KSP has been sending them to DCBS. DCBS then releases those requested by licensed child placement agencies to those agencies. A 2016 FBI audit concluded that proper records of which background checks were received, and to whom they were forwarded, were not being kept. Another level of scrutiny is required, such as DCBS keeping extensive logs on this information, including requests sent, for whom, and whether appropriate forms were signed by the private child placement agencies pledging not to divulge their information to anyone. A KSP official met with DCBS in the summer of 2017, and the necessary changes are in process.\(^{15}\)

### Adoption Assistance

In some instances, DCBS may determine that a child has needs beyond what a reasonable adoptive parent might be expected to provide. In such cases, CHFS may offer additional assistance (KRS 199.555(1)(b)). Kentucky defines a “special needs” child as one for whom adoptive placement without financial assistance is unlikely because the child

- Has a physical or mental disability;
- Has an emotional or behavioral disorder;
- Has a recognized risk of physical, mental, or emotional disorder;
- Is a member of a sibling group in which the siblings are placed together;
• Has had previous adoption disruption or multiple placements;
• Is a member of a racial or ethnic minority and two years old or older; or
• Is age seven or older and has a significant emotional attachment or psychological tie to the foster family; and DCBS has determined it would be in the child’s best interest to remain with the family (922 KAR 1:050 sec. 2).

Under Title IV-E of the Social Security Act, states with an approved Title IV-E plan must enter into an adoption assistance agreement with the adoptive parents of any child who is found to have special needs. An adoption assistance agreement specifies the nature and amount of any payments, services, and assistance to be provided (922 KAR 1:060 sec. 7).

Federal adoption assistance means a monthly payment to meet the special needs of a child placed for adoption. It includes payment of nonrecurring adoption expenses (usually legal) and may include reimbursement of extraordinary medical expenses (KRS 199.557).

If DCBS finds that a monthly assistance payment to adoptive parents will increase the likelihood of adoption, adoption assistance may be paid to the adoptive parents if three conditions exist:
• The child was considered a special-needs child prior to the adoption;
• CHFS has authority to consent to the child’s adoption; and
• The adoptive parents can give suitable care to the child if a monthly adoption assistance is paid (KRS 199.555(5)).

If the cabinet determines that reasonable but unsuccessful efforts have been made to place a special-needs child for adoption without assistance and that it is unlikely the child would be adopted without such assistance, federal reimbursement is available for a part of the cost of providing monthly subsidies on behalf of the child. Title IV-E adoption assistance funding is authorized on a permanent, no year limit basis (KRS 199.555).
Recruitment Of Adoptive Homes

From 2012 to 2016, the number of children available for adoption increased each year except 2013. Over this period, 2,257 children were adopted. A total of 552 adoptable children were discharged from DCBS care for a reason other than adoption. A number of the adoptable children may be in foster homes who wish to adopt them, while awaiting termination of parental rights or other legal proceedings. Tables 2.1 and 2.2 include children in the Swift and SNAP programs, and all children needing adoption are included in at least one of these two programs.

Table 2.1
Children Available For Adoption And Percent Adopted
2012 To 2016

<table>
<thead>
<tr>
<th>Year As of Jan. 1</th>
<th>Adopted</th>
<th>Percent Adopted</th>
<th>Discharged For Other Reason</th>
<th>Percent Discharged</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>981</td>
<td>376</td>
<td>38.3%</td>
<td>104</td>
</tr>
<tr>
<td>2013</td>
<td>918</td>
<td>334</td>
<td>36.4</td>
<td>121</td>
</tr>
<tr>
<td>2014</td>
<td>1,016</td>
<td>445</td>
<td>43.8</td>
<td>136</td>
</tr>
<tr>
<td>2015</td>
<td>1,101</td>
<td>535</td>
<td>48.6</td>
<td>95</td>
</tr>
<tr>
<td>2016</td>
<td>1,153</td>
<td>567</td>
<td>49.2</td>
<td>96</td>
</tr>
<tr>
<td>Total</td>
<td>2,257</td>
<td></td>
<td>552</td>
<td></td>
</tr>
</tbody>
</table>

Source: Caywood, Elizabeth. Dept. for Community Based Services. Attachment to Email to Chris Hall. July 12, 2017.

The percentage of adoptables carried over from the previous year has ranged from 55 percent in 2013 to 39.5 percent in 2015.

Table 2.2 shows how many adoptable children each year had been available for adoption in the previous year, and how many were newly available for adoption. The percentage of adoptables carried over from the previous year has ranged from a high of 55 percent in 2013 to a low of 39.5 percent in 2015.
Table 2.2
Children Available For Adoption
2013 To 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Adoptables Remaining From Previous Year</th>
<th>New Adoptables</th>
<th>Total Adoptables</th>
<th>% Of Adoptables Remaining From Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>501</td>
<td>417</td>
<td>918</td>
<td>55.0%</td>
</tr>
<tr>
<td>2014</td>
<td>463</td>
<td>553</td>
<td>1016</td>
<td>45.6</td>
</tr>
<tr>
<td>2015</td>
<td>435</td>
<td>666</td>
<td>1101</td>
<td>39.5</td>
</tr>
<tr>
<td>2016</td>
<td>471</td>
<td>682</td>
<td>1153</td>
<td>40.9</td>
</tr>
</tbody>
</table>


Children available for adoption are posted on the AdoptUsKids website. AdoptUsKids is a project of the U.S. Children’s Bureau and maintains a national photo listing of children awaiting adoption.16

DCBS is expanding its recruitment efforts with the Dave Thomas Foundation for Adoption and Wendy’s Wonderful Kids program. The foundation is working with DCBS to provide recruitment workers to Kentucky’s adoption system. Smaller caseloads free these workers to work closely with the child, caseworkers, foster family, school personnel, therapists, and others involved with the child. The foundation has created a national model for providing child-specific information to interested adoptive parents. According to CHFS officials, past adoptive families may be more willing to adopt another child if they talk one-on-one with foundation staff.17

Swift Adoption

If an adoptive parent has not been found after a child’s permanency goal has become adoption, DCBS begins Swift adoption procedures, which expedite the process. Swift adoption teams work with recruitment participants from across the state.18

As required by KRS 199.565(1), DCBS has developed a written protocol for statewide Swift adoption procedures. DCBS has developed Swift adoption teams to expedite the process. These teams include department personnel representing the state, district, and local levels. Case referrals to Swift adoption teams are accepted from social services offices across the state (KRS 199.565(2)).

DCBS is required to issue a quarterly report that provides the status of the teams’ goals and objectives and identifies all adoption cases.
proceedings in which the teams have participated. Submission of the reports has been timely done. The reports include

- the number and location of all committed children placed for adoption,
- all options made available to those populations,
- the experience and activity for each case,
- the successful adoptions and locations, and
- the status of all cases in which the teams have participated (KRS 199.565(3)).

The Swift adoption team monitors the progress of the child’s case through termination of parental rights through adoption finalization. The team identifies barriers that will delay or impede the timely adoption of the child, including biological family issues; absent parent search; court issues; sibling issues; unresolved separation and loss issues; adoptive family issues; the appeals process; and internal system issues.19

**Special Needs Adoption Program**

At the same time a special needs child becomes eligible for Swift adoption, the child must also be registered with the Special Needs Adoption Program (SNAP) (922 KAR 1:100 sec. 2(7)). SNAP was established to find adoptive placements for special needs children. Children are referred to the program when their permanency goal is adoption, termination of parental rights has been granted, and they do not have any identified adoptive families being considered within 30 days following the termination of parental rights. SNAP recruits adoptive families for these children (922 KAR 1:100).20

SNAP staff use in-state media to inform the public of the child’s availability for adoption. These media include internet recruitment resources, adoption activities, and a website. SNAP staff also use national resources for recruitment.21 The Swift team coordinates with SNAP staff when a child has no identified adoptive family.

**Placing Kentucky Children In Other States**

KRS 615.030 authorizes CHFS to enter into interstate agreements with agencies of other states. When a person(s) wishing to adopt a Kentucky child lives in another state, the provisions of the Interstate Compact on the Placement of Children must be met (KRS 199.473(12)). In these cases, Kentucky’s CHFS continues to pay for a child’s adoption assistance, including medical payments (KRS 199.595 and 615.030).
6 Interview with Dept. for Community Services staff. April 20, 2017.
7 Ibid.
11 Interview with CHFS staff. Sept. 21, 2017.
13 Interview with CHFS staff. Sept. 21, 2017.
21 Ibid.
The number of children in the foster care system has increased annually since 2011. Kentucky’s increase has been more pronounced than the national trend. However, the number of caseworkers assigned to provide services to these children has not kept pace with the number of children entering the system.

The number of children in the national foster care system has increased annually since 2011. As Table 3.1 shows, Kentucky’s increase has been more pronounced than the national trend.\(^1\) As of July 2017, there were more than 8,500 children in Kentucky’s foster care system, a nearly 25 percent increase since 2011.\(^2\) Over this period the number of child protective service caseworkers increased by only 7 percent.\(^3\) DCBS reports that substance abuse is a major contributing factor to the increasing number of children in foster care.\(^4\)

Further, most child protective service caseworkers in Kentucky are assigned a mix of cases ranging from investigations to ongoing in-home and out-of-home care, all of which contribute to workloads. DCBS reports that the number of intake calls received by caseworkers doubled from 2011 to 2017 and the number of children in substantiated reports of abuse or neglect increased by 42 percent.\(^5\)

**Table 3.1**

<table>
<thead>
<tr>
<th>Year</th>
<th>Children (US)</th>
<th>Change</th>
<th>Children (KY)</th>
<th>Change</th>
<th>Caseworkers (KY)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>397,605</td>
<td></td>
<td>6,865</td>
<td></td>
<td>1,212</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>397,301</td>
<td>-0.1%</td>
<td>6,939</td>
<td>1.1%</td>
<td>1,223</td>
<td>0.9%</td>
</tr>
<tr>
<td>2013</td>
<td>401,213</td>
<td>1.0%</td>
<td>7,242</td>
<td>4.4%</td>
<td>1,235</td>
<td>1.0%</td>
</tr>
<tr>
<td>2014</td>
<td>414,429</td>
<td>3.3%</td>
<td>7,619</td>
<td>5.2%</td>
<td>1,269</td>
<td>2.8%</td>
</tr>
<tr>
<td>2015</td>
<td>427,910</td>
<td>3.3%</td>
<td>7,856</td>
<td>3.1%</td>
<td>1,262</td>
<td>-0.6%</td>
</tr>
<tr>
<td>% Change (2011 to 2015)</td>
<td>7.6%</td>
<td>14.5%</td>
<td>4.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>-</td>
<td>-</td>
<td>8,056</td>
<td>2.6%</td>
<td>1,284</td>
<td>1.7%</td>
</tr>
<tr>
<td>2017</td>
<td>-</td>
<td>-</td>
<td>8,546</td>
<td>6.1%</td>
<td>1,302</td>
<td>1.4%</td>
</tr>
<tr>
<td>% Change (2011 to 2017)</td>
<td>24.5%</td>
<td>7.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Child Welfare Caseloads

The increasing number of children in foster care has created challenges for state child welfare systems. In many states, the number of child welfare caseworkers has not kept pace with the number of children in foster care. This has resulted in the number of cases assigned to individual caseworkers rising to unmanageable levels.

In 2006, the United States Government Accountability Office (GAO) conducted a survey of state child welfare offices in which child welfare caseworkers reported that the most significant challenge they faced was the management of excessive caseloads. These caseworkers also reported that excessive caseloads were the most significant obstacle to providing services to children and families.6

Impact Of High Caseloads

Failure to set and maintain reasonable caseloads can result in many negative outcomes. First, failure to meet federal standards can jeopardize funding.7 In 2015 and 2016, Kentucky DCBS was penalized 1 percent of its federal funding because caseworkers did not complete the required number of monthly visits to children in foster care. This resulted in an additional $57,926 in estimated costs being covered by state funds each year.8

Second, excessive caseloads can lead to workers making mistakes that harm children and their families.9 A 2013 audit of the West Virginia Bureau for Children and Families found that excessive caseloads had led to the state being unable to investigate child abuse allegations effectively.10 A 2017 audit of Idaho’s child protective services found that lower workloads were significantly related to better results for children and families and that there was sufficient evidence to support the premise that lowering caseloads leads directly to better outcomes.11

Third, unmanageable workloads reduce caseworker morale, which reduces productivity and increases turnover. A 2006 GAO report found that excessive caseloads were significant indicators of turnover and lists unmanageable workloads as a main contributor to turnover. Moreover, caseworker turnover can further exacerbate caseload problems leading to a cycle of poor outcomes. A 2003

---

6 DCBS failed 2 years in a row to meet the 95 percent threshold for caseworker in-home visits. DCBS was last at 94.5 percent. DCBS has passed all other program improvement plans.
audit of Arizona’s child welfare system revealed that, despite caseload averages below national standards, caseworkers were still unable to manage cases effectively due to high turnover.¹²

Fourth, high caseloads that result in negative outcomes for children and their families can lead to class-action litigation. For example, in 2015 a US federal judge cited excessive workloads in finding that the Texas Department of Family and Protective Services had violated the 14th Amendment rights of children to be free from harm while in state custody by ignoring unmanageable caseloads for 20 years. The litigation resulted in more than $7 million in legal fees and the appointment of an independent special master.¹³ Several other states have been found liable for poor child protective services outcomes due to untenable caseworker workloads in recent years. Class action lawsuits are currently pending in nearly 30 states and 20 states are currently working to implement consent decrees or other court orders to reform their child welfare systems.¹⁴

**Caseload Standards**

The Child Welfare League of America (CWLA) and the Council on Accreditation (COA) have established maximum caseload standards that are manageable, do not compromise the quality of services provided to children and families, and avoid the negative outcomes discussed above. Current CWLA standards recommend a caseload average of no more than 12 cases per caseworker, while current COA standards recommend no more than 15.¹⁵

A 2009 study of caseworkers in Pittsburgh and a 2016 report by the Texas independent special master each recommended a caseload standard of 17 cases per caseworker. A 2009 study of child welfare caseloads for caseworkers in Pittsburgh included focus group sessions involving 60 child welfare caseworkers, job shadowing of child welfare workers for more than 5,600 hours, and an analysis of more than 16,000 child welfare cases. The study concluded that the maximum caseload should be no more than 17 cases.¹⁶

In 2016, the Texas independent special master report set a caseload maximum of 17 cases based on a year-long workload time activity study. In 2015, the Indiana Department of Child Services, in collaboration with Deloitte Consulting, also recommended a caseload standard of 17.¹⁷ Kentucky DCBS reports that its current caseload target is 18. This target is based on 2001 COA standards, which were lowered from 18 cases to 15 cases in 2017.¹⁸ Table 3.2 lists the caseload standards reviewed by this report, as well as Kentucky caseload averages as of May 2017.
Most states have struggled to meet any of these standards. Based on a new method of calculating caseloads, DCBS reports that the average statewide caseload for Kentucky child welfare caseworkers is 32 (as of May 2017). Using a different method, Program Review staff calculated an average statewide caseload of 26, which aligns closely with another, more conservative, DCBS method of calculating caseloads. These different methods for calculating caseload averages are discussed later in this chapter.

