



Kentucky Statewide Upstream Mapping Workshop

January 2024



UPSTREAM

Strengthening Children and Families through
Prevention and Intervention Strategies

A Court and Community-Based Approach

Acknowledgements

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The points of view expressed in this report are those of the authors and do not necessarily represent the official position or policies of the Kentucky Judicial Commission on Mental Health.

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Executive Summary

On August 11, 2022, the Kentucky Supreme Court established the Kentucky Judicial Commission on Mental Health (KJCMH) with the charge of exploring, recommending, and implementing transformational changes to improve systemwide responses to justice-involved individuals experiencing mental health, substance use, and/or intellectual and developmental disabilities. The commission membership, named by the Kentucky Supreme Court, is comprised of members from the judicial and legal communities; the juvenile, criminal, and child protection systems; the legislature; the business community; organizations with a substantial interest in mental health matters; and other state and local leaders who have demonstrated a commitment to mental health issues.¹



KENTUCKY JUDICIAL COMMISSION ON
MENTAL HEALTH

The KJCMH identified a need to implement the Upstream Strengthening Children and Families through Prevention and Intervention Strategies: A Court and Community Approach (Upstream) throughout Kentucky to identify resources and opportunities to best focus the work of the KJCMH. The KJCMH developed a three-phase implementation approach including:

1. a statewide Upstream mapping workshop;
2. training facilitators to conduct local mapping workshops; and
3. conducting local mapping workshops across the state.

This report provides a summary of the Kentucky Statewide Upstream Mapping Workshop. The National Center for State Courts (NCSC) conducted the statewide Upstream Mapping Workshop in Frankfort, Kentucky on August 30th and 31st, 2023. NCSC Principal Court Management Consultant Michelle O'Brien and Principal Court Management Consultant Teri Deal facilitated the event. The workshop convened 86 multidisciplinary stakeholder participants over the course of the one-and-a-half-day event.

On the first day of the Mapping Workshop, participants were presented with an overview of Upstream and national and state data on topics including demographics, social determinants of health, child maltreatment, and times to permanency to provide context for discussions. Participants were asked to identify current initiatives that support child welfare improvements in the state, current or pending policies or legislation regarding child welfare, policy or legislation needing to be revised or written, and who should be part of these efforts.

¹ <https://kycourts.gov/Court-Initiatives/Pages/Kentucky-Judicial-Commission-on-Mental-Health.aspx>

Participants were then grouped by domains and asked to identify what resources, opportunities, and processes existed at each domain. After resources, opportunities, and processes were identified, the participants of the Statewide Mapping Workshop were given an opportunity to vote on the top three priorities they believe were of the highest priority and would have the most impact. Once each participant voted, the facilitators compiled the votes and combined similar opportunities to reach the top six priorities identified by the participants.

The second day began with discussing the priorities identified and dividing into breakout groups for each of the six priorities identified. The six identified areas of opportunity included Information Sharing, Expand Peer Partners, Crossover Juvenile Justice and Dependency, Abuse, and Neglect, Parent Education/Coaching, Centralized Hub for Community Services, and Addressing Barriers for Services. In accordance with their areas of expertise, participants self-selected the breakout groups in which they participated.

Several areas for recommendations were identified and include:

- Courts as Leaders and Conveners
- Education and Training
- Data Driven Decisions
- Peers, Individuals with Lived Experience, and Families
- Service Delivery

Kentucky Judicial Commission on Mental Health

In June 2022, a leadership team made up of circuit, family, and district court judges, and a circuit court clerk, published [Setting the Direction for Kentucky's Recovery-Oriented System of Care](#). The goal was to establish a framework for implementing Kentucky's Recovery-Oriented System of Care, a systemwide approach that improves outcomes for people involved with the court system. It also outlines plans for supporting and promoting recovery in mental health and substance use through the courts, including the creation of the Kentucky Judicial Commission on Mental Health (KJCMH). Established by the Supreme Court in August 2022, the Commission's goals are to explore, recommend, and implement transformational changes to improve system wide responses to justice-involved individuals experiencing mental health, substance use, and/or intellectual disabilities.

The commission membership is composed of representatives from the judicial and legal communities; the juvenile, criminal and child protection systems; the legislature; the business community; organizations with a substantial interest in mental health matters; and other state and local leaders who have demonstrated a commitment to mental health issues affecting Kentuckians. For the KJCMH structure map, see [Appendix A](#).



Kentucky Plan for Upstream




Determining goals for a statewide initiative requires collaboration and identifying resources and opportunities to systematically solve existing and emerging problems. A state planning team met to discuss the goals for the state and for Upstream and planned for the statewide Upstream Mapping Workshop. During the mapping workshop, the phases of Upstream implementation and goals of the Commission were discussed. The state-of-the-state discussions also included examining current state initiatives, policies, legislation, and processes that support improvements. Key players in these efforts were identified as well as additional stakeholders needed to move forward. Data availability and needs were also discussed.

Overview of Upstream

[Upstream](#) is a community-based approach that leverages court resources, judicial leadership, and child welfare agency partnerships to enhance community collaboration through state and local coordination, community mapping, and action planning. This collaboration aims to strengthen communities, prevent child maltreatment and out-of-home placement, reduce court involvement, and support safe and healthy families.

Upstream provides a conceptual framework to:

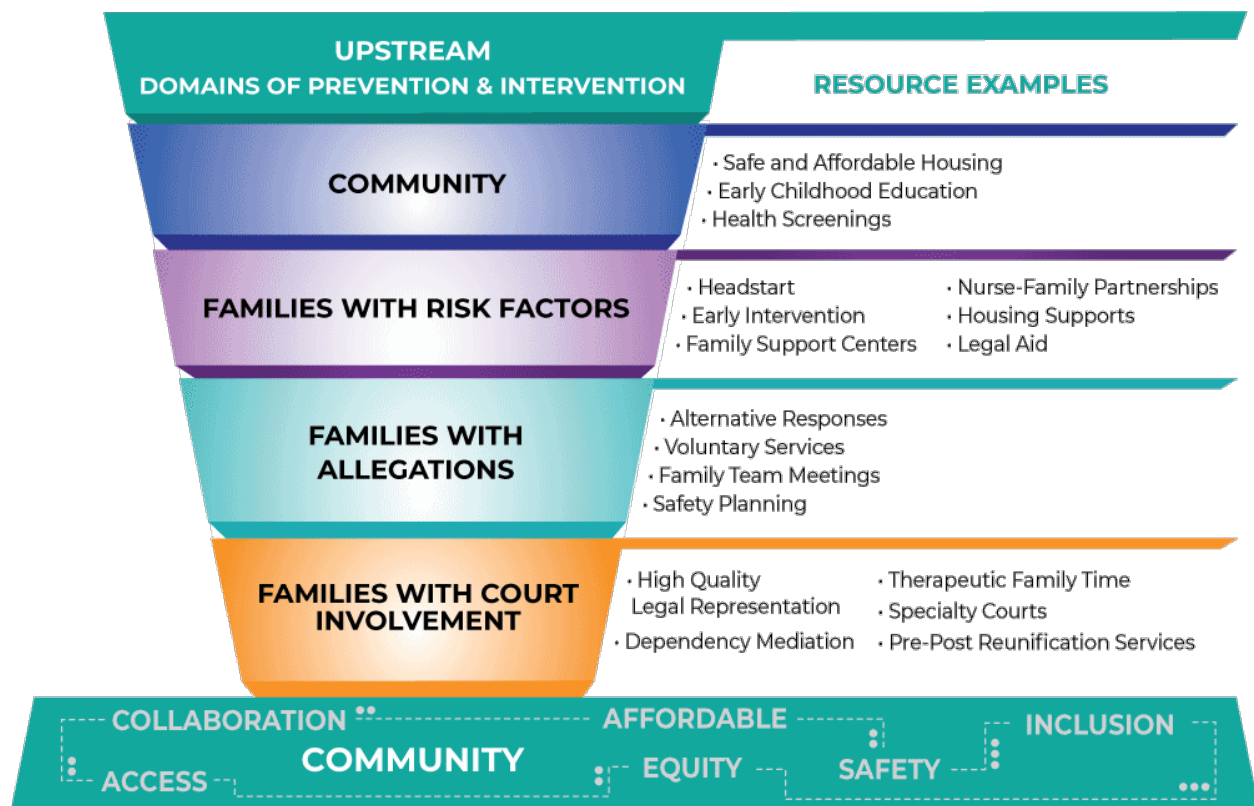
- Map specific community resources, opportunities, and collaborations.
- Develop a comprehensive landscape of how children and families enter and move through the child welfare system and the courts.
- Identify opportunities to divert families to appropriate resources both before and after formal court involvement and at each point of prevention and intervention.
- Create a strategic action plan informed by the community map.

