



STATE CASE STUDIES

Kentucky Case Study: Reducing child fatalities related to parental substance use

One goal of Kentucky’s three-branch initiative was to reduce the number of child fatalities related to substance abuse within the child welfare system through a series of high-impact strategies, including improved court engagement with biological parents and other caregivers with SUDs, the incorporation of two-generation approaches in human services provision and the review of child protective services initiation timeframes. The initiative was led by the Kentucky Department for Community Based Services (DCBS). The core team included staff from DCBS; a member of the Kentucky Interim House Joint Committee on Health and Welfare and Family Services; the chair of the Kentucky Senate Committee on Health & Welfare, who was also the co-chair of the Child Welfare Oversight and Advisory Committee; and the Kentucky Administrative Office of the Courts (AOC).

In developing its action plan, the core team identified the following activities designed to meet that goal.

Measurable Goal	High-Impact Strategies	Actions to Implement Strategies
Reduce the number of child fatalities related to parental substance abuse.	Improve court engagement with biological parents and other caregivers of origin with SUDs.	<ul style="list-style-type: none"> Participate in judicial training (Kentucky Cabinet for Health and Family Services [CHFS]/DCBS). Explore national family-drug court models, and promote them to the extent possible (AOC). Coordinate CHFS’ Child and Family Services Plan and the Program Review and Investigations Committee’s foster care and adoption recommendations with court improvements (AOC, CHFS/DCBS).
	Incorporate a two-generation approach into human and social services	<ul style="list-style-type: none"> Support legislation and related efforts to address disproportionality in child welfare, juvenile justice, behavioral health and education (whole team). Learn from best practices in other states (e.g., Tennessee) (CHFS/DCBS). Consider search and application for grant and technical assistance opportunities (CHFS/DCBS). Review DCBS practices and operations to incorporate approach to extent possible (DCBS).



Measurable Goal	High-Impact Strategies	Actions to Implement Strategies
<p>Reduce the number of child fatalities related to parental substance abuse.</p>	<p>Foster a higher profile for state review panels and improved dissemination and action planning regarding the panels’ recommendations.</p>	<ul style="list-style-type: none"> Establish a cross-agency committee to identify common priorities, monitor implementation of strategies and recommendations, and develop a communication plan to disseminate information to stakeholders. (Kentucky Justice & Public Safety Cabinet [JPSC], CHFS/DCBS/ Kentucky Department for Public Health [DPH]). Request technical assistance from national partners to assist the Child Fatality and Near Fatality External Review Panel with strategic planning and guidance in the areas of determining risks and formulating recommendations (JPSC).
	<p>Conduct an inventory, map regional and local programs and document promising practices related to working with families struggling with substance abuse and addiction.</p>	<ul style="list-style-type: none"> Refer the matter to the State Interagency Council Service Array Subcommittee (CHFS/Kentucky CHFS Department for Behavioral Health, Developmental and Intellectual Disabilities [DBHDID]), and incorporate updates as they become available from the subcommittee (CHFS/DBHDID). Develop a formalized continuum and related policy needs for DCBS in-home service provision (DCBS).
	<p>Review the DCBS initiation time frames for Kentucky Child Protective Services.</p>	<ul style="list-style-type: none"> Study other states’ initiation time frames (DCBS). Draft the proposal (DCBS). Outline recommendations from the proposal if they differ from present-day initiation time frames through regulatory amendment, practice changes and supporting information technology infrastructure (DCBS).

Using the Three-Branch Approach

The core team was convened and staffed on a day-to-day basis by personnel at the Kentucky DCBS. The core team met on an approximately monthly basis to discuss project updates and ensure that the project stayed on schedule. The team included the state senator who chaired the Kentucky Senate Committee on Health & Welfare, the commissioner of the Kentucky DCBS, the state's child welfare agency and the AOC.

The implementation team, which included representatives from multiple public and private agencies, met once as a large group, with ongoing contact through small-group meetings and by email. Members of the core and implementation teams struggled with constraints on time and their ability to carry out their ambitious agenda, but the meetings they held were worthwhile to the key state partners who attended them in terms of building support, planning and disseminating best practices across the state.

Outcomes

Kentucky's three-branch approach created a lasting culture of collaboration and engagement among the three branches. The greatest success that the team lead identified was the positive momentum, commitment and strong partnerships forged among public partners of all branches of government and private partners. The strong partnership between the core team and the implementation team helped increase the capacity of the three-branch approach team in carrying out its overall vision. The initiative created peer learning opportunities where attendees heard about innovative approaches and best practices. The key advocates, program administrators and political leaders who participated committed to maximizing their resources to effect positive change for Kentucky's families and children.

The three-branch approach affected policy and practice in each branch of state government. Judges can access training on parental substance abuse and substance-exposed newborns at a variety of judicial conferences to ensure that they are fully prepared to work with families dealing with SUD that appear before them in court. The AOC and DCBS worked with Jefferson County to establish a family drug court with the help of a private philanthropic group. The Legislature used its new knowledge of kinship care to pass legislation that would recognize fictive kin as a placement for a child and maintain current Kentucky practices in compliance with the Child Abuse Prevention and Treatment Act. The initiative informed the state child welfare agency's legislative proposal and budget request for the 2018 session, including House Bill 1, an omnibus child welfare bill that was a priority of the 2018 Kentucky General Assembly. Finally, agency leadership amended administrative regulations governing child protective services initiation time frames, which were also subject to legislative oversight. The time frame change adopted in December 2017 was informed and supported through technical assistance received through the three-branch project.

Kentucky Three-Branch Initiative's Implementation Team

Kentucky recruited diverse public and private stakeholders to participate on its implementation team, including:

- Kentucky DPH.
- Kentucky DBHDID.
- The Kentucky DCBS Division of Family Support (over public assistance programs).
- Field staff managers of the Kentucky DCBS.
- Kentucky Department for Medicaid Services.
- Kentucky CHFS Division of Family Resource and Youth Service Centers.
- Prosecuting attorney representative.
- Kentucky AOC.
- Legislative Research Commission.
- Kentucky Office of the Attorney General.
- Kosair Charities.
- Prevent Child Abuse Kentucky.
- Kentucky Association of Children's Advocacy Centers.
- Kentucky Youth Advocates.
- Kentucky Medical Association
- Kentucky Department of Education.