### Table 3.2
National Caseload Standards And Current Kentucky Caseload Estimates

<table>
<thead>
<tr>
<th>Source</th>
<th>Maximum Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare League of America (CWLA) (2017)</td>
<td>12</td>
</tr>
<tr>
<td>Council on Accreditation (COA) (2017)</td>
<td>15</td>
</tr>
<tr>
<td>Pittsburgh (2009)</td>
<td>17</td>
</tr>
<tr>
<td>Indiana Child Services &amp; Deloitte Consulting (2015)</td>
<td>17</td>
</tr>
<tr>
<td>Texas Independent Special Master Report (2016)</td>
<td>17</td>
</tr>
<tr>
<td>Kentucky DCBS Caseload Target (2017)</td>
<td>18</td>
</tr>
<tr>
<td>Kentucky Statutory Maximum (2017)</td>
<td>25</td>
</tr>
<tr>
<td>Program Review Kentucky Caseload Average (July 2017)</td>
<td>26</td>
</tr>
<tr>
<td>DCBS Current Kentucky Caseload Average (May 2017)</td>
<td>32</td>
</tr>
</tbody>
</table>


### Child Welfare Caseloads In Other States

In recent years, many states have conducted reviews of their child welfare systems in response to increasing caseloads. Common findings are that caseloads are unmanageable and becoming less manageable over time, high caseloads are resulting in poor service quality for children and families, and unmanageable caseloads are a driving force behind caseworker burnout and turnover. The most common recommendations for addressing unmanageable caseloads include
• improving methods for collecting and tracking caseworker information;
• creating formal methodologies for calculating caseloads from workload information;
• establishing job-specific and activity-based maximum caseload standards based upon caseload and workload calculations;
• hiring additional staff to realize maximum caseload standards;
• reducing paperwork, administrative responsibilities, and other support tasks of frontline caseworkers;
• improving efficiencies related to documenting cases and entering case information into computer systems; and
• increasing caseworker salaries to reduce turnover.

The following section briefly reviews selected audits conducted in other states.

The Legislative Audit Council of South Carolina conducted a review of the South Carolina Department of Social Services in 2014. The audit found that child welfare caseloads were excessive and unmanageable and that the failure to establish maximum caseload standards or a formal method of calculating caseloads was a major concern. Caseloads were found to be excessive by either CWLA or COA standards, with 40 percent of caseworkers currently assigned more than 20 cases and 20 percent of caseworkers assigned more than 50 cases. The report recommended that the department develop a methodology for calculating appropriate caseload for caseworkers and enforce a caseload maximum based upon that methodology.  

West Virginia conducted an audit of its child welfare services in 2013. The primary focus of the review was to determine why the state’s child welfare system was unable to investigate child abuse allegations in the amount of time stipulated by statute. The auditor’s office determined that poor workforce retention and high caseloads were primarily to blame. The report recommended that the Bureau for Children and Families should develop a long-term workforce retention plan with a strategy to reduce turnover and caseloads.  

A 2014 performance review conducted by Tennessee’s Division of State Audits found that the Department of Children’s Services needed to reduce its caseworkers’ average caseloads. The audit identified reliable caseload and workload measurement as fundamental underlying problems. At the time of the audit, the department did not calculate the average number of cases assigned to caseworkers or set an official standard, only an unwritten
protocol of assigning no more than 11 new cases per month. In response, the audit recommended that the department lower caseload averages to no more than eight new cases per month and develop a better method for caseload management. To meet this new standard, the audit concluded that additional staff would be required.22

Arizona conducted an audit of its foster care caseloads in 2003. The audit investigated the impact of 2001 funding increases designed to increase the number of child welfare caseworkers and bring caseload averages in line with CWLA standards. The audit found that caseload averages in 2003 had decreased to CWLA standards, but that caseworkers were still unable to effectively perform their duties. High caseworker turnover resulted in the workforce being divided between senior caseworkers assigned high caseloads and new trainees carrying few cases. Excessive administrative duties that could be better handled by support staff were occupying a disproportionate amount of caseworker time. The audit recommended that the Division of Children, Youth, and Families develop a strategy to improve caseworker retention and hire additional support staff.23

In 2015, Indiana’s Department of Child Services enlisted Deloitte Consulting to conduct a workload analysis of its child welfare workforce. The analysis concluded that in order to meet a 17 case caseload standard, the department would need to improve to its methods of tracking and calculating caseloads. In addition, Deloitte recommended developing a recruitment and retention strategy to address increasing trends in turnover, caseload averages, and a slow hiring and training process.24

The Colorado Department of Human Services conducted a workload audit of the state child welfare system in 2014. The audit consisted of a 4-week time series analysis of 54 counties and 1,300 child welfare caseworkers. The study concluded that the estimated amount of time required to complete mandated child welfare activities exceeded the amount of time available from the current number of caseworkers. The study determined that the Department of Human Services would need to hire more than 500 additional caseworkers to adequately manage current caseloads.25

In 2015, a federal judge appointed an independent special master to conduct an audit of the Texas Department of Family and Protective Services in response to unmanageable caseloads leading to poor outcomes for children and families. The court found Texas’ child protective services to have violated the constitutional rights
of children to be free from harm while in state custody. The resulting report made 31 recommendations, including the requirement that the department conduct a workload study to determine the time required for caseworkers to perform tasks and the implementation of a caseload maximum based upon the workload study. The caseload maximum was set at 17 cases per caseworker. The report also found that caseworkers were required to spend too much of their time with administrative duties, paperwork, and dealing with the state’s electronic case management system. The report mandated that caseworkers be required to spend a minimum 26 percent of their time interacting directly with foster children and families.26

The 2017 Idaho Office of Performance Evaluations’ review of the Department of Health and Welfare found that the most daunting problem facing child protective services was excessive workloads. In addition to finding that nearly 90 percent of caseworkers viewed their workloads as unreasonable, the audit reported a direct correlation between lower workloads and better outcomes for children.27

**Child Welfare Caseloads In Kentucky**

KRS 199.461 mandates that statewide caseload averages for child welfare workers should not exceed 25 cases. If the statewide average exceeds 25 cases for 90 consecutive days, DCBS is required to deliver a report to the governor and the LRC describing the reasons for the caseload overage and making recommendations on how to improve the situation.

In January 2017, DCBS reported that statewide caseloads had exceeded statutory maximums and that the December 2016 caseload average was 29 cases per caseworker. This report coincided with the development of a new methodology for calculating caseloads.28 The department has since delivered one additional statewide caseload overage report in July 2017, which reported that the statewide caseload average for child welfare caseworkers had risen to 32 in May 2017.29 These averages represent snapshots of what the average caseload is for the state’s child welfare workforce, as a whole, at a specific point in time. The averages are higher than all the caseload standards reviewed by Program Review staff and the current DCBS target caseload average of 18.
Calculating Caseload Averages

How caseloads are calculated can have a significant impact on reported averages. The new DCBS caseload methodology makes two important changes to how caseloads had previously been calculated. First, the new methodology includes in its calculations both current and past due cases. Previously, DCBS had not included past due cases in caseload calculations, which resulted in lower reported statewide caseload averages. Past due cases are cases that have not been completed within an established timeframe, though work on the case continues. DCBS officials reported that past due cases continue to contribute significantly to caseworker workloads. Program Review staff and current DCBS officials could determine no reason why past due cases should be omitted from caseload calculations.  

Second, caseworkers who are not at full capacity are no longer included in caseload calculations. Non-capacity staff include those who are not able to carry a full caseload or who need assistance with carrying a caseload for any number of reasons, such as the staff being newly hired, requiring medical leave, or having desk duty. The exclusion of non-capacity staff results in higher statewide caseload averages. Combined with the inclusion of past due cases, the new caseload reporting methodology reports significantly higher caseloads than the previous reporting methodology.  

The two statewide caseload reports submitted to LRC in January and July 2017 indicate that statewide caseload averages would not have exceeded 20 cases under the previous methodology and would have remained under the statutory maximum. Using the new methodology, statewide caseload averages have exceeded the 25 case maximum established by statute for 10 consecutive months. The caseload averages under either methodology exceed COA and CWLA national standards, as well as DCBS’ target average.  

Table 3.3 displays how widely average statewide caseloads vary depending upon how they are calculated. The effect of including past due cases and excluding non-capacity staff results in much higher average caseloads (32) than previous DCBS accounting (19). DCBS reports that these numbers more accurately reflect real workloads, but acknowledges that this methodology is possibly an overestimation. Given that past due cases are still being actively worked by caseworkers and should not contribute to an overestimation of caseload averages, these cases should be
included in caseloads calculations. Including these cases results in an average caseload of 25 cases per caseworker.

The exclusion of non-capacity workers from caseload calculations almost certainly leads to an overestimation of caseload averages, however. As of June 2017, 18 percent of Kentucky’s caseworkers were listed as non-capacity. Most are likely assigned some cases or are contributing to workloads in some fashion. Program Review staff’s analysis of individual caseworker caseloads indicates that some portion of caseworkers in Kentucky are working caseloads but would not qualify as full capacity. In addition, responses to Program Review staff’s 2017 child welfare caseworker survey indicated that 33 percent of caseworkers were currently assigned between 2 and 14 cases. These caseworkers would likely be excluded from DCBS calculations as non-capacity.

**Table 3.3**

Four Methods For Calculating Caseload Averages June 2017

<table>
<thead>
<tr>
<th>Method</th>
<th>Average Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCBS average caseload (previous)</td>
<td>19</td>
</tr>
<tr>
<td>DCBS average caseload with past dues included</td>
<td>25</td>
</tr>
<tr>
<td>Program Review average caseload</td>
<td>26</td>
</tr>
<tr>
<td>DCBS average caseload with past dues included and non-capacity excluded (new method)</td>
<td>32</td>
</tr>
</tbody>
</table>


At the statewide level, excluding non-capacity caseworkers from caseload calculations overestimates caseload averages. At the regional and county levels it can make it difficult to calculate caseload averages at all.

At the statewide level, excluding non-capacity caseworkers overestimates caseload averages by ignoring the workloads of many caseworkers, but at the regional and county levels, it can make it difficult to come to any meaningful conclusions. The difference between previous and current DCBS methods of calculating caseloads is particularly pronounced in the Jefferson Service Region. A review of caseloads in the region reveals that this is due to both a high number of past due cases and a high percentage of caseworkers unable to carry full caseloads. As of December 2016, there were 2,648 active cases in the region, of which, 34 percent (889) were past due. This results in one-third of child welfare cases in the region not being included in previous calculations. Including these cases changes the caseload average for the region from 20 to 32.

Meanwhile, 32 percent of Jefferson region staff are classified by DCBS as non-capacity staff in its new caseload calculations.
Excluding a third of the caseworkers from caseload calculations increases the caseload average for the region from 32 to 43 cases. In practice, many in this group of caseworkers are assisting with workloads in some form.

The effect of excluding non-capacity staff is even more pronounced at the county level. When calculations are made based upon the exclusion of non-capacity caseworkers, the highest average caseload is Spencer County, with a caseload average of 91 cases per caseworker. The county employs only two child welfare caseworkers, one of whom is currently classified by DCBS as non-capacity. This classification alone has the effect of doubling the county’s average caseload from 46 to 91. Lewis County employs only three caseworkers, so when two of them are classified as non-capacity, the county’s average caseload increases from 20 cases to 65 cases. Some smaller counties reported all of their caseworkers as being non-capacity staff, meaning that caseload calculations based on the exclusion of these workers are impossible.