UPSTREAM		
		
VISION	MISSION	GOALS
<ul style="list-style-type: none"> ▪ Strong Families ▪ Safe, stable, and nurturing homes ▪ Community-based, coordinated, and comprehensive prevention and intervention networks 	<ul style="list-style-type: none"> ▪ Support data-driven, evidence-based, and culturally appropriate practices ▪ Facilitate and enhance collaboration and coordination among partners and across systems ▪ Reduce child maltreatment, family disruption, and trauma 	<ul style="list-style-type: none"> ▪ Promote judicial leadership to convene stakeholders ▪ Support mapping workshop ▪ Enhance collaboration ▪ Implement change

Applying the model through a family-centered lens, Upstream identifies domains of prevention and intervention where strategies can be used to support safe and healthy families. These domains include:

- Community – Resources and Supports Every Family Needs to Thrive
- Families with Risk Factors – Resources and Supports Targeted at Families with One or More Characteristic Associated with Negative Outcomes
- Families with Allegations of Abuse/Neglect – Resources and Processes to Respond to Allegations of Abuse and/or Neglect
- Families with Court Involvement – Resources and Processes to Support Safety, Permanency, and Well-Being and Promote Positive Outcomes for Children and Families

Please see the [Benefits of Upstream for Courts](#) and the [Benefits of Upstream for Child Welfare Agencies](#) for more information.



UPSTREAM GUIDING PRINCIPLES

- Everyone should have the opportunity to live in communities which support their basic needs to thrive.
- The well-being of children and families is the responsibility of the entire community.
- It is a fundamental right of individuals to parent their children, and families should be kept together safely whenever possible.
- Judicial leadership at the state and local level can be a catalyst to drive positive systems' changes.
- Strength-based, trauma-informed, and high-quality community-based services and supports that amplify family voice should be available and accessible to all families.
- Services for families and children should be responsive to race, gender, ethnicity, socioeconomic status, sexual orientation, gender identity, faith, language, age, and developmental level.
- Historical, personal, and systemic biases must be understood and addressed to ensure equitable responses to all.
- Family supports should be individualized based on the families' unique priorities, perspectives, and needs to ensure a safe, healthy, and thriving family.
- Meaningful information sharing and case coordination supports positive outcomes for children and families.
- Data collection, evaluation, and continuous quality improvement should be prioritized in planning, implementing, and sustaining a comprehensive community response.

UPSTREAM

Public Health Model of Prevention²

According to the Children’s Bureau, prevention efforts are generally recognized as occurring along three levels: primary, secondary, and tertiary. The ideal approach to prevention encompasses all three levels, which results in a comprehensive service framework focused on improving outcomes for children and families.

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs.

Secondary prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities.

Tertiary prevention activities focus on families where maltreatment has already occurred (indicated) and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.

Please see [The Court’s Role in Prevention](#) for more information.

Social Determinants of Health³

Social determinants of health are the conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. Healthy communities are essential for the health, vitality, and resilience of individuals and families. A lack of access to the social and structural determinants of health — and other stressors related to poverty — can undermine the well-being of children and families, increasing the likelihood that families will become involved in the child welfare system.⁴



Please see the [Social Determinants of Health](#) for additional information.

² <https://www.childwelfare.gov/topics/preventing/overview/framework/>

³ U.S. Department of Health and Human Services, <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

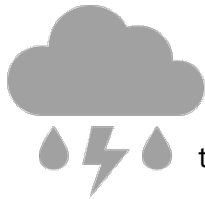
⁴ Casey Family Programs, <https://www.casey.org/sdoh-legal-advocacy/>

Supporting Equity for Children and Families

The demographic composition, resources, challenges, and cultural norms of a community distinguishes it from other communities, just as the experiences of individuals differ based on their identity, neighborhood, and access to opportunities. When a group of people in a community face adversity and conditions that make it difficult for them to thrive, the whole community is affected. Identifying root causes of adversity is complex since multiple factors intersect at varying levels, such as at the policy level where decisions on infrastructure and resource allocation are made and at the interpersonal level where personal attitudes or beliefs impact how people interact with each other. Disparities caused by inequities should first be addressed by understanding the community through available information, collectively identifying the community's shared ideals and values, then collaboratively acting to eliminate the inequities and establish conditions that support all residents in the community.

Please see [Supporting Equity for Children and Families](#) for more information.

Risk Factors of Child Maltreatment



Risk factors are characteristics that may increase the likelihood of experiencing or perpetrating child abuse and neglect, but they may or may not be direct causes. A combination of individual, relational, community, and societal factors contribute to the risk of child abuse and neglect.

Protective Factors of Child Maltreatment

Protective factors may lessen the likelihood of children being abused or neglected. Building and fortifying protective factors is equally as important as addressing risk factors.



Strengthening the social determinants of health and protective factors and addressing risk factors decreases possible child abuse and neglect and child welfare involvement. This responsibility belongs to the entire community.

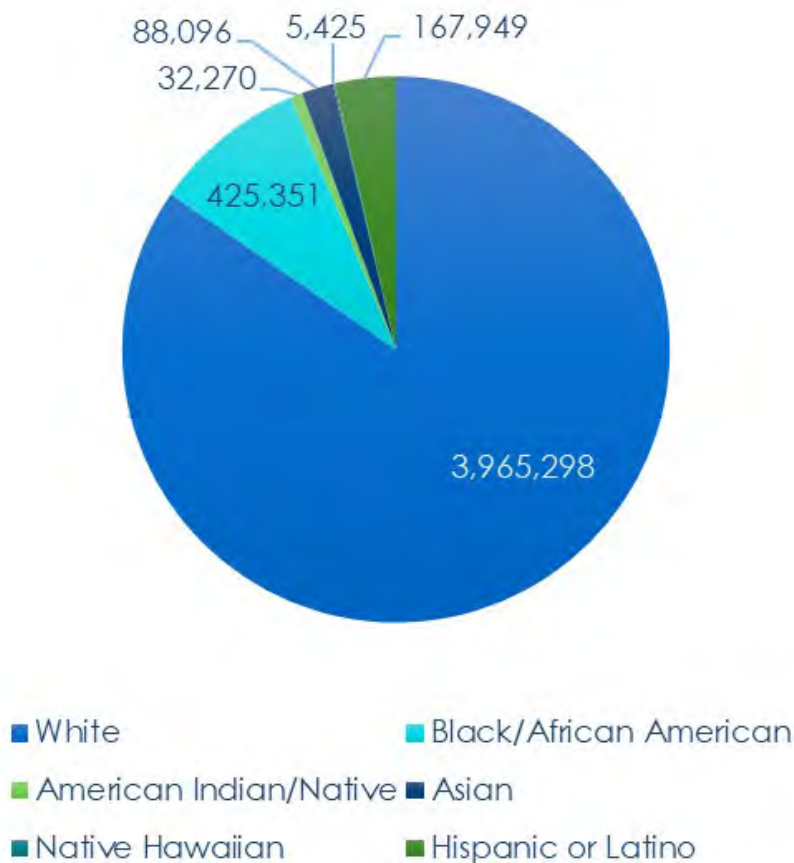
Multiple stakeholders who center the voices of those with lived experience (please see [The Value of Including Individuals with Lived Experience](#) for more information) can better identify community assets, analyze root causes, identify community indicators of health, identify community strengths and barriers, problem solve, co-create, and implement targeted place-based solutions.

Defining the Current State Landscape

A critical piece of the Upstream Mapping Workshop is presenting data to paint a picture comparing national and state data. When viewing, discussing, and interpreting data as a group, communities can identify areas where more information is needed, test assumptions, identify bright spots, and note challenges.

As of 2021, Kentucky has almost 4.7 million residents with the majority being white and less diverse when compared to national data.