Due to these considerations, this report considers averages including past due cases but not excluding non-capacity staff to be a more accurate representation of real caseloads. For the exclusion of non-capacity staff to improve upon caseload calculations, DCBS would need to collect better data on the workloads of these individuals. As a result, Program Review staff consider the DCBS reported statewide caseload average of 25 cases, which includes past due cases, to be the best currently reported approximation of Kentucky caseworker workloads.

**Recommendation 3.1**

The Department for Community Based Services should develop a method for calculating or estimating the number of cases assigned to staff not currently carrying full caseloads and the contributions of such staff to state, regional, and county workloads. The workloads of these staff should be included in the calculations of average caseloads along with past due cases.

**Kentucky Regional Caseloads**

Figure 3.A reports regional variation in caseload averages and displays the significant variation that exists across Kentucky’s nine child welfare service regions. The Eastern Mountains region has the lowest average caseloads at 17 cases per caseworker, while the Jefferson region has the highest at 32 cases per caseworker. All service regions reported caseload averages exceeding the standards...
developed by CWLA and COA. All but one region (Eastern Mountains) exceeded the DCBS target caseload average of 18, while four of the nine regions (Jefferson, Northern Bluegrass, Salt River Trail, and The Lakes) reported caseload averages above the statutory maximum of 25. As shown in the figure, the manner in which caseload averages are calculated has a significant impact on the average caseloads reported at the regional level.

**Figure 3.A**

Different Methods Of Calculating Regional Caseload Averages

2017

- DCBS caseload average (previous)
- DCBS caseload average (including past due)
- Program Review caseload averages
- DCBS caseload average (new method)

County Caseloads

As with regional caseload averages, there is significant variation in caseload averages at the county level. Carlisle County reports the lowest caseload average in Kentucky with an average of five cases per caseworker. Hickman County reports the highest caseload average, 57 cases per caseworker. Twenty counties report average caseloads of more than 30 cases per caseworker. Only two counties report caseload averages that meet the CWLA standard of 12 cases per caseworker, while 14 counties meet the standard of 15 cases recommended by COA. Twenty-four counties meet the current DCBS target average of 18 cases per caseworker. Only 37 counties have caseloads below the statutorily mandated limit of 25.

Given the significant variation in caseload averages across counties and regions, a single statewide caseload average may not provide the General Assembly with sufficient information. A report that includes regional and county caseload averages that exceed statutory maximums would provide more information on where caseloads averages are particularly problematic and where they are at acceptable levels. The variation in caseload averages across regions and counties is something DCBS should implement specific measures to address. Some counties and regions have caseload averages that are significantly higher than the others and may need special attention.

Recommendation 3.2

The General Assembly may wish to consider revising KRS 199.461(4) to require reporting of monthly regional and county caseload averages in addition to monthly statewide caseload averages.

Caseload Averages Over Time

The 2016 change in how DCBS calculates caseloads, including past due cases and excluding non-capacity staff, complicates the analysis of caseload average trends over time. In order to remedy this problem, Program Review staff analyzed caseload data from DCBS Caseload Summary reports (TWS-W230S) for 2011 to 2017 and calculated a caseload average that includes an estimate of non-capacity staff workloads and the includes past due cases (see appendix A).
Program Review staff analyzed caseload averages, the number of cases, and the number of caseworkers statewide from 2011 to 2017. For comparison, staff also compiled this information for the Jefferson Service Region. This region was chosen because it has the highest average regional caseload in the state, and interviews with DCBS staff have identified the region’s caseloads as challenging. Jefferson’s regional caseload represents approximately 15 percent of the total statewide caseload.

Figure 3.B displays the trend in Child Protective Services caseload averages for the state of Kentucky and the Jefferson Service Region for 2011 to 2017. Kentucky’s statewide caseload average was 26 cases per caseworker as of July 2017. This caseload average has remained relatively stable for the past 6 ½ years but has trended slightly downward. The average caseload for the entire period was also 26 cases but peaked at 30 in May 2012 and dipped to a low of 23 in July 2015. The caseload average for the Jefferson Service Region, as of July 2017, was 40 cases per caseworker, the highest caseload average since 2011. Unlike the trend in statewide caseload averages, caseloads in the Jefferson Service Region have steadily and significantly increased over time. From a low of 23 in March 2011, caseload averages have increased 43 percent to 40 cases. Looking only at foster care caseloads, cases dealing specifically with the out-of-home care of children, the averages have remained relatively stable at 5 cases from 2011 to 2017, both statewide and for the Jefferson Service Region.
The total number of child protective caseworkers for the state and for the Jefferson Service Region has varied since 2011. As of July 2017, there were 1012 caseworkers assigned to child protective service cases in Kentucky. This is up from the August 2015 low of 961 but below the 1,056 high of May 2011. The average number of caseworkers for the entire period was 1,006. There were 117 child protective service caseworkers in the Jefferson Service Region as of July 2017, which is down from the 146 caseworkers employed in May 2014. The lowest number of child protective caseworkers employed by the Jefferson Service Region since 2011 was the 114 total of November 2016.

Figures 3.C displays the trends in child protective cases from 2011 to 2017 for the state and the Jefferson Service Region. The number of child protective service cases statewide has varied over time but has averaged approximately 25,300 since 2011. For the Jefferson Service Region, the average has been approximately 3,600 cases. Statewide, total cases are currently slightly above average with 25,626 child protective cases active as of July 2017. Meanwhile,
total cases for the Jefferson Service Region are currently approximately 20 percent above average. In May 2017, the total number of cases in the Jefferson Service Region exceeded 4,500 for the first time. There are 4,531 active cases in the region currently.

Overall, the 2011 to 2017 data for caseload average, total cases, and caseworkers at the state level indicate that caseloads are trending slightly down due to a small decrease in the overall number of cases. While the number of foster care cases has remained steady, the number of investigation cases has decreased moderately; leading to slightly lower caseloads overall because most child protective caseworkers in Kentucky carry a mix of case types. Despite the slight decrease in caseload averages, it is important to note that average statewide caseloads have exceeded national standards for the entirety of the period. Trends for the Jefferson service region indicate that caseload averages have increased significantly over time. This increase has occurred because, while the number of caseworkers in the region has remained relatively stable, the number of cases has increased over time to its high point in July 2017. Similar to statewide trends, the number of foster care cases has remained level but investigative and other case types, which child protective service caseworkers manage alongside foster care cases, have steadily increased.
Figure 3. C
Number Of Child Protective Service Cases For
Kentucky And Jefferson Service Region
2011 To 2017


Note that the caseloads discussed above, and reported in Table 3.3 and figure 3.A, are snapshots of the average caseload of Kentucky’s child welfare workforce, as an aggregate, at any one point in time. For example, DCBS’ statewide caseload average of 32 cases indicates that the average caseload for Kentucky’s child welfare workforce was 32 cases at the end of July 2017. On the other hand, CWLA and COA developed their standards to establish the maximum workloads under which a typical caseworker can effectively provide services to children and families. To this end, these organizations have established maximum caseload limits of 12 and 15 cases, respectively. These maximum caseload limits are not the same as placing a limit on the statewide average caseload of an entire child welfare workforce. Instead, CWLA and COA are recommending that no caseworker should be assigned more than 12 or 15 cases at any one time. While it is an important goal to reduce average statewide, regional, and county caseloads to an acceptable level; the ultimate goal should be to create a situation where as few members of the workforce as possible are assigned caseloads that exceed an acceptable limit.
Staff Needed To Meet Caseload Standards

Program Review staff examined how many additional staff would be required to bring current caseload averages in line with two national standards and DCBS’ own target caseload average. Staff used DCBS’ statewide average caseloads including past due cases and not excluding non-capacity caseworkers for this analysis. Table 3.4 reports the staffing required to meet the national standards and DCBS’ current target average.

As of December 2016, there were 27,979 active child protective service cases in Kentucky, which were assigned to 1,134 caseworkers, for an average caseload of 25. At the time, DCBS was seeking to fill 108 caseworker positions. If filled, these additional caseworkers would have reduced the statewide caseload average to 23. In order to reduce statewide caseload averages to the current DCBS target of 18, 420 additional caseworkers would need to be hired.

Bringing Kentucky’s caseload average in line with the COA standard of 15 cases would require an additional 731 caseworkers, while reducing Kentucky’s average caseload to CWLA’s 12 case standard would require an additional 1,198 caseworkers.

Table 3.4
Estimated Additional Staff Required To Meet Targets

<table>
<thead>
<tr>
<th>Standard</th>
<th>Caseload Average</th>
<th>Total Staff Required</th>
<th>Additional Staff Required</th>
<th>Percent Increase Over Current Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current caseload average with past due cases</td>
<td>25</td>
<td>1,134</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Current caseload averages with positions requests filled</td>
<td>23</td>
<td>1,242</td>
<td>108</td>
<td>10%</td>
</tr>
<tr>
<td>DCBS current target</td>
<td>18</td>
<td>1,554</td>
<td>420</td>
<td>37</td>
</tr>
<tr>
<td>Council on Accreditation (2017)</td>
<td>15</td>
<td>1,865</td>
<td>731</td>
<td>65</td>
</tr>
<tr>
<td>Child Welfare League of America (2017)</td>
<td>12</td>
<td>2,332</td>
<td>1,198</td>
<td>106</td>
</tr>
</tbody>
</table>

Program Review Staff Survey Results

From March to May 2017, Program Review staff conducted a survey of child welfare caseworkers, supervisors, support staff, and regional management. Caseworkers were asked to describe their current caseloads. Supervisors were asked to describe the caseloads of their caseworkers. Both were asked to describe caseloads as either “manageable in a 37.5 hour workweek, manageable in a 37.5+ hour workweek, or unmanageable even in a 37.5+ hour workweek.” The results are reported in Table 3.5.

Caseworkers overwhelmingly responded that their caseloads were currently unmanageable. Fifty percent reported that their current caseloads were unmanageable even if they worked more than 37.5 hours per week, 44 percent reported that their caseload was only manageable if they worked more than 37.5 hours per week, and 6 percent reported that their caseloads were currently manageable in a normal workweek. Program Review staff conducted a similar survey of caseworkers in 2006. The 2017 results are not statistically different from the 2006 responses.

Table 3.5
Caseworker Response To Caseload Manageability
2017 And 2006

<table>
<thead>
<tr>
<th>Workload</th>
<th>2017</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manageable at 37.5 hrs./wk.</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Manageable at 37.5+ hrs./wk.</td>
<td>134</td>
<td>112</td>
</tr>
<tr>
<td>Unmanageable at 37.5+ hrs./wk.</td>
<td>154</td>
<td>106</td>
</tr>
<tr>
<td>Respondents</td>
<td>305</td>
<td>236</td>
</tr>
</tbody>
</table>

Note: Includes only respondents who were assigned five or more child protective service cases.

As Table 3.6 shows, the vast majority of supervisors also reported that current caseloads of the caseworkers they managed were untenable. Sixty-five percent of supervisors responded that caseworker caseloads could not be effectively managed during a 37.5-hour workweek. 33 percent responded that caseloads were only manageable if caseworkers devoted more than a 37.5-hour workweek to them, and 1 percent reported that caseloads were currently manageable under normal working conditions. Caseworkers reported working an average of 45 hours per week.
and as many as 85 hours, while supervisors reported working an average of 44.75 hours per week and as many as 60 hours.

Table 3.6
Supervisor Response To Caseworker Caseload Manageability 2017

<table>
<thead>
<tr>
<th>Workload</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manageable at 37.5 hrs./wk.</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Manageable at 37.5+ hrs./wk.</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>Unmanageable at 37.5+ hrs./wk.</td>
<td>55</td>
<td>65</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: Includes only respondents who were assigned five or more child protective service cases.

Caseworkers were also asked to select the top three tasks on which they spend the most time in the course of managing cases. As indicated in Table 3.7, respondents listed “documenting work,” “entering case information into TWIST,” and “conducting in-home visits” as their most time consuming case-related tasks. These tasks were listed as the top three most time-consuming activities for caseworkers significantly more often than any other tasks, with “documenting work” appearing in the top three most time-consuming tasks for 69 percent of respondents. “Documenting work” (59 percent) and “entering information into TWIST” (45 percent) were also listed as the two most time-consuming tasks by respondents in the 2006 survey.

Table 3.7
Top Three Most Time-Consuming Tasks For Caseworkers 2017

<table>
<thead>
<tr>
<th>Task</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documenting work</td>
<td>362</td>
<td>69%</td>
</tr>
<tr>
<td>Using TWIST</td>
<td>257</td>
<td>49</td>
</tr>
<tr>
<td>In-home visits</td>
<td>253</td>
<td>48</td>
</tr>
<tr>
<td>Respondents</td>
<td>528</td>
<td></td>
</tr>
</tbody>
</table>

Note: Includes all respondents. Respondents could choose more than one response.

According to COA standards, the most important use of a caseworker’s time is working directly with children, families, and resource providers. COA accreditation standards require that workers meet with children and parents in their homes at least once a month, maintain contact with children and parents throughout the month, and meet with resource providers at least once a month.
Based on CWLA standards, the most important functions of caseworkers are engaging families face-to-face, assessing the safety of children, monitoring case progress, and ensuring that essential services are being provided. CWLA asserts that these goals cannot be accomplished if caseworkers are unable to spend quality time with children, families, and caregivers.

Given that Kentucky’s child welfare caseworkers perceive that documenting work and entering work into computer systems occupies the majority of their work time, DCBS should investigate and recommend a solution.

**Recommendation 3.3**

The Department for Community Based Services should develop a strategy to lessen the administrative burden of caseworkers so that they can spend more time working with foster children and their families.

Child welfare caseworkers were also asked to list the number of child welfare cases currently assigned to them. As reported in Table 3.9, the average reported caseload for child welfare caseworkers across all job types was 26 cases. Average caseloads were highest for recruitment and certification caseworkers at an average of 39 cases. Caseworkers who manage foster care cases include the categories of ongoing casework and generic casework. This group reported a caseload average of 25 cases per caseworker.

**Table 3.8**

<table>
<thead>
<tr>
<th>Caseworker Type</th>
<th>Caseload Average</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation casework</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Permanency casework</td>
<td>31</td>
<td>21</td>
</tr>
<tr>
<td>Recruitment and certification</td>
<td>39</td>
<td>13</td>
</tr>
<tr>
<td>Generic casework</td>
<td>27</td>
<td>58</td>
</tr>
<tr>
<td>Ongoing casework</td>
<td>24</td>
<td>194</td>
</tr>
<tr>
<td>All caseworkers</td>
<td>26</td>
<td>305</td>
</tr>
</tbody>
</table>


Caseworkers were also asked to report on the aspects of their jobs that caused them the most stress. “High caseloads” and “not enough time to complete all tasks” were reported as the two most stressful aspects of being a caseworker. Eighty-five percent of respondents listed “not enough time to complete all tasks” as one of the top three most stressful aspects of their jobs, while 64 percent reported the same of “high caseloads.” Risk of physical
harm was a distant third with 27 percent of respondents listing it as a top three source of stress. It is noteworthy that caseworkers reported significantly more stress related to workloads than issues such as safety or interacting with children and families. Supervisors also listed a proxy for high caseloads, “not enough staff,” as the most stressful aspect of their jobs.

### Improved Data Collection And Analysis Of Workloads

In order to accurately set caseload standards, it is essential to first understand workloads. Without information about how much time caseworkers have to complete required tasks and how caseworkers are dividing that time among different tasks, it is impossible to know how many cases a caseworker should be responsible for managing. Moreover, without this information it is more difficult to make informed decisions about how to reduce caseloads. It is possible that the workforce is too small to accommodate the number of children and families for which it must provide services. In which case, the only solution is to hire additional frontline staff. It may also be possible that frontline workers are spending disproportionate time on supplemental or administrative tasks. In which case, it might be more beneficial to hire additional support staff or focus on reducing the amount of paperwork and data entry required of frontline staff. It may also be a combination of factors.

Better information about workloads can allow more informed decisions regarding how to distribute workloads and case tasks. This would be particularly useful for small county offices where there are only a handful of workers and sharing workloads on individual cases is essential. It would also improve the ability of supervisors to distribute tasks among senior staff and new trainees or other non-capacity workers. COA and CWLA make understanding workloads an important component of their accreditation standards.

COA and CWLA accreditation guidelines specifically recommend the development of caseload standards based upon workload analyses with case complexity and worker experience factored into final averages. COA describes its accreditation standard as more than a maximum caseload limit. It recommends that caseload standards be reviewed regularly and be based on the experience of the worker, the time required to accomplish assigned tasks (including both direct services to children and families and other administrative responsibilities), and case complexity.\(^\text{32}\)
COA has noted that the analysis of child welfare casework is dissimilar to the analysis of many other workloads because casework workloads are unpredictable. Each child welfare case requires different amounts of time to complete, depending on factors such as number and age of children involved, history of abuse, or substance addiction. They also point out that child welfare cases do not follow routine or predictable patterns as the work involves frequent interruptions and the working of multiple cases at the same time. These variables make understanding workloads essential to making informed decisions on how to improve workflow for staff and services for children and families.\(^{33}\)

Consistent with COA and CWLA, researchers at the University of Pittsburgh and Ohio University, in developing a methodology for calculating caseload standards, concluded that creating arbitrary caseload limits without understanding the underlying workloads was insufficient. In order to better understand workloads the researchers conducted focus groups, surveys, shadowed 34 caseworkers for 5,600 hours, and analyzed workloads for 16,000 cases over 3 years. They calculated the available monthly work hours available to caseworker and the amount of that time that was dedicated to case management tasks. The average monthly hours available for caseworks was estimated to be 118.25 hours per caseworker. After accounting for all required tasks, the number of hours spent on an average case by caseworkers was 6.84 hours per month, resulting in a caseload maximum of 17.\(^{34}\)

Following the federal appointment of an independent special master, Texas Department of Families and Protective Services used a similar approach to calculate workloads. The department was required by the court to conduct a workload study to determine the time required for caseworkers to adequately perform tasks, specify how long each task takes to complete, and based on this information determine the point at which caseloads are manageable. Manageable caseloads were defined to be the level at which workload tasks could be reasonably completed in the time available to caseworkers, while ensuring that children would be free from risk of harm, and without creating sufficient stress to compel caseworkers to quit. The court ordered the department to hire enough additional caseworkers to realize these goals. Due to the amount of time required to be dedicated to administrative tasks, caseworkers had an average of 9.7 hours per month per case to spend on primary duties and direct services. Since these workers had a total of 137.9 hours of work time per month, the result was a 14-17 case average.\(^{35}\)
This report recommends that DCBS begin its strategy to reduce caseloads with a workload analysis of its workforce. This information should be used to determine how much time is available to caseworkers, how much time is spent on case-related tasks, and, ultimately, how much time caseworkers spend on cases. The department can use this information to determine the appropriate number of cases a Kentucky caseworker should be assigned so that it can provide effective services to children and families and develop strategies to reduce caseloads to this level.

Recommendation 3.4

The Department for Community Based Services should develop a method for determining caseloads that is based on an analysis of its workforce and workloads. This information should be used to determine what the appropriate caseload standard for Kentucky child welfare caseworkers should be and the strategies needed in order to meet this standard. The standard that is developed should be aligned with the principles established by current national standards and should focus on ensuring that as few child welfare caseworkers as possible are assigned caseloads that exceed the standard.

Child Welfare Staff Turnover

Turnover is one of the most significant challenges facing child welfare systems nationwide. High turnover can both cause and be a result of high caseloads. High turnover creates vacancies, which increase caseloads, and reduces the overall level of experience among caseworkers, which increases workloads and stress. On the other hand, the literature has consistently reported high caseloads as a cause of turnover and intention to leave.¹

Turnover Calculation Methods

Organizational management literature uniformly defines turnover as the number of employees who leave during a time period divided by either the number of employees at the beginning of the period or the average number of employees during the period.²

The Personnel Cabinet uses a different method that results in turnover rates somewhat lower than the conventional method.² Program Review staff were able to find only one other state that used a method similar to Kentucky’s, but many states use the conventional method. This means Kentucky’s turnover calculations are not comparable to those of other states.

Kentucky Staff Turnover

The Personnel Cabinet provided a list of personnel actions for every employee who served in a direct case management (caseworker) or supervisory position at DCBS from March 2011 to June 2017, from which Program Review staff were able to calculate a conventional turnover rate. The method used for this calculation is described in Appendix A.

Caseworkers. Turnover for caseworkers from March 2011 to June 2017 is shown in Figure 3.D. Turnover peaked in 2015 at 28.1 percent, but remains at 24.4 percent, much higher than the 2011 rate of 18.5 percent. The overall trend is upward, but it might be declining since 2015. Most of those who leave case management positions do so by joining another state agency or

¹ When using an average, it might be the average of the beginning and ending headcounts or the average of headcounts taken from time to time during the period.
² Personnel Cabinet officials explained that the statute requiring turnover to be calculated for every organizational unit made the conventional method exceed computing capability. The cabinet’s method is described in Appendix A.
leaving state employment. Very few left these positions through promotion, demotion, or transfer to another position.

**Figure 3.D**

Department For Community Based Services Caseworker Turnover 2011 To 2017

- **Total turnover**
- **Turnover-Leaving DCBS**
- **Turnover-Promotion/Demotion/Transfer**

Note: Data for 2011 (March to December) and 2017 (January to June) were for partial years but are scaled to annual rates for comparison purposes. Job titles were Social Service Worker I and II and Social Service Clinician I and II. Source: Program Review staff analysis of personnel actions from March 2011 to June 2017 provided by the Personnel Cabinet.

A Program Review staff survey of DCBS caseworkers indicated that although 86 percent planned to stay for at least another year, only 49 percent planned to remain for 5 years. Caseworkers who said they had five or more ongoing child cases (in-home and foster care) had a somewhat lower intention to stay for 5 years. These results were similar to the 2006 Program Review survey of caseworkers who had five or more ongoing child cases.

**Supervisors**. Turnover for supervisors is lower than that for caseworkers. As shown in Figure 3.E, turnover peaked at 20.8 percent in 2014 and 19.9 percent in 2016, while the lowest rate was 12.8 percent in 2013 and 2017. The overall trend has been flat. Unlike case managers, much of supervisors’ turnover is a result of being promoted, demoted, or transferred to another position. From 2015 to 2017, change in job position accounted for most of the turnover for supervisors. The remainder joined another state agency or left state employment.
Figure 3.E
Department For Community Based Services Supervisor Turnover
2011 To 2017

Note: Data for 2011 (March to December) and 2017 (January to June) were for partial years but are scaled to annual rates for comparison purposes. Job title was Field Service Office Supervisor.

Source: Program Review staff analysis of personnel actions from March 2011 to June 2017, provided by the Personnel Cabinet.

Program Review staff’s survey of DCBS supervisors indicated that although 92 percent planned to stay for at least another year, only 62 percent planned to remain for 5 years. Supervisors with ongoing child caseworkers had very similar intention to stay. These results were similar to the corresponding 2006 Program Review survey.

Comparative Turnover Rates

Florida’s Office of Program Policy Analysis and Government Accountability conducted a performance audit of the state’s child welfare system in 2014. The report listed turnover rates for child welfare workers in 10 states that in 2013 had state-operated systems like Kentucky’s. Table 3.10 shows the rates for those states along with Kentucky’s rates from 2013. Although Kentucky’s caseworker turnover rate of 20.8 was similar to many states in 2013, it increased dramatically to 25.6 percent in 2014 and 28.1 percent in 2015. Kentucky’s supervisory turnover was at its lowest rate in 2013 and jumped to 20.8 percent the next year.

In 2013, Kentucky’s turnover rate was similar to many states, but its rate increased dramatically in 2014 and 2015.

The table shows only 9 other states because Georgia reported caseworker and supervisor turnover combined.
Table 3.10
Turnover Rates For Selected States
2013

<table>
<thead>
<tr>
<th>State</th>
<th>Caseworker Rate</th>
<th>Supervisor Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michigan</td>
<td>7.2%</td>
<td></td>
</tr>
<tr>
<td>New Jersey</td>
<td>7.6</td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>12.0</td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td>20.0</td>
<td>12.8%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>20.8</td>
<td>20.0</td>
</tr>
<tr>
<td>Indiana</td>
<td>21.6</td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>21.7-24.3</td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>19.5-30.4</td>
<td>3.6-15.3</td>
</tr>
<tr>
<td>Texas*</td>
<td>26.1</td>
<td></td>
</tr>
<tr>
<td>Arizona</td>
<td>27.9</td>
<td>10.9</td>
</tr>
</tbody>
</table>

*Texas uses a turnover calculation similar to Kentucky’s Personnel Cabinet but one that should be closer to the conventional method.

Note: States are listed in order of increasing caseworker turnover rate. For states with a range of rates, the midpoint of the range determined their place.


The Kentucky Children’s Alliance asked its members, who are private foster care providers, for staff retention rates for 2015 and 2016. Most of the 10 responding agencies employed large numbers of entry-level, hourly direct-care staff who are not social workers, so their turnover rates tended to be very high. Nine members reported turnover ranging from 20 to 72 percent in 2015 and from 10 to 77 percent in 2016. One agency reported no turnover in either year. All, however, noted difficulty retaining staff. The survey was confidential, but the alliance director reported that the two providers with highest turnover were in urban areas, and the three highest were larger agencies. This, along with some of the comments, suggested that smaller agencies in rural areas might fare better at retaining staff.²

The reported private provider turnover cannot be compared directly with DCBS turnover because the private agencies were reporting on a substantially different mix of job titles. Turnover rates can also vary greatly for smaller employers, and the agency sizes are not known.
Consequences Of Turnover

A turnover rate of 25 percent means that the typical employee stays approximately 4 years. Caseworkers in Kentucky cannot carry a full caseload for approximately 5 months while they attend training and gain experience. DCBS estimated that new caseworkers reach full efficiency and independence after 9 to 12 months.\(^3\) With this turnover rate, a typical caseworker stays only 3 years after becoming fully effective.

High turnover has direct effects on the quality of work because the overall level of experience of the workforce is lower. Inexperienced caseworkers are unable to handle as many cases as effectively as more experienced staff. This can lead to more work for other staff and more overall job stress and might cause even more turnover. The situation in Jefferson County for the past few years might be an example, as described by DCBS officials and others at a Health and Welfare Committee meeting in 2016.\(^4\)

Lower quality of work might result in consequences for children. The US General Accounting Office found that turnover delayed investigations and limited visits with children, contributing to states’ failure to meet some safety and permanency goals.\(^5\) A study comparing counties in California found statistically significant relationships between high turnover rates and repeat maltreatment of children. Three months after case closure, 14.9 percent of children in high-turnover counties but only 6.1 percent in low-turnover counties experienced substantiated maltreatment. Within a year after case closure, the numbers were 21.8 percent and 14.6 percent.\(^6\)

Reasons For Turnover

The cabinet’s Office of Human Resource Management (OHRM) conducts voluntary exit interviews. Before January 2017, OHRM conducted exit interviews manually and was unable to compile data easily for different departments within the cabinet. Exit interviews have since been performed via a web-based survey, and OHRM is able to report results by organizational unit and job position.