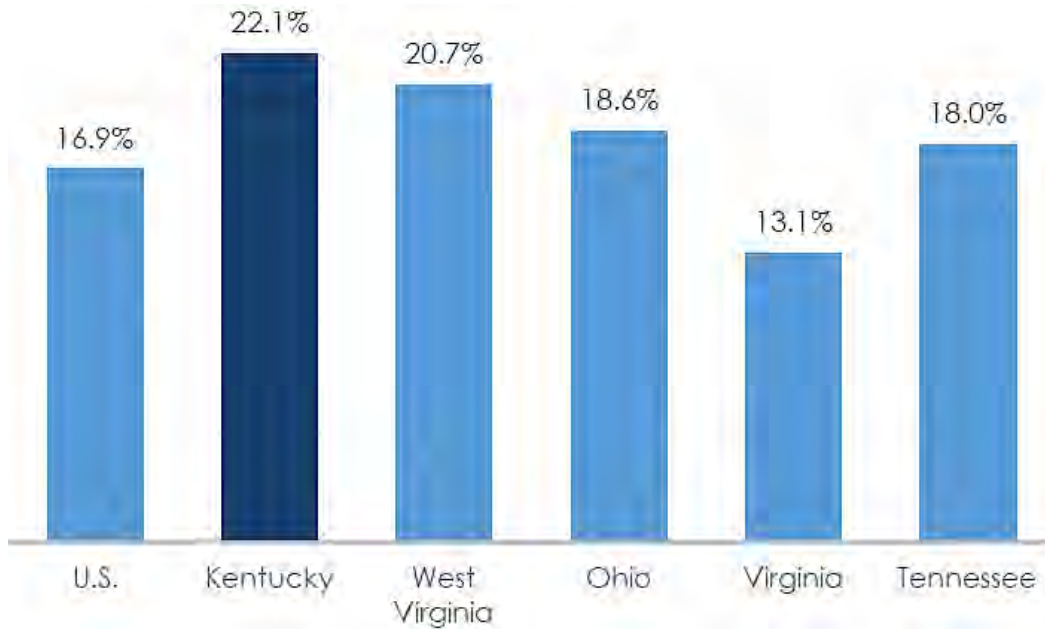
Figure 1: Kentucky Population by Race



Source: US Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS) 5-year dataset, 2016-2021.

The percentage of children in the poverty rate in Kentucky (22.1%) is higher than the national percentage (16.9%) of children living in poverty.

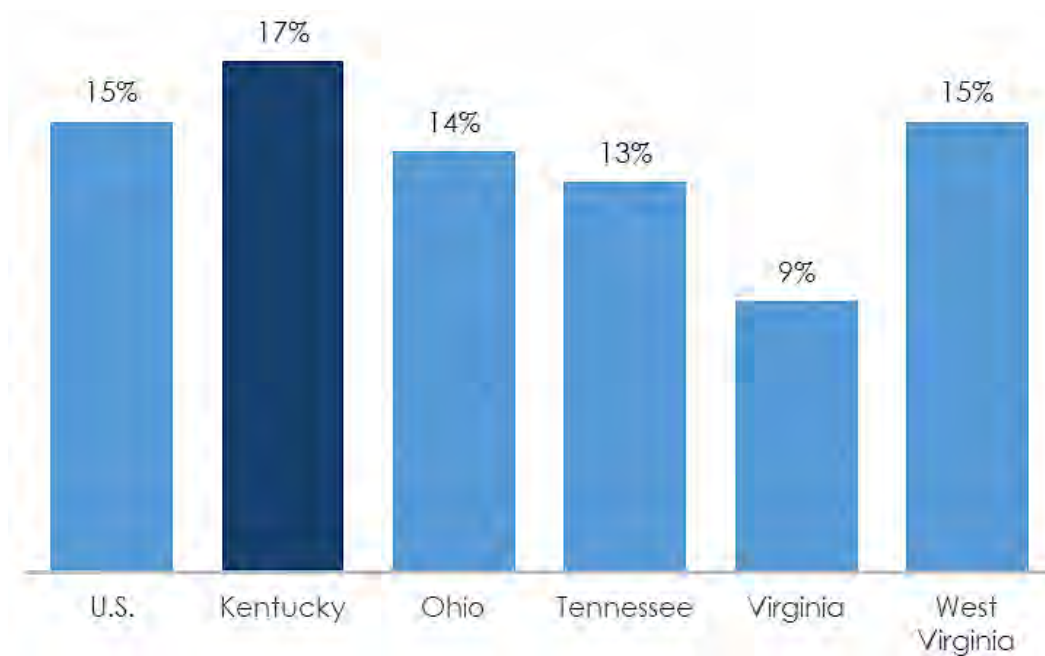
Figure 2: Children in Poverty Rate



Source: Annie E. Casey Foundation Kids Count Data Center

The percentage of children in Kentucky living in households that were food insecure at some point during the year (17%) was higher than the national average (15%).

Figure 3: Rate of Children Living in Households That Were Food Insecure at Some Point During the Year

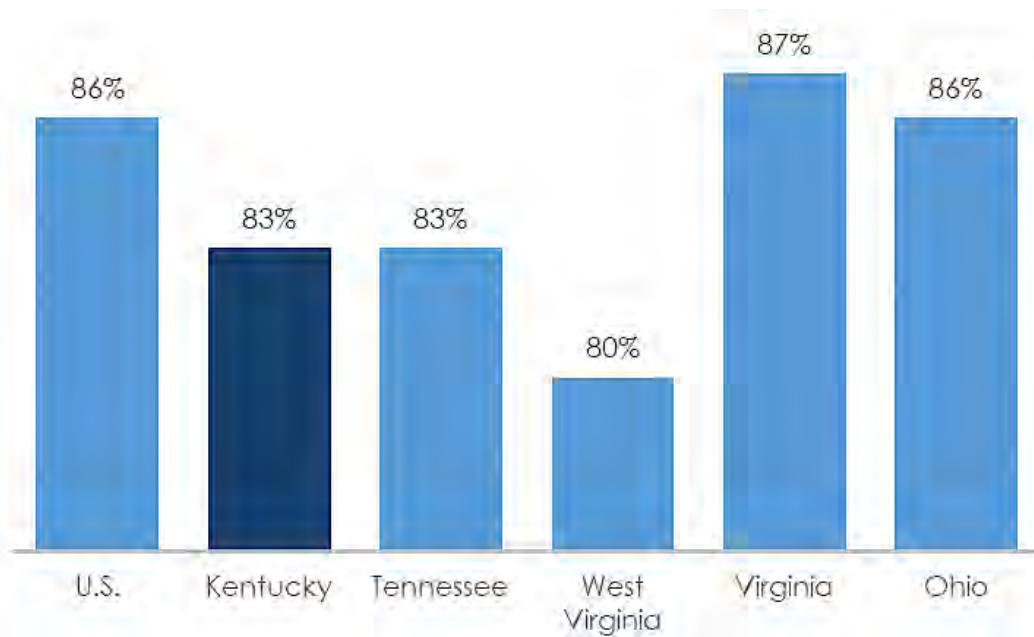


Source: Annie E. Casey Foundation Kids Count Data Center

The percentage of children in Kentucky with computer and internet access (83%) was lower than the national average (86%).



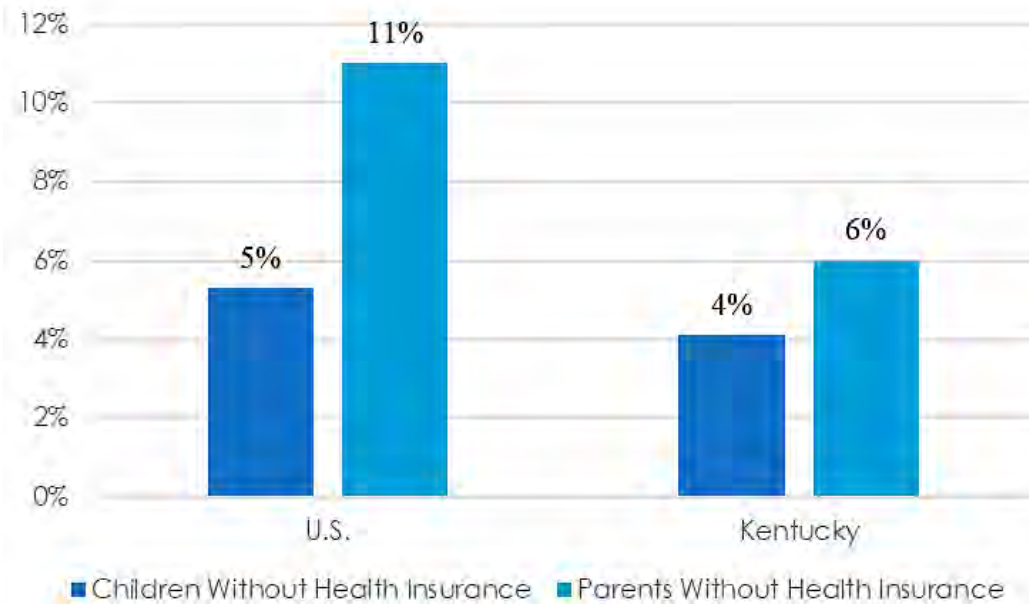
Figure 4: Children with Computer and Internet Access



Source: US Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS) 5-year dataset, 2016-2021.

The percentage of children in Kentucky without health insurance was more than double (11%) the national average (5%) while parents without health insurance in Kentucky was higher (6%) than the national average (4%).

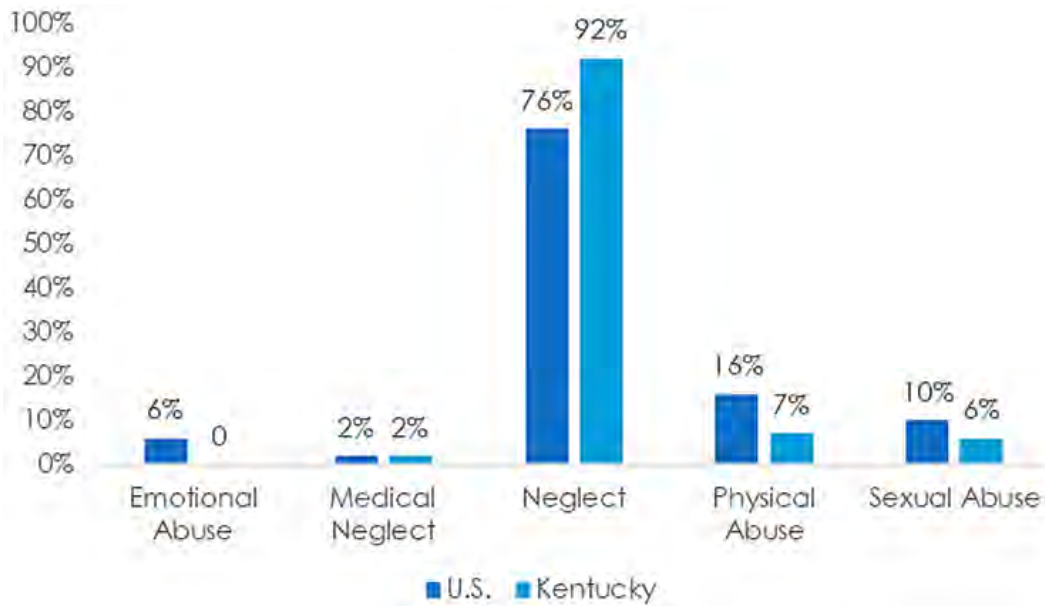
Figure 5: Children and Parents Without Health Insurance



Sources: Annie E. Casey Foundation Kids Count Data Center; US Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS) 5-year dataset, 2016-2021.

In 2021, the rate of children confirmed as victims of maltreatment in Kentucky was almost equal across case types but 16% higher than the national rate in the case type of neglect.

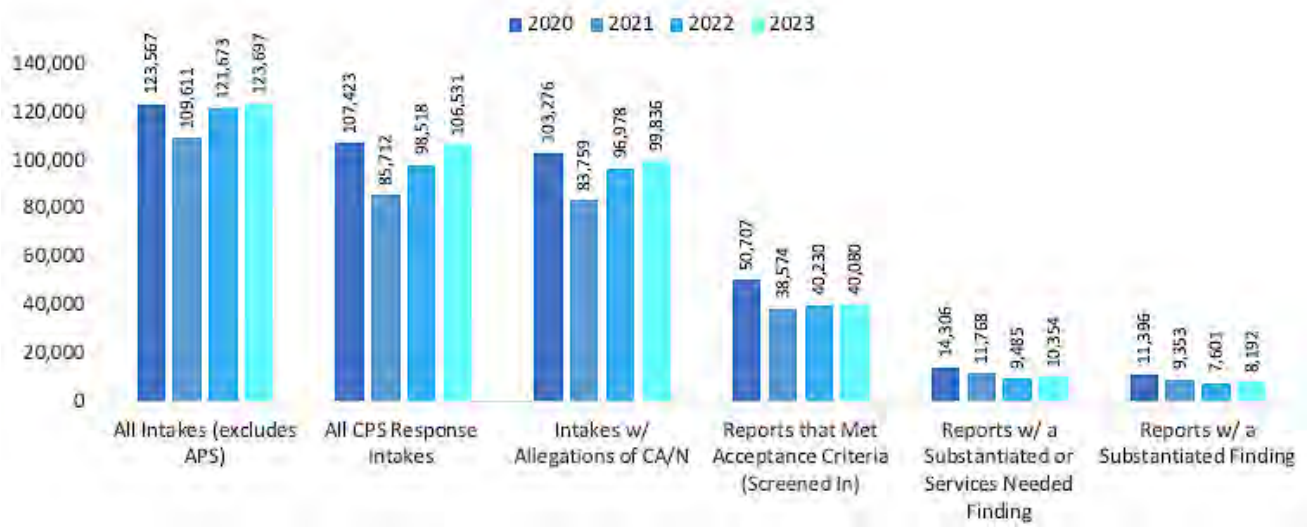
Figure 6: Child Maltreatment Case Types



Source: Annie E. Casey Foundation Kids Count Data Center

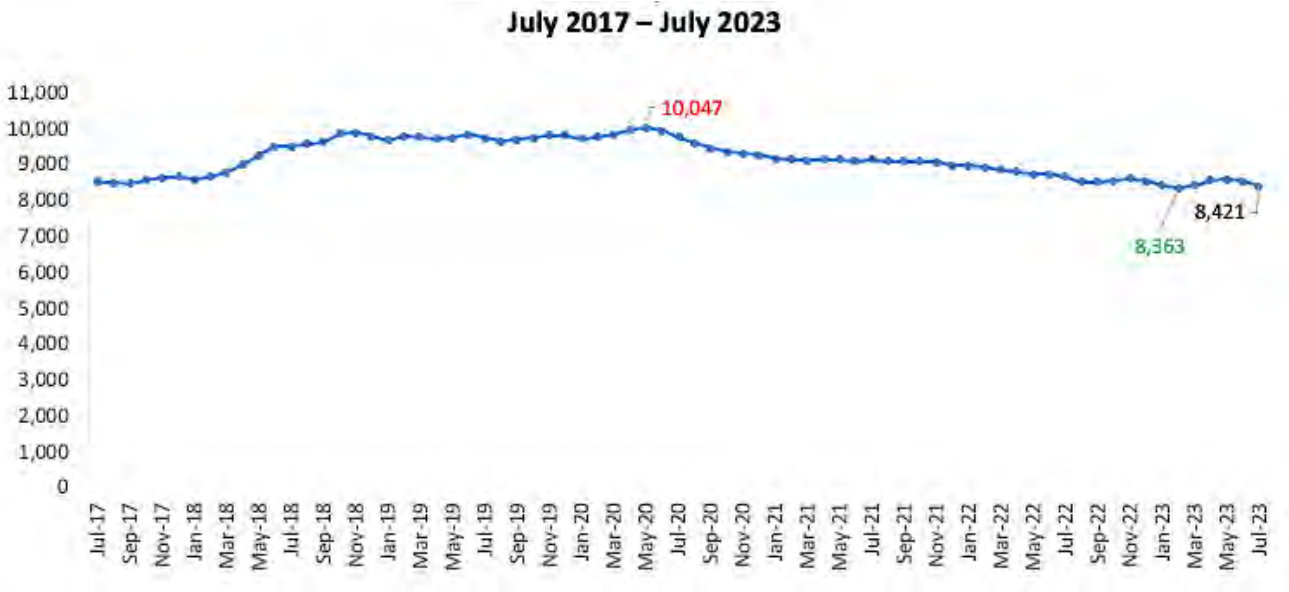
Regarding Child Protective Services (CPS) intakes from 2020-2023, “All Intakes” includes all reports made to the hotline which averages over 100,000 and excludes the APS reports. Intakes declined from 2020 to 2021 and have gradually risen since then but are still not back to the numbers prior to COVID. All CPS Response Intakes may also include court-ordered referrals, safety checks, and reviews, etc. while Intakes with Allegations of CA/N only include allegations of child abuse and neglect. Approximately 40% of Screened in Reports met the statutory criteria for abuse or neglect for SFY 23, 26% of those were Reports with a Substantiated or Services Needed Finding, and 20% were Reports with a Substantiated Finding.

Figure 7: Child Protective Services Intakes to Department of Community Based Services (DCBS) for SFY’s 2020-2023



As of the beginning of July, there were 8,421 children in the state’s custody which is close to numbers not seen since 2017, however, what goes into this data changed considerably in 2019. In April 2019, Kentucky rolled out a new relative service array providing additional supports and pathways for relative and fictive kin caregivers to be approved as foster parents and receive supports from the cabinet while the child is legally considered to be in the state’s custody. Over 1,500 of the 8,421 children are placed with relative or fictive kin caregivers (18%). Subtracting those to compare similar types of cases with the 2017 value, there would be approximately 6,900 children in the state’s custody – a number that is lower today than six years ago.