According to officials, the number of exit interviews cabinet-wide declined from 133 in 2014 to 54 in 2016. OHRM was unable to say how many of those were with DCBS caseworkers. Considering the
declining numbers, OHRM should make every effort to encourage departing staff to complete the exit interview.

OHRM reported that in the first 4 months of 2017, the most commonly reported reason for leaving was salary and benefits, followed by heavy workload and lack of promotional opportunities.

A 2017 study reported reasons that a group of former Kentucky child welfare workers and supervisors left their jobs. The main reason expressed was lack of support from agency management above their immediate supervisors, primarily by placing unrealistic demands on front-line workers. They mentioned unmanageable caseloads, paperwork, and burnout. Emotional exhaustion and workload were the main sources of dissatisfaction.⁷

The 2017 study elicited three things that would have helped caseworkers stay at their jobs:
- having a voice in policy decisions and solving problems,
- receiving recognition and appreciation for their work rather than focusing on what was done wrong, and
- opportunities for debriefing and support for other forms of self-care.⁸

### Salary And Competition

In 2006, the Personnel Cabinet commissioned a review of salary ranges across state government. The consultant recommended increases in social worker salaries and pay grades, but no related changes were made until September 16, 2016. Entrance rates for each position increased by 5 to 10 percent, and existing staff received similar increases.

Salary and pay grade increases were recommended in 2006, but no related changes were made until September 2016. Entrance rates for each position increased by 5 to 10 percent, and existing staff received similar increases.

Until 2016, there had been no significant pay difference between levels I and II for social service workers and social service clinicians. Personnel Cabinet data showed that most staff were in either Social Service Worker I or Social Service Clinician I positions, suggesting there was little incentive for staff to seek the

---

Other studies have also listed lack of management support, unrealistic demands, caseloads, paperwork, and burnout as reasons for leaving. They offered some helpful strategies.

---

Salary and pay grade increases were recommended in 2006, but no related changes were made until September 2016. Entrance rates for each position increased by 5 to 10 percent, and existing staff received similar increases.
second level of each. The 2016 changes introduced a differential of 4 to 5 percent between these levels.

Table 3.11
Caseworker And Supervisor Salaries
2006 To 2017

<table>
<thead>
<tr>
<th>Title/Effective Date</th>
<th>Entry Salary</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Service Worker I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2006</td>
<td>$31,011</td>
<td>Baseline</td>
</tr>
<tr>
<td>July 2007</td>
<td>32,042</td>
<td>Statewide schedule change</td>
</tr>
<tr>
<td>September 2016</td>
<td>33,645</td>
<td>Special entrance rate</td>
</tr>
<tr>
<td>Social Service Worker II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2006</td>
<td>31,011</td>
<td>Baseline</td>
</tr>
<tr>
<td>July 2007</td>
<td>32,042</td>
<td>Statewide schedule change</td>
</tr>
<tr>
<td>September 2016</td>
<td>35,246</td>
<td>Pay grade change</td>
</tr>
<tr>
<td>Social Service Clinician I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2006</td>
<td>34,111</td>
<td>Baseline</td>
</tr>
<tr>
<td>July 2007</td>
<td>35,246</td>
<td>Statewide schedule change</td>
</tr>
<tr>
<td>September 2016</td>
<td>37,200</td>
<td>Special entrance rate</td>
</tr>
<tr>
<td>Social Service Clinician II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2006</td>
<td>34,111</td>
<td>Baseline</td>
</tr>
<tr>
<td>July 2007</td>
<td>35,246</td>
<td>Statewide schedule change</td>
</tr>
<tr>
<td>September 2016</td>
<td>38,770</td>
<td>Pay grade change</td>
</tr>
<tr>
<td>Family Services Office Supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2006</td>
<td>37,522</td>
<td>Baseline</td>
</tr>
<tr>
<td>July 2007</td>
<td>38,770</td>
<td>Statewide schedule change</td>
</tr>
<tr>
<td>September 2016</td>
<td>40,800</td>
<td>Special entrance rate</td>
</tr>
</tbody>
</table>

Source: Information provided by the Personnel Cabinet.

Although dissatisfaction with salary was not a major theme in the 2017 study, another study of Kentucky’s caseworkers suggested that salary was such a universal issue that everyone was almost equally dissatisfied with it. In fact, when comparing agencies that had different salary structures, a study found a strong connection between salary and turnover. Other studies support low salaries as a cause of turnover.

In the current Program Review staff survey, caseworkers with five or more ongoing child cases rated their satisfaction with salary as 2.48 on a scale of 1 (very dissatisfied) to 5 (very satisfied). More than half, 58 percent, were dissatisfied or very dissatisfied, but
26 percent were satisfied or very satisfied with their compensation. The level of satisfaction declined significantly since 2006, when the rating was 2.85, with 44 percent dissatisfied or very dissatisfied and 39 percent satisfied or very satisfied.\textsuperscript{d}

Using information from a Florida review and Kentucky personnel data, Table 3.12 shows starting salaries for social workers in a selection of states. Kentucky’s entry-level pay was comparable to several nearby and southern states but well below the top states.

Table 3.12
Entry-Level Social Worker Salaries For Selected States 2013

<table>
<thead>
<tr>
<th>State</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missouri</td>
<td>$27,768</td>
</tr>
<tr>
<td>Georgia</td>
<td>28,005</td>
</tr>
<tr>
<td>Tennessee</td>
<td>31,812</td>
</tr>
<tr>
<td>Kentucky</td>
<td>32,042</td>
</tr>
<tr>
<td>Washington</td>
<td>32,688</td>
</tr>
<tr>
<td>Arizona</td>
<td>33,312</td>
</tr>
<tr>
<td>Indiana</td>
<td>35,776</td>
</tr>
<tr>
<td>Texas</td>
<td>36,789</td>
</tr>
<tr>
<td>Michigan</td>
<td>38,938</td>
</tr>
<tr>
<td>Florida</td>
<td>39,656</td>
</tr>
<tr>
<td>New Jersey</td>
<td>48,416</td>
</tr>
<tr>
<td>Illinois</td>
<td>51,492</td>
</tr>
</tbody>
</table>


DCBS officials stated that service provider studies had indicated that the number of social workers in Kentucky was inadequate to meet demand from DCBS and other agencies that hire social workers.\textsuperscript{12} Competing employers include private child placing agencies, other social service organizations, mental health and substance abuse agencies, hospices, and hospitals and medical clinics. In northern Kentucky and the Jefferson County area, there is also competition from other states.

DCBS reported that it is considering ways to provide higher salaries in parts of the state that have greater competition for social

\textsuperscript{d} Change in percentages was significant at $p<0.01$. 

Kentucky’s entry-level pay was comparable to several nearby and southern states in 2013 but well below the top states.

There probably are not enough social workers to meet the need, at least in some parts of the state. There are many competing employers, and state salaries have not kept up. There are other ways to improve job satisfaction.
workers. It is also considering more flexible work schedules to reduce overtime and increase job satisfaction.\textsuperscript{13}

Because state budgets have been limited, so have opportunities for salary increases. However, the literature and comments by caseworkers are consistent that improving other aspects of work life can increase job satisfaction and reduce turnover.

**Job Stress And Secondary Trauma**

In the Program Review survey, front-line survey respondents rated their job stress at 8.10 on a scale of 1 (not stressful at all) to 10 (extremely stressful). Current caseworkers with five or more ongoing child cases reported stress similar to that reported in 2006 and significantly higher than other current caseworkers (8.41 versus 7.66).\textsuperscript{c} Caseworkers rated each other’s morale as 2.66 on scale of 1 (very bad) to 5 (excellent); 46 percent rated morale as bad or very bad. There was little difference between those with and without ongoing child cases and little difference from the 2006 results. Jefferson had the lowest morale rating at 2.20, and the Northeastern service region was highest at 3.03.

High caseloads were listed by 64 percent of respondents as one of the three most stressful aspects of their jobs, and not having enough time to complete all of their tasks was listed by 85 percent. Excessive workloads were mentioned in the literature as a major source of job stress and turnover.\textsuperscript{14} Participants at a large breakout session and respondents commenting on the Program Review staff survey emphasized workloads as stressful.\textsuperscript{f} There are other sources of job stress as well, some of which will be discussed below.

The very nature of child welfare work is stressful because lives can be at stake, and caseworkers are motivated to do the best they can for the children in state care. Sometimes caseworkers experience what is called secondary trauma when they observe or hear about the traumatic experiences of abused and neglected children.

**Career Ladder And Professional Development**

Opportunities for promotion and career advancement came up frequently in the literature and were noted as an issue in the 2006 report. In the current Program Review staff survey, caseworkers

---

\textsuperscript{c} Differences between the groups in 2017 were significant at \( p < 0.001. \)

\textsuperscript{f} On February 23, 2017, DCBS and the federal Children’s Bureau held a day-long discussion of Kentucky’s performance on the Child and Family Services Review. One of several breakout sessions addressed workforce issues.
rated their satisfaction with promotional opportunities as 2.59 on a scale of 1 (very dissatisfied) to 5 (very satisfied). Almost half, 49 percent, were dissatisfied or very dissatisfied, but 24 percent were satisfied or very satisfied with their opportunities. The level of satisfaction was similar in 2006. This suggests that opportunities for advancement have not improved or are not well known to the caseworkers, despite the salary increases in 2016 that created more of a career ladder.

**Credit For Learning.** DCBS has implemented several programs that encourage professional development and provide incentives for caseworkers to remain at the agency. The largest of these is the Credit for Learning program, which was implemented in FY 2003 and revised from 2012 to 2014. All new caseworkers attend a series of Training Academy classes developed jointly by DCBS and Kentucky’s graduate social work universities. Upon completion of the academy training, caseworkers receive graduate course credit that they can apply if they seek a Master of Social Work (MSW) in the future.

**MSW Stipend.** The MSW Stipend program was in place prior to 1981 and reinstituted in 1996. For approved DCBS staff, this program pays tuition for coursework toward an MSW and provides a $600 stipend each semester for books and other expenses. Participants must agree to continue working for the agency for the same number of years that they spend in the program. An evaluation of the program found that the retention rate from 2012 to 2016 at 1, 2, 3, and 4 years after graduation was 96, 90, 86, and 82 percent. It also found that graduates had a high degree of loyalty to the agency and had high job satisfaction despite high levels of stress.\(^\text{15}\)

Because of budget limitations, the number of participants declined from an average of 55 students per year (1996-2006) to an average of 13 students per year (2007-2016), a drop of 76 percent.\(^\text{16}\) Table 3.13 shows the number of participants and graduates in the current and past 5 fiscal years. The current limit is two new participants per region each fall, for a total of 18.
Employee Educational Assistance Program. This program is operated through the Personnel Cabinet and is optional for executive branch agencies (101 KAR 2:221). The Cabinet for Health and Family Services used to participate in the program but suspended participation because of budget limitations.

Under this program, the employing agency pays tuition and fees out of its budget for coursework approved to increase employees’ work skills. The employee is obligated to work an additional month for every credit hour paid through the program, up to 2 years; otherwise, the payments must be reimbursed.

**Acknowledgment**

In the breakout session, a major topic of discussion was a desire for recognition of caseworkers’ workloads, stress, trauma, and accomplishments. Acknowledgment is one aspect of support from the department as a whole that was mentioned in the 2017 study. Some caseworkers responded to the Program Review survey by describing what they perceived as a numbers-driven, punitive environment in which it was more important to meet deadlines and complete paperwork than to take care of families and children. Others felt that above the local level, DCBS denied that caseworkers had valid complaints about workloads or policies.

Part of acknowledgment is listening to feedback from front-line workers. The Program Review staff survey showed that caseworkers rated the DCBS central office 2.52 for listening to feedback from the field, on a scale from 1 (very poorly) to 5 (very well). Almost half, 47 percent, said the central office listened somewhat or very poorly, while 21 percent said it listened somewhat or very well. This assessment was a significant
improvement from 2006, when the rating was 2.14, with 64 percent saying DCBS listened somewhat or very poorly and only 14 percent saying DCBS listened somewhat or very well.\(^g\)

Survey respondents overall had a negative opinion of the way regional offices treated caseworkers:
- Was the regional office responsive to worker needs: 55 percent said no (56 percent of those with five or more ongoing child cases, similar to the 2006 response).
- Did the regional office value worker opinions: 54 percent said no (55 percent of those with five or more ongoing child cases, compared with 63 percent in 2006).\(^h\)

While it appears that caseworkers might have a better opinion of the agency’s receptiveness to them than in 2006, there is much room for improvement.

DCBS officials reported that several employee recognition programs have been curtailed because of budget limitations. Suspended programs include
- Adjustment for Continuing Excellence (salary increase),
- Employee Recognition Award (bonus), and
- Educational Achievement Award (salary increase).