Figure 8: Kentucky Children in the Custody of or Committed to the Cabinet



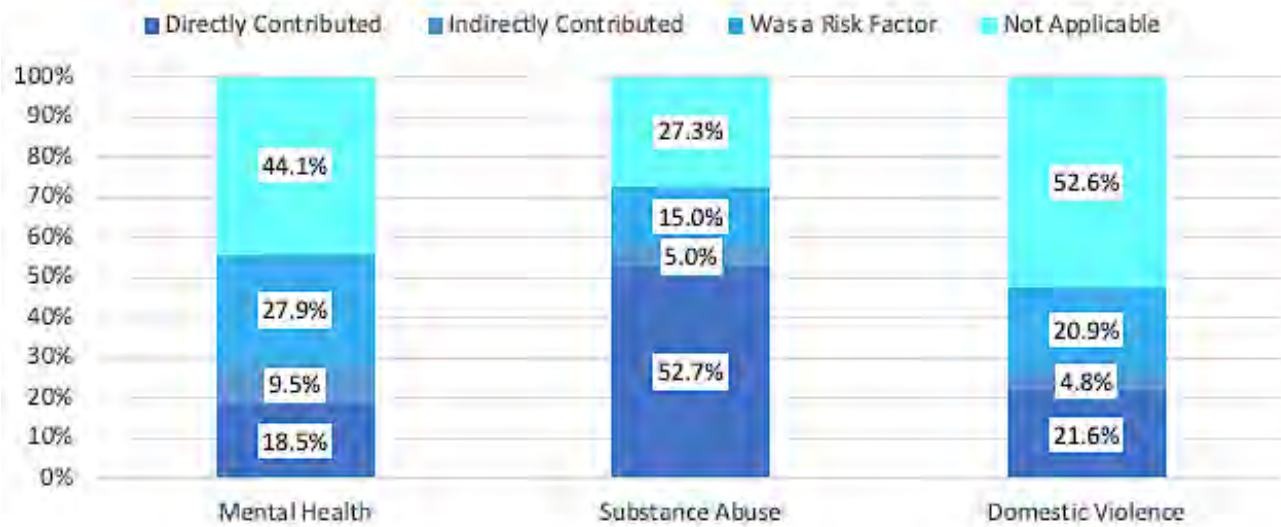
Race, Socioeconomic Status, and Child Welfare⁵

- Family income is the greatest predictor of entry into care.
- Families living below the poverty line are over 40 times more likely to enter the child welfare system than median income families.
- Nationally, more than 70% of children in poverty are children of color.
- 53% of Black children experience a CPS investigation by age 18.
- In Kentucky, 13.1% of reports involved children who are Black. This is disproportionate to 9% representation in the general child population.

When thinking about prevention and building communities of wellbeing, it is important to understand why families come to the attention of the child welfare system. The following chart shows the percentage of children in reports to the Department of Community Based Services (DCBS) with a substantiated or services needed finding that resulted in an out-of-home care disposition. Substance Abuse was a risk factor or directly/indirectly contributed to 72.7% of cases receiving an out-of-home case disposition while mental health was found to be a risk factor or directly/indirectly contributed to 55.9% of out-of-home case dispositions.

⁵ Sources: (Rostad, 2017), (Sedlak, 2010), (Kids Count, 2020), (CHFS June 2023 Disproportionality Data)

Figure 9: Children in Reports with a Substantiated or Services Needed Finding and an Out of Home Care (OOHC) Case Disposition (SFY 2016 – SFY 2022)



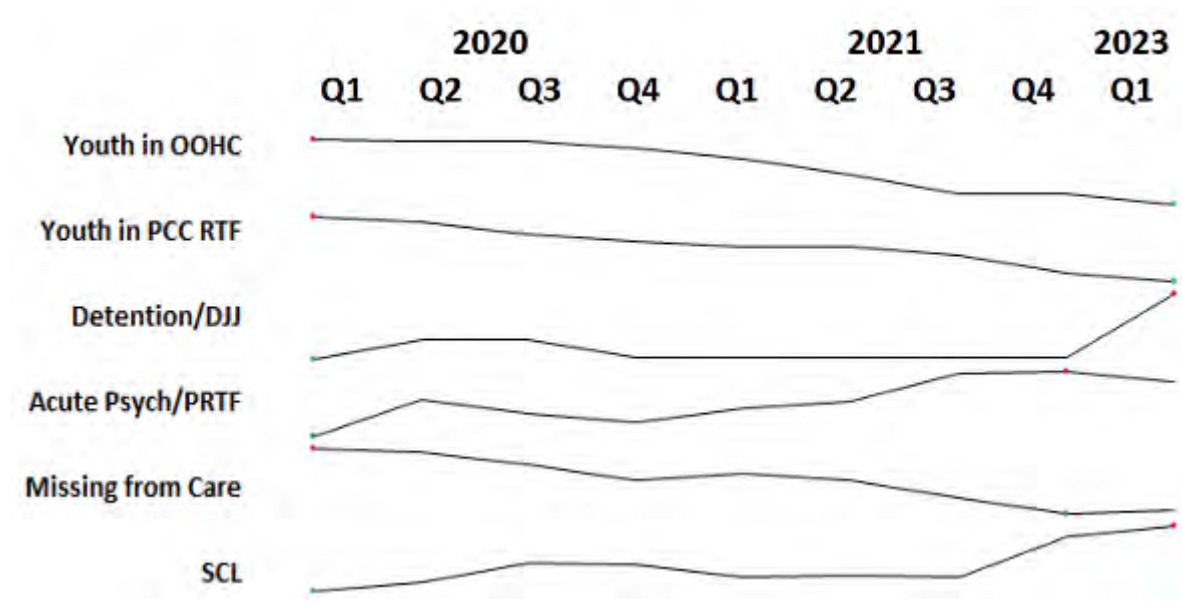
The number of youth placed in congregate care is now almost less than half the number in 2019.

Figure 10: Youth Placed in Congregate Care



There is a steep escalation in DCBS committed youth in Department of Juvenile Justice (DJJ) placements/detention. Also Supports for Community Living (SCL) placements have risen considerably. (SCL is all youth up to 21 years of age, but youth 17 and under in SCL has increased on trend with all youth).

Figure 11: Out of Home Care (OOHC) Trends (January 2021 – March 2023)



High Acuity Youth in Non-Traditional Settings Trends

High Acuity Youth refer to children in DCBS custody that present with needs for intensive behavioral health issues and are sometimes paired with physical health issues.

- Likely to be an adolescent (Median Age 15 years)
- Likely to be male (52%)
- Likely to be committed for dependency (51%)
- Likely to be involved with the Department for Juvenile Justice (41%)
- Other trends have included adoption disruptions (18%) and medically complex youth (3%)
- Since January, 103 unique youth have been placed in a non-traditional placement setting (at the time of this slide)

Common factors include:

- Aggression to self, others, or property
- Co-occurring physical health condition
- Problematic sexual behaviors

Provider staffing challenges over the past year have resulted in residential facilities with decreased capacity.

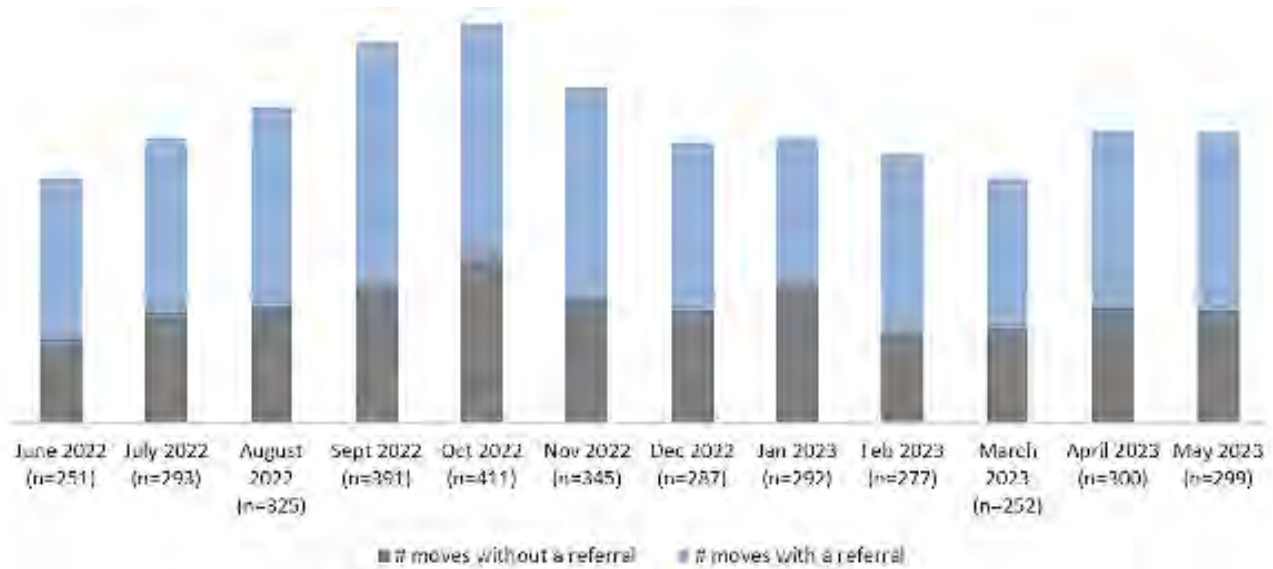
Other significant barriers to accessing appropriate placement/treatment (not necessarily youth in NTP):

- Developmental and/or intellectual disability
- Autism spectrum diagnosis



The following chart provides a 12-month glance at referral trends over six months.