Another part of acknowledgment is transparency and explanations of decisions, policies, and procedures. Breakout session participants indicated their desire for greater transparency and communication from DCBS management. Caseworker survey respondents rated communication with management as 3.18 on a scale of 1 (very dissatisfied) to 5 (very satisfied), similar to responses in 2006. Supervisor survey respondents rated management communication as 3.29, also similar to 2006. These numbers are close to the middle of the scale (neither satisfied nor dissatisfied).

Participants in the breakout session mentioned a generally negative public perception of the child welfare system. They recommended ways to generate positive news to improve the reception caseworkers receive from the people they interact with. A child welfare workforce review in Minnesota made a similar suggestion.

\(^g\) Looking just at caseworkers with five or more ongoing child cases, the 2017 rating was 2.44, with 49.5 percent marking poorly or very poorly and 19.7 percent marking somewhat or very well. The difference from 2006 was significant at \(p<0.05\).

\(^h\) The difference between 2006 and 2017 was not statistically significant but was suggestive (\(p<0.1\)).
Adequate training reduces job stress and increases job effectiveness. In surveys and interviews, caseworkers were critical of current DCBS training.

about countering negative publicity to reduce stress. DCBS reported that the agency was working to improve public relations.

**Caseworker And Supervisor Training**

Initial and ongoing training are crucial to reducing job stress and increasing job effectiveness. They impart essential knowledge and skills to new staff and provide ongoing understanding about specific issues and policy changes.

In the Program Review staff survey of caseworkers, 52 percent said DCBS training did not meet their needs, as did 49.5 percent of those with five or more ongoing child cases, far more than the 30 percent who answered the same way on the 2006 survey. Some reasons given by those who responded “no” in 2017 were that the training

- does not transfer to the field or needs more hands-on experience (52 percent),
- takes too much time away from work (8 percent), and
- does not explain documentation requirements—paperwork and TWIST (5 percent).

Breakout session participants noted that the caseworker training described what the policies and procedures were, but not the reasons for them. The supervisors’ training provided insights into the reasons, and participants said caseworkers would benefit from that information.

Supervisors responding to the Program Review staff survey had even lower opinions of DCBS training for caseworkers: 70 percent said it did not meet caseworkers’ needs. The main reason given was that it does not transfer to the field or needs more hands-on experience (50 percent).

Supervisors were evenly divided in their opinions about their own training, with half saying it did not meet their needs. Some reasons given by those who responded “no” were that the training

- does not transfer to the field or needs more hands-on experience (45 percent),
- takes too much time away from work (20 percent), and
- needs to be more specialized (5 percent).

\(^1\) Differences between responses in 2006 and 2017 were significant at \(p<0.001\).

\(^{1}\) Supervisors were not asked in 2006 about training of caseworkers or their own training.
Recruitment And Hiring

When there is turnover, it is desirable to fill the vacancy as quickly as possible with someone who is qualified and well suited to the job. However, DCBS officials noted that the hiring process can be very long. In fact, attendees at the breakout session reported that applicants often have job offers from other employers before hearing back from the state.

When DCBS supervisors receive a list of job applicants, the Personnel Cabinet has not screened them to ensure they meet the requirements for the position. Only after the supervisor sends back a list of candidates to call for interviews does the Personnel Cabinet verify the applicants’ qualifications. After the interviews are held, DCBS conducts background checks on the preferred candidate and alternates. OHRM then has to review the process to ensure it was done correctly. DCBS finally extends an offer to the preferred applicant, who has to give notice at his or her current job, causing another delay.

Realistic Job Preview

It is important for prospective caseworkers to have an understanding of what is involved in the job before they apply. Michigan developed a “realistic job preview” DVD showing what the position entailed. The DVD was sent to all job applicants and greatly reduced resignations during the training period.19 As of 2016, Michigan’s Department of Health and Human Services had posted a similar video on YouTube.20 In Kentucky, a private agency also uses such a preview.

Rapid Filling Of Vacancies

Until July 2017, the DCBS entry-level caseworker position, Social Service Worker I, was an “immediate fill” job classification, meaning that people could apply at any time regardless of whether there was an opening. Individual vacancies were not advertised, but as soon as a position opened, the supervisor requested a “register” (list) of those who had applied during the past 6 months. This bypassed the 2-week delay normally associated with advertising an opening.

Personnel Cabinet and DCBS officials explained that there had been problems with the immediate-fill process. Registers tended to be long with the same applicants on every register requested. Some applicants had been on the register so long that they had taken jobs
elsewhere, and some applicants were unhappy with the lack of certainty about actual vacancies. Personnel Cabinet officials described a 4-month pilot of the process using an expedited version of the normal process and reported that DCBS had found no negative impact on the hiring process. DCBS officials expressed some concern that interested applicants might be deterred because they have to watch for openings and apply to each one separately.

DCBS officials were unable to provide an estimate of how long it takes to fill a vacancy. Personnel Cabinet officials did not respond to a Program Review staff request for the same information.

The apparent shortage of qualified and willing applicants makes recruitment and hiring difficult regardless of procedural streamlining and contributes to delays in filling positions.

The 2006 LRC report indicated that Michigan began to hire new caseworkers before vacancies occurred. New hires were given 8 weeks of training and then placed in a permanent position if one was available. If no position was immediately available, the new employee was hired into a temporary position until a permanent position opened. This process significantly reduced the time to fill vacancies. A Michigan official stated that the method has been used with variations, but that funding was not available to support the pool of trainees, and union rules made it difficult to shift employees to where they were needed. Currently, Michigan’s urban counties accept applications and screen, interview, and rank applicants before vacancies occur, then offer positions to the top ranking applicants as they open.

**Public Child Welfare Certification Program**

DCBS developed the Public Child Welfare Certification Program for social work undergraduates. Eleven public and private social work schools in Kentucky participate. Junior and senior social work majors receive the same training as new DCBS caseworkers and complete internships at DCBS offices. Participants receive free in-state tuition plus a stipend of $1,300 per semester. In exchange for these incentives, graduates must work 2 years for DCBS.

A program evaluation found that an average of 87 percent of graduates remained on the job at 2 years and 74 percent remained after 2½ years. In the most recent 4 years studied, the retention rate improved to 77 percent after 2½ years. The evaluators reported that the retention of other new caseworkers was only 52 percent after just 1 year.
The evaluation also pointed out that the program did not have the number of graduates originally planned, which was 110 per year.\textsuperscript{24} Table 3.14 shows the number of participants and graduates from the program from fiscal years 2012 to 2018. The program averaged 52 graduates a year from 1998 to 2009; it averaged 35 graduates from 2010 to 2015. According to the evaluator, some of the decline was due to requiring graduates to work in a county that DCBS chose, and some was due to negative perceptions of DCBS among potential participants as a result of a dramatic increase in caseloads and turnover.\textsuperscript{25}

### Table 3.14
Participants And Graduates Of The Public Child Welfare Certification Program FY 2013 To FY 2016

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Participants</th>
<th>Graduates</th>
<th>DCBS Hires*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>83</td>
<td>46</td>
<td>48</td>
</tr>
<tr>
<td>2014</td>
<td>78</td>
<td>30</td>
<td>29</td>
</tr>
<tr>
<td>2015</td>
<td>108</td>
<td>43</td>
<td>38</td>
</tr>
<tr>
<td>2016</td>
<td>113</td>
<td>52</td>
<td>47</td>
</tr>
<tr>
<td>2017</td>
<td>116</td>
<td>46</td>
<td>49</td>
</tr>
<tr>
<td>2018**</td>
<td>94</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

*Graduates from one year might be hired by DCBS in a subsequent year.
**Numbers are for July 1, 2017 to August 25, 2017.
Source: Data provided by University Training Consortium.

Breakout session participants noted that the program had no cap, but it was difficult to recruit participants in the face of negative publicity about child protective services. They proposed greater efforts to generate positive news about child welfare successes. DCBS reported that the agency was working to improve public relations.\textsuperscript{26}

A Citizen Review Panel report in 2015 indicated that of 25 social work students interviewed, 14 (56 percent) had not heard of the program. The panel recommended that the cabinet should establish better relationships with the schools of social work to enhance recruitment.\textsuperscript{27}
Turnover And Hiring Strategies

There is no single strategy to reduce turnover and facilitate hiring. Many strategies were mentioned above, and there are others in the literature. DCBS reported that it is attempting, within funding limitations and personnel regulations, to make improvements. Additional funding and changes to personnel regulations might be needed to accomplish these goals.

**Recommendation 3.5**

The Department for Community Based Services should request funding and authorization to increase caseworker salaries to a competitive level; to increase the number of caseworkers; to offer geographic salary differentials and flexible scheduling; to expand employee recruitment, development, and recognition programs; and to develop further improvements in the hiring process such as applicant pre-screening and hiring prior to vacancies. The agency should also promote expansion of undergraduate social work programs.

---

8 Ibid.
24 Ibid. P. 10.
Appendix A

How This Study Was Conducted

Program Review staff studied a wide range of foster care literature and met with state agency officials and other stakeholders. Staff conducted interviews with foster children, foster and adoptive parents, judges, and private child-placing agency personnel. Staff analyzed data provided by the Department for Community Based Services, the Administrative Office of the Courts, and the Personnel Cabinet.

Caseload Calculations

To calculate average caseloads from 2011 to 2017, Program Review staff used the weekly TWS-W230S caseload report provided by DCBS. That report differs from the report DCBS began to use in 2016 (TWS-W230S2), but it covers a much longer period and can be used to show trends. As a result, the staff caseload calculations are similar to but do not exactly match the current DCBS calculations.

Program Review staff requested the TWS-W230S report closest to the middle of each month from March 2011 to July 2017. DCBS discovered that many of the reports from 2011 and 2012 had become corrupted and were no longer usable, so the department provided usable reports that were closest to the requested dates. Therefore, the time points in 2011 and 2012 might be closer together or farther apart than the 4 weeks expected.

For each report, Program Review staff calculated the average number of cases of different types assigned to workers at that point in time, using the following approach:

- The only cases included in the analysis were investigations, ongoing cases, and recruitment and certification cases. Recruitment and certification cases were weighted at 0.39 of a case based on the relative caseloads of caseworkers carrying those cases, as well as confirmation from DCBS that those cases require less work per case.
- Caseworkers handling intake cases were removed from the analysis.
- Caseworkers assigned no cases of any kind were removed from the analysis.
- Remaining caseworkers were assigned a category based on the preponderance of their cases (child protection, adult protection, and recruitment and certification).
- Caseloads were reported only for the child protective services category.
- Caseworkers with fewer than 10 cases were removed from the analysis along with their cases. Staff assumed that these caseworkers are similar to those that DCBS considers not at full capacity but are still handling the majority of the work on their cases, adding an unknown amount to the workloads of others. Including these caseworkers would artificially lower the average caseload. Including their cases would artificially increase the average caseload.
- Supervisors who were also carrying cases were removed from the analysis along with their cases. Staff assumed that these supervisors handle all the work on their cases, so they do not
add to the workload of others, but including them in the analysis would artificially lower the average caseload.

- Cases assigned to vacant positions were included in the analysis and added to the pool of cases from which the average was calculated. Vacant positions were not included in the headcount for the calculation.

**Turnover Calculations**

Turnover is the rate of separations (employee departures) as a percentage of total employees over a period of time. The conventional calculation considers total employees to be the headcount at the beginning of the time period or an average headcount at two or more points in the time period.

Because the Personnel Cabinet uses an unconventional method to calculate employee turnover, Program Review staff calculated turnover rates based on the conventional method so they could be compared directly with those of other states.

**Personnel Cabinet Turnover Calculation**

The Personnel Cabinet calculates turnover as the number of separations as a percentage of the headcount at the beginning of the period plus “employees who enter the organization during” the period. This results in turnover rates that are lower than those calculated conventionally. Cabinet officials explained that KRS 18A.030(4) requires separate turnover calculations for every organization unit down to the section level. The combined number of these levels and units is so large that there are not enough computing resources to calculate turnover for all of them in a reasonable time using the conventional method.

**Program Review Staff Turnover Calculation**

The Personnel Cabinet provided a list of every personnel action starting in March 2011 for everyone who was employed at any time since then in one of the following positions:

- Social Service Worker I and II (caseworkers)
- Social Service Clinician I and II (caseworkers)
- Family Services Office Supervisor

Program Review staff used the data to determine each change in job position or organizational unit (including separations from state employment). For each calendar year, staff calculated turnover for caseworkers as a group, supervisors, and all five positions as a group.

For each group and year, the number of separations for the year was the number of actions that caused an employee who was in the group at DCBS to leave that group of positions or to leave DCBS. The number of employees in the group at DCBS was calculated at the beginning of the year and at 45-day intervals thereafter, then averaged.
Surveys Of DCBS Staff

Program Review staff developed a set of anonymous online surveys based on surveys used for the 2006 Program Review report on foster care. The 2006 surveys went only to caseworkers who had five or more ongoing child cases (in-home services or foster care) and only to supervisors of those caseworkers.

The 2017 surveys used selected questions from the 2006 surveys along with some additional questions. SurveyMonkey was used to design, administer, and collect the data from the surveys. Survey invitations were sent via DCBS email distribution lists for the nine service regions in the Division of Service Regions. The survey was open from April 25 to May 12. Reminders were sent periodically to encourage those who had not responded.

Different surveys were sent to each of five groups. The table below lists the groups, the number of recipients, and the number of respondents. The number of recipients was calculated based on demographic data provided by the Personnel Cabinet for employees in those service regions at the beginning and end of the survey period. The portions of recipients having five or more ongoing child cases and supervising such caseworkers were estimated averaging TWS-W230S caseload reports from before and after the survey period. These proportions were applied to the numbers of caseworkers and supervisors found in the demographic data.