Figure 12: Statewide Placement Instability and Referral Trends

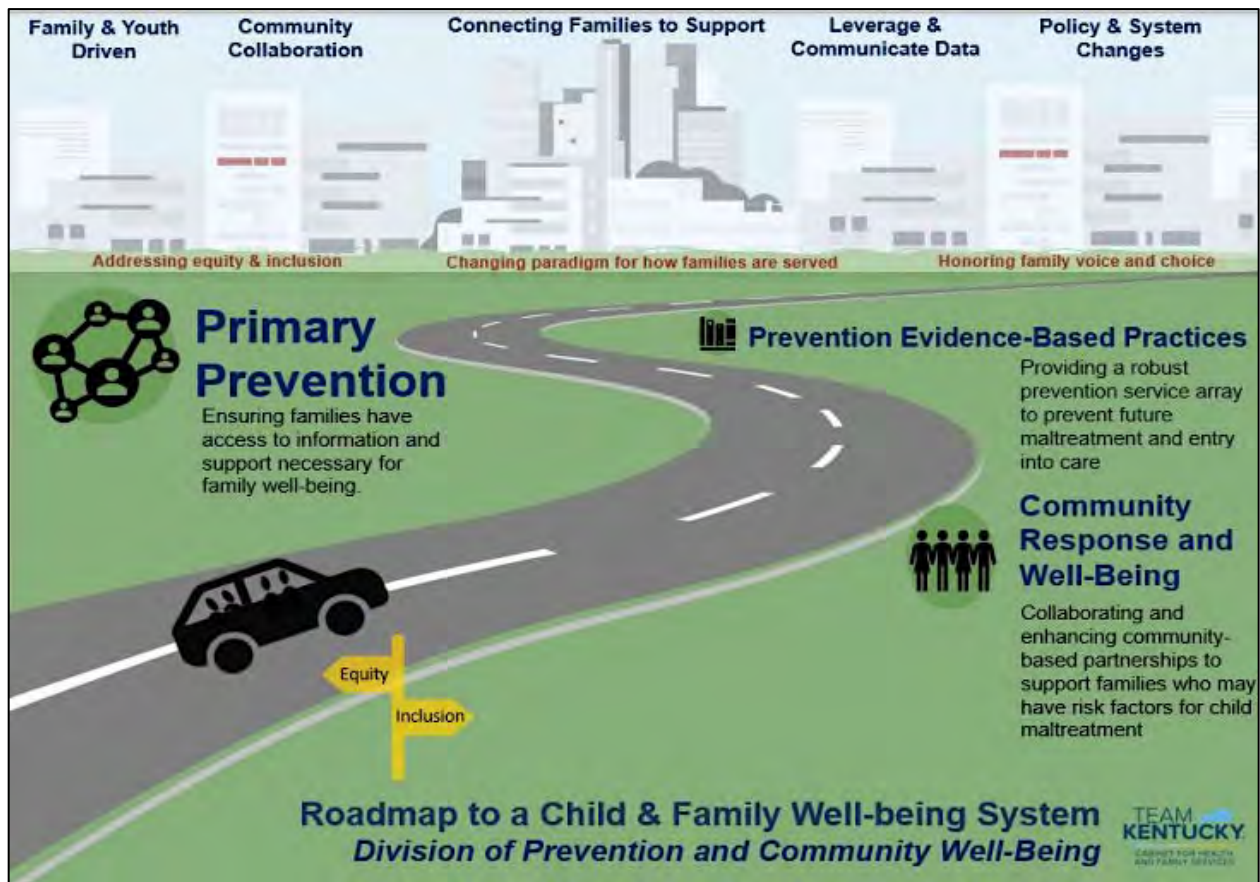


The Division of Prevention and Community Well-Being

The federal Family First Prevention Services Act was the first major change that brought increased focus and effort to prevention efforts. For the first time, it allowed states to utilize Title IV-E federal funding for certain types of prevention services. Historically, federal funding could only be used for out-of-home care and adoption services once a child had already entered care. Kentucky was one of the first states to implement the Act in October 2019 and has expanded these prevention services each year with Family Preservation Program (FPP), Kentucky Strengthening Ties & Empowering Parents (KSTEP), and Sobriety Treatment and Recovery Team (START).

Although Kentucky has expanded services, prevention and behavioral health providers have struggled with workforce challenges over the past couple of years resulting in waitlists for prevention services. Working with providers to support hiring and retention, DCBS has seen the number of children in residential placement decrease to about half, but it recognizes the need to shift support to foster care providers and the community.

The General Assembly passed a cabinet reorganization bill in the 2022 Regular Session that created a new division within DCBS to specifically focus on child welfare prevention efforts. The Division of Prevention and Community Well-Being was created last July and the following is the roadmap to a Child & Family Well-Being System creating the infrastructure to build out and sustain prevention efforts not only through Family First but through more community-led efforts really focusing on those public-private partnerships.



Time to Permanent Placement

The following two figures show the average and median time in care from entry to release for children released from foster care in 2021 and 2022 and the timeliness of adoptions of children in foster care longer than eight days.

Figure 13: Statewide Time in Care

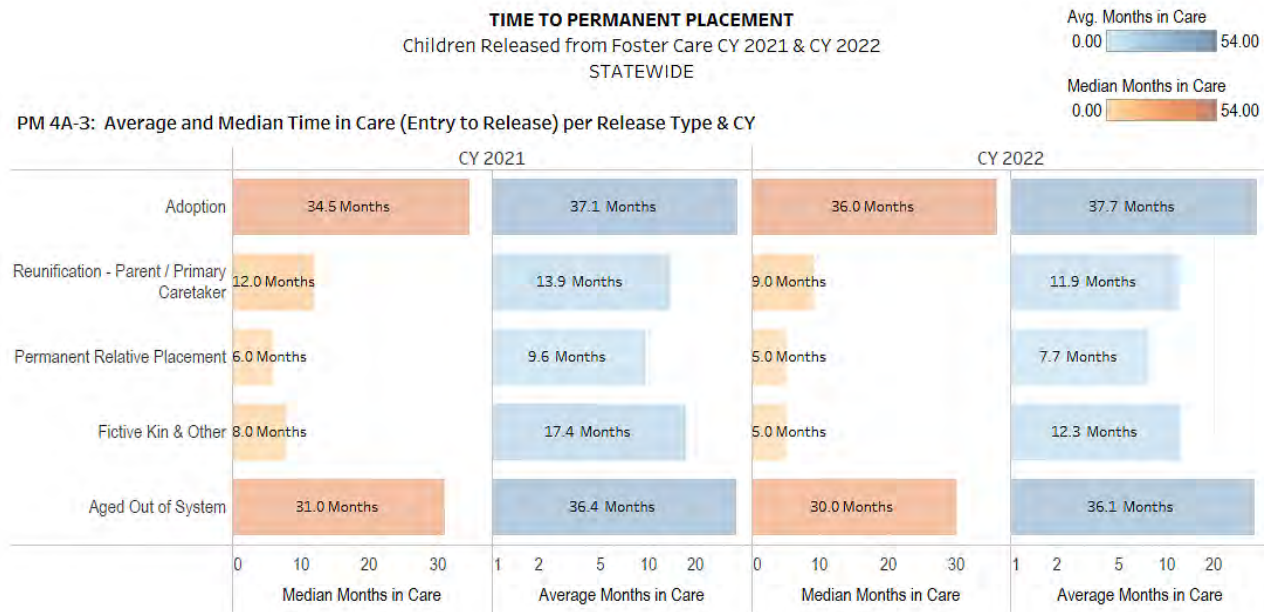
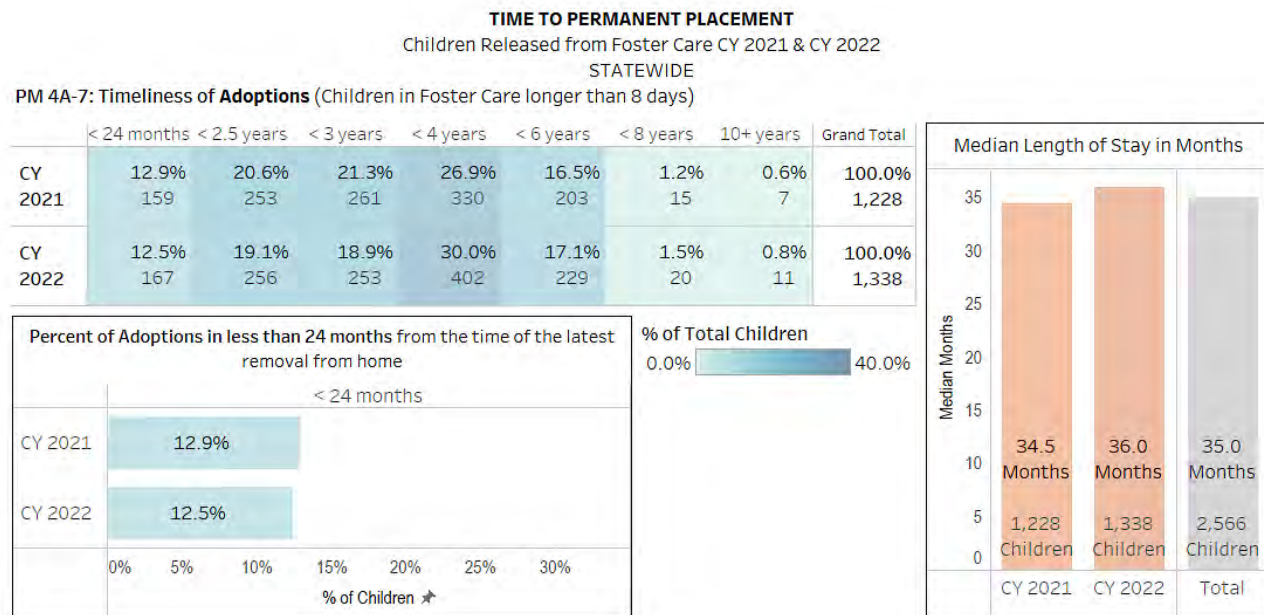


Figure 14: Statewide Timeliness of Adoption



State Discussions

Initiatives, Policies and Procedures, and Legislation

It is important to start with identifying the work and progress that has already been initiated or completed within the state to not only gauge the progress already achieved, but to also ensure all participants from multiple disciplines are knowledgeable of the work being done by all entities. As commonly found when bringing various stakeholders together, nearly all the participants learned about initiatives, resources, policies and procedures, and legislation that they had not been aware of prior to attending the workshop.

Participants identified current Kentucky initiatives that support the work of the KJCMH. One such initiative is **Thriving Families, Safer Children** (TFSC) is a first-of-its-kind effort of the U.S. Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation and Prevent Child Abuse America. The partnership is working in 22 sites, including Kentucky, from coast to coast and a sovereign tribal nation. The Thriving Families effort seeks to demonstrate that intentional, coordinated investment in a full continuum of prevention and robust community-based networks of support will promote overall child and family well-being, equity and other positive outcomes for children and families. In Kentucky, Thriving Families, Safer Children is a collaborative movement working to lift up the voices of community and local experts with lived expertise in child welfare and other systems to co-create a new way forward. The Kentucky Department for Community Based Services submitted a Letter of Intent to be a Thriving Families, Safer Children site identifying the following goals as a focus of the work: development of a robust network of community-based prevention supports; creation of formalized structures to serve families "screened out" by DCBS; clearly differentiating poverty and neglect; development of a statewide collaborative primary/secondary prevention plan; and creation of a Parent Advisory Council.

Kentucky Strengthening Families (KYSF) is a partnership of more than 20 organizations dedicated to promoting protective factors in services and supports for children and their families. The KYSF initiative is led by the Governor's Office of Early Childhood through the Race to the Top/Early Learning Challenge Grant Program and the Department for Public Health Early Childhood Comprehensive Systems Grant Program. Supporting families is a key factor in school readiness and preventing child abuse and neglect. All families experience stress. Research demonstrates children develop and learn best in families with the supports and skills to deal with stressful times. KYSF aims to make critical supports and coping skills development accessible to all Kentucky families as a means to increase the rate of school readiness and reduce child abuse and neglect.

Another identified initiative is the **Kentucky Opioid Response Effort** (KORE). Through federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), KORE seeks to expand and sustain a comprehensive, evidence-based, recovery-oriented system of care to end the opioid epidemic in Kentucky.⁶



The **Kentucky State Interagency Council for Services and Supports to Children and Transition-age Youth** (SIAC) is a group consisting of state agency representatives, a youth, a parent of a child or transition-age youth with a behavioral health need, and a member of a nonprofit family organization. SIAC oversees coordinated policy development, comprehensive planning, and collaborative budgeting for services and supports to children and transition-age youth with or at risk of developing behavioral health needs and their families. There are currently 18 Regional Interagency Councils (RIACs) across the Commonwealth of Kentucky which operate the locus of accountability.⁷

⁶ <https://www.chfs.ky.gov/agencies/dbhdid/Pages/kore.aspx>

⁷ <https://dbhdid.ky.gov/dbh/siac.aspx>

The **Kentucky Homelessness Prevention Project** (KRS194A.735) supports the work of the KJCMH in granting the Cabinet for Health and Family Services and the Justice and Public Safety Cabinet the ability to develop and implement institutional discharge planning to persons with serious mental illness, persons between the ages of 18 and 25 who may be at risk of developing serious mental illness who are being released from a mental health facility, or persons with a history of multiple utilizations of health care, mental health care, or judicial systems. This act also applies to individuals being released from any state-operated prison or who are aging out of foster care. The goal of the project is to prepare the individuals listed above for reentry into the community and to offer information about any necessary linkage of the person to needed community services and supports.⁸

Kentucky also instituted the **Recovery Ready Communities Certification Program**, which is designed to provide a quality measure of a city or county's substance use disorder (SUD) recovery efforts. This creates the opportunity to evaluate a community's current SUD programs and interventions in a framework that is designed to maximize public health outcomes among Kentuckians suffering from SUD.⁹

Additional initiatives, policies and procedures, and legislation identified include:

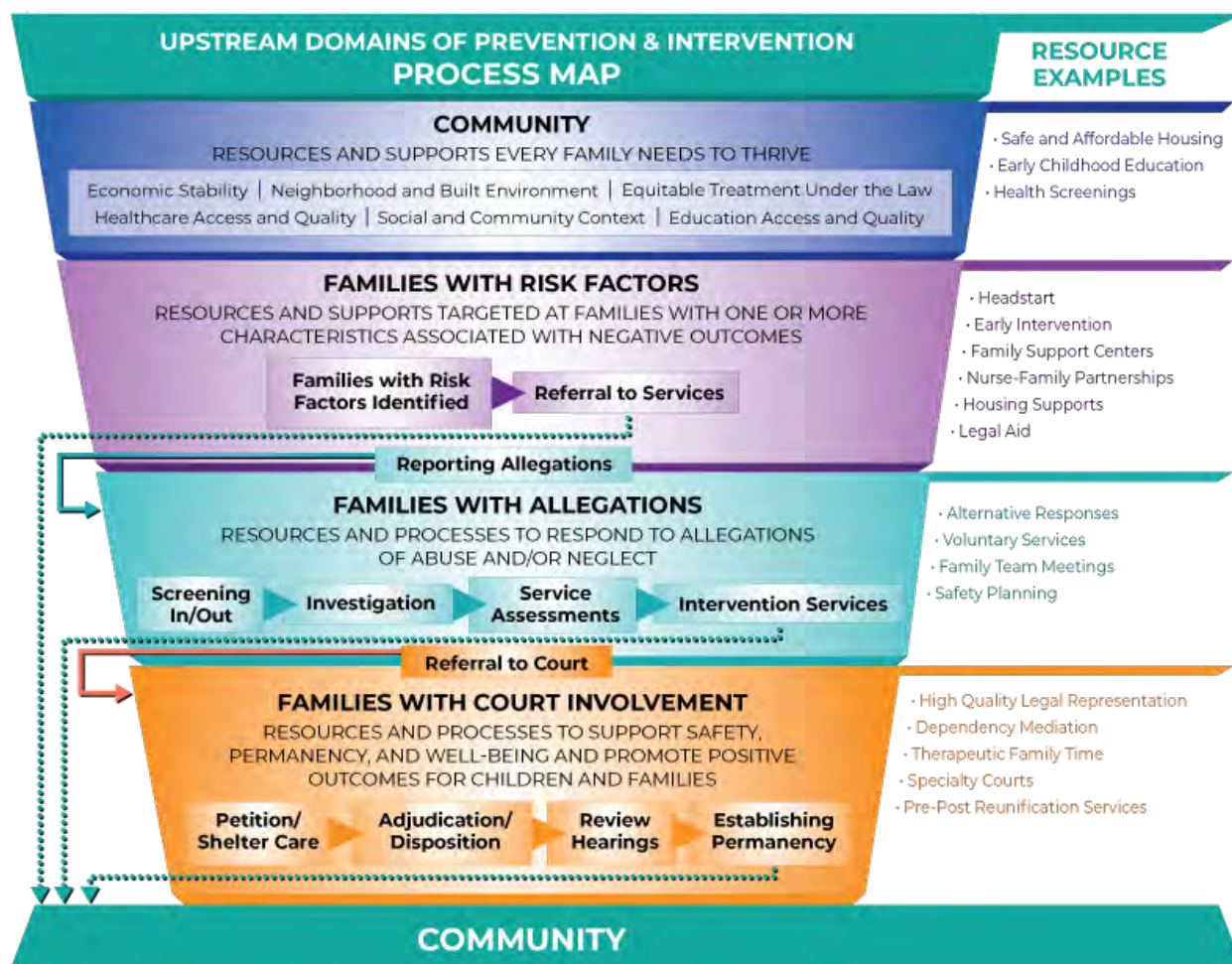
- Find Help Now Kentucky
- 988
- Child Appointed Special Advocates
- Commonwealth Center for Father's and Families
- Peer Mentors
- Face It
- Kentucky Citizen Foster Care Review Board
- Kentucky Partnership for Families and Children
- Family Support Centers
- Kentucky Youth Advocates
- Kentucky Special Parent Involvement Network
- University of Kentucky Kinship Resources
- Special Supplemental Program for Women, Infants, and Children
- Supplemental Nutrition Assistance Program
- Health Access Nurturing Development Services
- First Step – Kentucky Early Intervention System
- Vocational Rehabilitation
- Kentucky Family Resource and Youth Services Centers
- Partnership for Resilient Kentucky
- Voices of the Commonwealth
- Kentucky State Police Angel Initiative
- Prison to Pipeline
- Casey's Law
- Tim's Law
- Education Reform Act
- School Safety and Resiliency Act
- Everyone in Kentucky is a mandated reporter of child dependency, neglect, and abuse