Because the 2017 surveys went to all caseworkers and supervisors, they included questions to determine whether they had five or more ongoing child cases or supervised such caseworkers. The responses to those questions determined which respondents were comparable to those in the 2006 surveys, as shown in parentheses in the table.

<table>
<thead>
<tr>
<th>Group</th>
<th>Number Of Recipients (Number With Five Child Cases)</th>
<th>Number Of Respondents (Number With Five Child Cases)</th>
<th>Response Rate (With Five Child Cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseworkers</td>
<td>1,524 (880)</td>
<td>528 (305)</td>
<td>34.6% (34.7)</td>
</tr>
<tr>
<td>Supervisors</td>
<td>271 (203)</td>
<td>112 (84)</td>
<td>41.3 (41.4)</td>
</tr>
<tr>
<td>Local office support staff*</td>
<td>291 (203)</td>
<td>117 (84)</td>
<td>40.2</td>
</tr>
<tr>
<td>Regional office staff*</td>
<td>112</td>
<td>58</td>
<td>51.8</td>
</tr>
<tr>
<td>Other*</td>
<td>Unknown**</td>
<td>13</td>
<td>Unknown**</td>
</tr>
</tbody>
</table>

*These groups do not have direct case responsibilities and were not included in the 2006 surveys, so there is no distinction between types of respondents for them.

**The number of recipients with “Other” positions is not known because respondents provided job titles that did not correspond with Personnel Cabinet job titles.

Note: Only respondents who completed all required questions were included.

Source: Demographic data from the Personnel Cabinet and respondent data from Program Review staff survey.
Based on the sample sizes only, the margin of error with 95 percent confidence was
• ±3.46 percent for caseworkers as a whole (528 respondents),
• ±4.38 percent for caseworkers with five or more ongoing child cases (305 respondents),
• ±7.20 percent for supervisors as a whole (112 respondents), and
• ±7.91 percent for supervisors having caseworkers with five or more child cases (84 respondents).\(^a\)

Statistical significance for comparisons between the 2006 and 2017 surveys was calculated using the chi-squared statistic implemented via Microsoft Excel. Confidence intervals and margins of error were calculated using the SAS System’s PROC SURVEYFREQ.

\(^a\) These were calculated for a hypothetical question with two choices, each chosen by half of the respondents, which produces the greatest margins of error. Answer percentages above or below 50 percent result in lower margins of error than those shown here.
## Appendix B

### Number And Classification Of Moves By Children Who Entered Out-Of-Home Care On Or After January 1, 2012

<table>
<thead>
<tr>
<th>Classification</th>
<th>Reason For Move</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disruption</td>
<td>Needs different/additional specialized services</td>
<td>5,809</td>
</tr>
<tr>
<td></td>
<td>Pre Adoption disruption</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Agency non-compliance with contract or licensing</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>Caretaker abandonment</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Caretaker change in life situation</td>
<td>358</td>
</tr>
<tr>
<td></td>
<td>Caretaker death</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Caretaker emotional problem</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Caretaker employment</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Caretaker incarceration</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Caretaker leaves public or private agency: child moves</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>Caretaker non-compliance with requirements</td>
<td>334</td>
</tr>
<tr>
<td></td>
<td>Caretaker physical illness/emotional problem/incapacity</td>
<td>248</td>
</tr>
<tr>
<td></td>
<td>Caretaker relinquishment</td>
<td>1,276</td>
</tr>
<tr>
<td></td>
<td>Caretaker/individual conflict</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CPS investigation</td>
<td>488</td>
</tr>
<tr>
<td></td>
<td>CPS/APS investigation</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Criminal investigation</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Dissatisfaction with service delivery</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>Provider voluntarily closes program/service</td>
<td>319</td>
</tr>
<tr>
<td></td>
<td>Aggressive to caregivers</td>
<td>496</td>
</tr>
<tr>
<td></td>
<td>Aggressive to peers</td>
<td>352</td>
</tr>
<tr>
<td></td>
<td>Defiant oppositional behavior</td>
<td>1,300</td>
</tr>
<tr>
<td></td>
<td>Homicidal behavior</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Other behavioral/emotional problem</td>
<td>2,057</td>
</tr>
<tr>
<td></td>
<td>Property destruction</td>
<td>121</td>
</tr>
<tr>
<td></td>
<td>Runaway behavior</td>
<td>1,805</td>
</tr>
<tr>
<td></td>
<td>Self-abusive behavior</td>
<td>154</td>
</tr>
<tr>
<td></td>
<td>Sexual acting out</td>
<td>193</td>
</tr>
<tr>
<td></td>
<td>Sexual aggression</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Substance abuse</td>
<td>179</td>
</tr>
<tr>
<td></td>
<td>Suicidal behavior</td>
<td>273</td>
</tr>
<tr>
<td></td>
<td>Move from short term temporary placement</td>
<td>5,620</td>
</tr>
<tr>
<td>Neutral</td>
<td>Court orders placement change</td>
<td>291</td>
</tr>
<tr>
<td></td>
<td>Adoptive or pre-adoptive placement</td>
<td>3,589</td>
</tr>
<tr>
<td>Progress</td>
<td>Educational/vocational placement</td>
<td>179</td>
</tr>
<tr>
<td></td>
<td>Needs less restrictive care</td>
<td>4,349</td>
</tr>
<tr>
<td></td>
<td>Placement closer to home</td>
<td>347</td>
</tr>
<tr>
<td></td>
<td>Placement with non-relative</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td>Placement with relatives</td>
<td>4,308</td>
</tr>
<tr>
<td></td>
<td>Placement with siblings or child</td>
<td>551</td>
</tr>
<tr>
<td></td>
<td>Placement with teen/youth parent in care</td>
<td>807</td>
</tr>
</tbody>
</table>
Appendix C

Cabinet For Health And Family Services’ (CHFS) Response To Recommendations In 2006 Program Review Report

The report *Kentucky’s Foster Care System Is Improving, but Challenges Remain* was adopted by the Program Review and Investigations Committee on November 9, 2006.

**Recommendation 1.1**
The Department for Community Based Services should reconvene the Statewide Strategic Planning Committee for Children in Placement and support its statutory mandates. All agencies mentioned in the statute should appoint members to the committee. The committee should fulfill its statutory mandates and consider implementing a facility and service oversight function as authorized by statute. The committee should consider ways to address the issues related to foster care that need further study. The department should include in its proposed budget funds to support the committee.

**CHFS Response:**

The Statewide Strategic Planning Committee for Children in Placement (SSPCCP) was created in 1998 by the Kentucky General Assembly. The SSPCCP held its first meeting on October 26, 1998, and submitted a strategic plan to the mandated parties on June 15, 1999. The committee had one follow-up meeting on August 11, 1999; however, there is no record of further meetings between 1999 and 2013. The committee’s roles and responsibilities were largely absorbed within community stakeholders groups convened by DCBS for the purposes of federally prescribed planning, implementation, and reporting related to the entire child welfare continuum.

Legislation enacted during the 2012 Regular Session of the General Assembly amended various statutory sections pertaining to the SSPCCP and reemphasized the purpose and rationale for the committee. In addition, contextual factors made the timing opportune for reinvigoration of the SSPCCP and increased intensity in the focus placed on programs and services to children in placement. Efforts were undertaken to reinvigorate this committee; however, the last meeting was held in April 2014, in part, due to the development in March 2014 of the Child Welfare Performance and Accountability Partnership (CWPAP), formerly known as the Performance Based Contracting (PBC) initiative. Substantial work has been completed through the CWPAP, which reflects goals consistent with those also identified by the SSPCCP. This includes the purpose of the CWPAP: collaboratively define performance and accountability measures, improve child and family outcomes consistent with federal and state mandates, and increase alignment between Kentucky’s programmatic goals and fiscal resources. In addition, many historical members of the SSPCCP or their colleagues are currently represented within the CWPAP, ensuring the continued practice of a multidisciplinary systems approach. The CWPAP is funded by a Casey Family Program grant.
The current membership of SSPCCP and its utility are being reviewed as a result of a change in gubernatorial administration and the administration’s charge to reform child welfare.

**Recommendation 1.2**

If it is the intent of the General Assembly that the number and progress of children committed for extraordinary services be tracked by the courts and the Cabinet for Health and Family Services, then the General Assembly may wish to consider amending KRS 600.050 to require the courts and the cabinet to identify and track these children in their data systems. The General Assembly also may wish to consider requiring the courts and the cabinet to report information about such children to the Legislative Research Commission.

**CHFS Response:**

“Extraordinary services” is not a specific category that is tracked within the agency’s data system; however, the system can track any child as an individual and can also report aggregated child outcomes related to timeliness of reunification, time to adoption, and other federal outcome indicators.

**Recommendation 1.3**

The Cabinet for Health and Family Services should promulgate regulations and standards of practice to clarify that when the court grants custody of a maltreated or dependent child to another person, typically a relative, the cabinet shall:

- conduct criminal and child maltreatment background checks for such persons,
- conduct home studies for such persons, and
- provide services to birth families and children in such cases until permanency is achieved for the children.

Further, if it is the intent of the General Assembly to provide explicit guidance to the cabinet and the courts on the conduct of cases in which the court grants custody of a maltreated or dependent child to another person, typically a relative, then the General Assembly may wish to consider legislation to:

- require criminal and child maltreatment background checks for such persons,
- require home studies for such persons, and
- require services to birth families and children in such cases until permanency is achieved for the children.

**CHFS Response:**

Historical practice of the Department for Community Based Services (DCBS) has been to conduct background checks and home studies for relative placements with provisional approval allowed for emergency situations. In addition, DCBS provides time-limited efforts to reunify the child with the child’s biological family. Biological parents have one year to successfully complete their case plan, and if the biological parents are unsuccessful at that time, DCBS seeks a permanent custody order for the relative. When 922 KAR 1:140 was last amended in 2013, provisions for relative background checks and home studies were included.
Recommendation 2.1
The Cabinet for Health and Family Services should conduct all statutorily required evaluations and produce all statutorily required reports. The cabinet should consider ways to consolidate some of the reporting requirements, possibly substituting federally required reports, and should consider proposing legislation to authorize such consolidation.

CHFS Response:

DCBS conducted a study of its statutorily required reports and, more recently in accordance with the support of the Bevin administration, did identify reports for elimination or modification. Possible legislation is forthcoming from the Cabinet for Health and Family Services in the 2017 Regular Session. DCBS is fulfilling its statutorily required reporting burden and has an internal system in place to enforce compliance and timeliness.

Recommendation 2.2
If it is the intent of the General Assembly to support the use of random, unannounced reviews by the federal Children's Bureau and the Council on Accreditation, then the General Assembly may wish to consider a resolution urging those agencies to adopt that procedure and may wish to consider a resolution requesting the National Conference of State Legislatures to promote that procedure.

Further, the Cabinet for Health and Family Services should consider working through appropriate national organizations to promote the use of random, unannounced reviews by the federal Children's Bureau and the Council on Accreditation.

CHFS Response:

The Council on Accreditation and the federal Children’s Bureau continue to conduct announced and planned reviews for various logistical reasons. At present, DCBS does not have influence over this matter.

Recommendation 2.3
The Cabinet for Health and Family Services should continue to compile Continuous Quality Improvement data and use the information to track overall compliance with standards of practice and federal targets. The cabinet should use the data only in aggregate, not for individual employee performance evaluations, and should explain this clearly to caseworkers and supervisors.

CHFS Response:

DCBS continues to use case review data and system data to monitor program quality based on state and federal targets. The Continuous Quality Improvement (CQI) process includes dedicated regional data personnel and child welfare personnel as quality assurance leads responsible for assistance in the implementation of improvement efforts and practice changes, as necessary, to respond to changes or deficits in regional
performance data. The CQI process also includes dedicated central office staff who works with the DCBS service regions to use case review and federal data measures to identify regional needs and plan performance improvement based on those data indicators. The data are not used in field staff performance evaluations. Central office staff holds visits and has regular calls with the service regions as part of ongoing efforts to ensure fidelity to the case review process and program improvement activities.

Recommendation 2.4
The Department for Community Based Services should address the information systems issues listed below and report the actions taken and results to the Program Review and Investigations Committee by December 2007. The cabinet should:

- modify its data systems and procedures as needed so that, for children in open child protection cases, it can reliably identify:
  - where a child is living, regardless of who has custody,
  - who has custody of a child, regardless of where the child is living, and whether a child is in the Kinship Care Program or not.
- modify TWIST screens, procedures, and reporting as needed so that the following information can be kept and reported separately for each child:
  - the assigned county of the caseworker handling the case,
  - the county in which the birth family resides, and
  - the county in which the child resides.
- make the process of tracking a case and members of a case from investigation through foster care easier and less error-prone.
- implement an enterprise report management process.
- consider implementing a data warehouse and decision support system.
- implement and enforce review of new TWIST codes and clear explanations of all TWIST codes.
- implement and enforce strict documentation of TWIST reports, including the codes printed on them.
- involve caseworkers and supervisors extensively in the design and development of the new TWIST.
- consider vendor solutions for future modifications of TWIST.
- ensure that remote access to the new TWIST is as secure as possible.
- provide innovative solutions to the caseworker's need to document activity in the field.
- modify the Children in Placement report so that it shows the move reason for children with unknown placements.

CHFS Response:

DCBS continues to work towards the full modernization of TWIST by moving it to a .NET interface. All casework modules should be .NET by the end of 2017. In its current version, TWIST can track the location of all household members in a child welfare case, the case manager, and their county. By the end of 2016, additional enhancements will display and ensure that children who are AWOL or are in trial home visits are also visible. DCBS continues to use regional data specialists, CQI specialists, to ensure
statewide understanding of TWIST codes, management reports, data entry standards, and deadlines for data entry. Once TWIST is fully .NET, additional modernization efforts will be more possible in the updated platform.

**Recommendation 4.1**
Given their positive casework and retention outcomes, the Department for Community Based Services should consider expanding the Public Child Welfare Certification Program and the Master of Social Work Stipend Program.

**CHFS Response**

The Public Child Welfare Certification Program has not had a participation cap since its inception; however, recruitment by university site coordinators is complicated by the difficult nature of the work and salary. Due to budgetary constraints and workload, the Master of Social Work stipend has been limited to two slots per DCBS service region for the last 10 years. Expansion of the stipend program would require additional support from the DCBS budget.

**Recommendation 4.2**
The Cabinet for Health and Family Services should implement supervisory training courses and provide refresher courses to ensure that supervisors have the knowledge and ability to meet the support needs of caseworkers. The effectiveness of these courses should be objectively evaluated.

**CHFS Response**

An advanced supervisory training series for protection and permanency field supervisors was developed and implemented in 2011. The series consists of three graduate-level courses, which are presented to supervisors over a six-month period. Each of the three courses focuses on the knowledge, skills, and opportunities for application of critical supervisory skills. The courses include: 1) Advanced Casework Skills, 2) Casework Supervision in Child Welfare, and 3) Child Welfare Supervisory Coaching and Mentoring. The advanced supervisory series is a collaborative effort involving DCBS, the University Training Consortium, and the Master of Social Work programs at the University of Louisville, Western Kentucky University, and the University of Kentucky. Upon completion of the series, trainees are eligible to receive nine hours of graduate-level academic credit. Four hundred three unique individuals have completed the series since its inception. Updates to the curricula are continually made.

**Recommendation 4.3**
The Cabinet for Health and Family Services should streamline the disciplinary action approval process so that actions are more timely and effective and should take steps to ensure discipline is applied equitably in all service regions.
CHFS Response:

Each service region has a Service Region Administrator Associate dedicated to personnel matters, including employee discipline, in an effort to foster efficiencies, consistency, and expertise. This person serves as a personnel expert for the region, a point of contact for the Cabinet for Health and Family Services’ Office of Human Resource Management (OHRM), and assists in obtaining evidence necessary to support disciplinary action. Disciplinary requests and actions are further aided by the speed afforded through e-mail. To further reinforce consistency among the 13 DCBS service regions and the cabinet’s organizational units, OHRM completes a comparison analysis of prior disciplinary actions.

Recommendation 4.4

The Cabinet for Health and Family Services should develop a hiring system proposal that minimizes the time to fill vacancies. Any necessary job classification changes should be requested from the Personnel Cabinet.

CHFS Response

DCBS and OHRM have worked with the Personnel Cabinet to streamline the hiring process to the extent possible. Entry-level positions can be filled using quick-fill certified registers that do not expire for 90 days. The DCBS service regions do not have to wait for a vacancy to occur before starting the hiring process. Service regions with high turnover can constantly work registers for entry-level positions.

Recommendation 4.5

In order to build stronger connections between central office and caseworkers and supervisors, the Department for Community Based Services commissioner, director of Protection and Permanency, and the Out-of-Home Care Branch manager and their staffs should visit local offices periodically to engage in dialogue with caseworkers and supervisors. The department should develop additional methods to sustain connections between the central office and caseworkers and supervisors.

CHFS Response

Upon appointment, Commissioner Adria Johnson charged her leadership team to have greater visibility in local DCBS offices. Once central office vacancies, namely key leadership positions are filled by close of summer, more local office visits will be possible.

In addition, when possible, meetings among the DCBS Service Region Administrators (SRAs) are being held in a local office, rather than central office. The local office meeting locations enable the SRAs to have more interaction with local office staff. For instance, local office staff present and participate in the SRAs meetings. Indications are that the local office meeting sites are beneficial, because the SRAs are learning more about each other’s regions and building relationships among regional staffs.
In recent years, the DCBS Division of Protection and Permanency (DPP) central office staff has implemented several initiatives to provide greater support and build stronger connections with local office staff. The Permanency Roundtables are one example of such an initiative. The DPP Out of Home Care Branch serves as the lead in this initiative whereby central office staff travel to each service region to provide a formalized consultation process on cases in which there have been challenges to permanency. At least three full days of consultation are devoted to each service region per year. The Wendy’s Wonderful Kids child-specific recruitment program and the Chafee Independent Living Program are two other programs entailing the collaboration and cooperation of local office and central office staffs.

Additionally, DPP central office staff provides placement support services for cases involving children who are difficult to place. While this is managed primarily via conference call, it provides a structure for ongoing communication and support for the most complex cases.

**Recommendation 4.6**
The Cabinet for Health and Family Services should conduct exit interviews of all Protection and Permanency caseworkers and supervisors and analyze their responses separately from other divisions so that causes of turnover can be identified and addressed. The cabinet should develop a clear career ladder for caseworkers and supervisors in order to retain experienced staff likely to be hired by other agencies.

**CHFS Response**
Exit interviews are conducted on a voluntary basis, and results are contained in the House Joint Resolution 17 (2008 Regular Session) report produced twice each year. The career ladder and other retention measures have been assessed as lacking; thus, the Bevin administration is studying DCBS’ structure, career ladder options, and other means for recruitment and retention, particularly of Millennials. As recently announced, frontline workers are receiving salary increases.

**Recommendation 4.7**
The Cabinet for Health and Family Services should develop a casework weighting system that can approximate the true workload of each caseworker. The cabinet should use such a system in combination with national caseload standards to establish a maximum caseworker workload. The cabinet should then determine the workforce required to support the workload maximum and should request funding for the positions required to maintain an adequate workforce under the weighting system.

Further, if it is the intent of the General Assembly to provide guidance on caseloads and workloads, then the General Assembly may wish to consider amending KRS 199.461 to reflect current standards and calculation methods.
CHFS Response

The DCBS Division of Service Regions has been working closely with technology staff and the individual service regions to develop a caseload report that more accurately reflects caseloads. Currently, the report, TWS-230S2 combines all case assignments (i.e., investigations, ongoing agency/request cases, and non-specific assignments, such as home evaluations, safety net, court-ordered services, etc.). The service regions then report monthly the number of staff who are “not at capacity” meaning staff who are on extended leave, desk duty, or who have less than six months service with the agency. Using this information, DCBS is able to look at caseloads on a regional level, including exclusion of those staff “not at capacity” in the staffing denominator. Efforts to improve data collection and analysis are ongoing.

Recommendation 5.1
The Cabinet for Health and Family Services should keep information on the amount of funds and effort spent on each foster parent recruitment strategy and should elicit information from new foster parents about what influenced their decision to become foster parents. The cabinet should require private foster care agencies to collect similar information and provide it to the cabinet. The cabinet should analyze the information and use the results to target recruitment efforts in the most effective manner possible.

CHFS Response

DCBS allocates funds to its nine service regions to use for foster parent recruitment activities and events. Each service region may spend up to $4000 in a state fiscal year (SFY) for expenses related to foster and adoptive home parent recruitment. Being more populated, Jefferson, Northern Bluegrass and Southern Bluegrass Service Regions may spend up to $6000. Each service region, as part of its annual diligent recruitment plan as described in SOP 12.2 Diligent Recruitment of Resource Home Parents, provides specific details on how funds for recruitment will be spent. Each service region is responsible for monitoring expenditures related to recruitment. The service regions annually submit information about recruitment efforts, both general and targeted, and this is reported within the federally required Title IV-B Child and Family Services Annual Progress and Services Report (APSR). Quarterly meetings are held among central office and regional recruitment and certification staffs to discuss diligent recruitment.

DCBS engages in child-specific recruitment by listing children available for adoption on the Special Needs Adoption Program (SNAP) and Adoptuskids websites. The Adoptuskids website is the federal website that recruits prospective adoptive parents nationally. Children available for adoption engage in SNAP events, are featured in Heart galleries that are on display across the state in special venues, and are featured in magazines and newspapers. Numerous children’s videos are featured on Wednesday’s Child and Midday’s Child. Some children have been highlighted on the Adoptuskids and the Dave Thomas Foundation for Adoption Websites.
A portion of the children for whom finding an adoptive home is most difficult have a Wendy’s Wonderful Kids recruiter. These recruiters have a smaller caseload and can dedicate all of their time and efforts finding adoptive homes for these children. The recruiter’s only job assignment is to find an adoptive home for the children on their caseload.

In determining what influenced a foster parents decision for foster and/or adopt, the following sources are available:

- From the point of inquiry, prospective parents are asked why they are interested in fostering or adopting. This information is collected and tracked and can be produced in a report to guide future recruitment efforts.
- An extensive assessment of the family is completed and includes the family’s motivation for fostering/adopting. This information is documented in a family’s home study and is used to assist in matching characteristics and preferences of foster parents with children in care.

**Recommendation 5.2**
The Cabinet for Health and Family Services should develop a reliable and timely method of tracking the number and types of resource and private foster homes.

**CHFS Response**

DCBS produces a monthly diligent recruitment report that provides a breakdown of the characteristics and the number of children in care and the foster homes available to serve the children. The data on the diligent recruitment report reflect the statewide numbers and are broken down by region and county. The report is distributed to DCBS regional staff monthly.

In addition to the diligent recruitment report, the Training Record Information System (TRIS) tracks the number and type of inquiries. Information about the date of approval, type of foster/adoptive home (e.g., basic, specialized, care plus or medically complex), and characteristics of the foster/adoptive family are in the TRIS system.

A monthly foster care facts report is available to all regional staff and the general public. This report shows the number of children in out-of-home care, placement setting type (e.g., private child-placing agency, DCBS, hospital, Care Plus, Medically Complex), age of entry, number of months in care, and more.

Private child-placing agency foster home placements are tracked through the Children’s Review Program (CRP). CRP screens regional requests for private agency placements. A DCBS liaison is assigned to work with private agency staff.
**Recommendation 5.3**

The Cabinet for Health and Family Services should expand its research into the quality of foster care to include surveys or interviews with others involved in the child's life. The cabinet should increase its efforts to gauge the quality of private foster care, particularly the therapeutic services provided by the private agency.

**CHFS Response**

The Child Welfare Performance and Accountability Partnership (CWPAP) has taken lead to reform the business arrangements among the cabinet/DCBS, child-caring facilities, and child-placing agencies. The CWPAP is subdivided into four distinct sub-workgroups.

- **The Data-Test workgroup** has been tasked with analyzing long-term data regarding children in out-of-home care and sustained positive outcomes.
- **The Program Monitoring workgroup** has been tasked with developing standards of care for child-caring facilities and child-placing agencies, benchmarks for success and efficient monitoring of these programs, and a new comprehensive agreement with facilities or agencies.
- **The Fiscal workgroup** is currently assessing funding streams, including Medicaid reimbursement, as well as assisting in the determination of fair and equitable subsidies for providers.
- **The Practice workgroup** is responsible for developing and implementing best practices for children in out-of-home care to ensure quality and consistent services.

Work products completed through the CWPAP workgroups include a revised application and a revised agreement for private child-placing agencies and child-caring facilities doing business with DCBS as well as a revised placement referral assessment. These documents feature changes to make them more comprehensive and to support goals of improving outcomes for children and families.

Additionally, the Children’s Review Program collects data on services provided by private agencies through the Quality Improvement Frequency Report. The report is considered a reflection of patterns and trends, rather than a precise quality improvement tool, and is based on information self-reported by the provider as part of the level of care assignment process.
Recommandation 5.4
If it is the intent of the General Assembly that private foster care ("private child-placing") rates be set in a manner similar to those for private residential care ("private child-caring"), then the General Assembly may wish to consider legislation to add private foster care services to statute.

**CHFS Response**

DCBS is in the process of a fiscal modernization effort that will ultimately alter the reimbursement of child-caring facilities and child-placing agencies. DCBS applies the rate setting methodology used for non-profit child-caring facilities through individual agreements with child-placing agencies and for-profit child-caring facilities.

Recommandation 5.5
The Cabinet for Health and Family Services should require at least as much training for private foster parents as it does for comparable resource parents.

**CHFS Response**

In 2015, DCBS established 922 KAR 1:495 to align training for privately and publicly approved foster/adoptive parents. All training requirements were effective this year, 2016.

Recommandation 5.6
The Cabinet for Health and Family Services should adopt a case planning tool that asks for the following aspects of each objective:

- The objective: what is to be accomplished.
- The rationale: why it needs to be accomplished.
- The participants: who is to accomplish it.
- The method: how it will be accomplished.
- The measurement: how everyone will know if it has been accomplished.
- The timeframe: when it will begin and when it is expected to end.

The cabinet should include in its case planning tool a means of recording measured progress on each objective, barriers to progress, and solutions to overcome those barriers.

**CHFS Response**

DCBS updated its case planning tool once the case planning function moved to .NET. Case plan features permit the case plan author to tie a task back to an identified risk or need for the family. Case plans offer clear fields to describe the plan objectives, responsible participants, and the timeframes for completion.