⁸ <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52405>

⁹ <https://rrcky.org/>

Kentucky Resources and Opportunities Across the Domains

The structure and domains of Upstream allow participants to discuss resources, processes, and opportunities across each domain.



Resources, Opportunities, and Processes

Participants engaged in statewide mapping to assess resources, opportunities, and processes with the goal of identifying actionable strategies. A full list of the participants that attended the workshop can be found in [Appendix C](#). Four breakout groups, based on domain, were assigned to identify resources and opportunities for their domain. Discussions began with a review of already identified resources from the juvenile justice statewide mapping workshops conducted virtually from February to July 2023. The dependency, neglect, and abuse and juvenile justice areas often overlap and have similar resources in common, especially for the first two domains of community and families with risk factors. A full list of the juvenile justice resources and supports can be found in [Appendix B](#). After each breakout group met, they reported back to the larger group and the larger group was given the opportunity to ask questions and add additional resources and opportunities.

Resources

A list of resources and strengths were developed by the participants in the four Upstream domains of Community, Families with Risk Factors, Families with Allegations, and Families with Court Involvement.

Table 1: Upstream Resources in the Community

Community Resources
Alcoholics Anonymous/Narcotics Anonymous/AI-Anon
American Civil Liberties Union
Children’s Home of Northern Kentucky
Food Pantries: DARE to Care/Feeding Kentucky/Catholic Charities/Jewish Federation
HANDS (Health Access Nurturing Development Services)
Kentucky Early Intervention System (First Steps) (KEIS)
Kentuckians Work
KEIS
Kentucky Housing Cooperation
Legal Aid
Local Churches/Faith-Based Organizations
Local Health Department
National Association for the Advancement of Colored People
National Association for Mental Illness
Office for Children with Special Health Care Needs
Parks and Recreations

Pediatricians
Protection and Advocacy
Salvation Army
Special Supplemental Program for Women, Infants, and Children

Table 2: Upstream Resources for Families with Risk Factors

Resources for Families with Risk Factors
Any medical clinic that accepts Medicaid
Community mental health centers
Credible messengers who can share resources
Departments for Parks and Recreation
Employer Childcare Assistance Program (ECAP)
Faith-based communities
Family Resource and Youth Services Centers (FRYSC)
Health Access Nurturing Development Services (Early Intervention)
Housing authority
Kentucky Early Intervention Services (First Steps) (KEIS)
Kentucky Strengthening Families Initiative
Legal Aid
Libraries
Parent cafes
Prevent Child Abuse Kentucky – Parent groups
Public Preschool
Scholar houses – single parent supports (13 around state)
Specialty health clinics/Urgent care/Health department
Various professional organizations with legislative arms

Table 3: Upstream Resources for Families with Allegations

Resources for Families with Allegations
Alternative Response – new to Kentucky Department of Community Based Services
Amending state plan for Family First Services
Child and Adolescent Needs and Strengths (CANS) assessments for children in home still

Peer support
Prevention/safety plan
Truancy diversion program (FAIR team)

Table 4: Upstream Resources for Families with Court Involvement

Resources for Families with Court Involvement	
AETNA SKY	Kentucky Court Designated Worker Program (CDW)
Children’s Advocacy Centers of Kentucky (CAC)	Kentucky State Interagency Council for Services and Supports to Children and Transition-Age Youth (SIAC/RIAC)
Child Appointed Special Advocates (CASA)	Legal aid
Childcare resources	Medication Assisted Treatment (MAT)
Community Action Kentucky	Medicaid
Community Mental Health Centers (CMHC)	Mental health providers
Department of Community Based Services (DCBS)	Ombudsman
Department of Juvenile Justice (DJJ)	Parenting classes
Domestic violence and rape crisis centers	Peer supports
Faith-based organizations	Recovery liaisons
Family Accountability, Intervention, and Response teams	Residential treatment
Family justice advocates	Specialty courts
Family preservation	Statewide human trafficking resources
First Steps	Substance abuse treatment
Guardians Ad Litem (GAL)	Support groups
Health Access Nurturing Development Services (HANDS)	Transition Aged Youth Launching Realized Dreams (TAYLRD)
Housing resources	Transportation
In-home services	Victim advocates
Kentucky Childcare Assistance Program (CCAP)	Waiver programs
Kentucky Citizen Foster Care Review Board (CFCRB)	

Opportunities

After identifying resources, participants, through breakout groups, were tasked with listing the challenges and opportunities that existed in each domain. After each group presented their opportunities, the larger group was able to give feedback. The group was then asked to vote on their top three opportunities across all the domains. The charts below identify the most important opportunities based on participant rankings as identified through a voting process.

Table 5: Upstream Opportunities for the Community

Community Opportunities
Address barriers to services and resources (inclusivity) – need to assess these and evaluate programs and services - 10
Eligibility criteria for support/change requirements - 9
HIPPA/FERPA/IDEA - 8
Resources kiosk (resources in public places, e.g., grocery store) - 7
Identify special needs but also provide family/early childhood, early school response (disabilities, mental health, behavioral can all be genetic – parents set up to fail if they are undiagnosed) - 7
Funding - 6
Shift in responsibility in community. We are <u>ALL</u> responsible. - 5
Housing (Affordable) - 2
Transportation - 2
Change/address benefits cliff - 2
Equitable opportunities: access, advancement, equal pay - 1
Marketing resources: positive campaign - 1
Expand substance abuse treatment programs - 1
More medical, mental health, and dental providers - 1
More culturally diverse parenting resources - 1
School – onsite mental health providers – expand role (diagnosing/prescribing/treatment plan) - 1
Safety because of mandated reporting – can’t admit suicide ideation or lack of attachment to child - 1
Childcare (odd hour, appointment care, respite) – 1
Access to home ownership
Access to recreation which is free or low-cost
Address barriers to managed care organizations who have funding for benefits and case management

Community Opportunities

Adult education as referral source for additional supports
App of resources
Availability of basic physiological needs (housing, transportation, food)
Available resources without social worker referral or DCBS involvement
Boys and Girls Club expansion
Change in Legislation for fair housing
Combining parent education and support while parents are practicing skills
Community based resources
Consistency among poverty threshold guidelines
Coordinated case planning which consistent expectations across systems and agencies
Credit repair programs
Destigmatize mental illness
Expungement fairs
Family childcare homes
Family friendly work environment
First responder interface with families and a need for a centralized resource directory
High school parenting classes
Improve continuity of care
KYNECT – improve access to self-service – merge businesses, KYNECT, and 211
LGBTQ resources
Mental health providers in schools
More access to recess time, more socialization, more breaks and sensory supports and less punitive and discipline
More awareness of human development
Need more teacher support to address their trauma and burnout
Neighborhood centers
Normalize parenting
Nutrition and cooking classes
Opportunities for social connection
Parent education on what they should be doing
Parent hotline

Community Opportunities

- Peer mentor opportunities
- Plan of safe care opportunity and resources
- Prioritizing people over profit
- Screen, support, and encourage the whole family
- Special needs childcare
- Streamline processes to prevent duplication of screening
- Training and education
- Trauma and ACES education
- Trauma-informed education for all

Table 6: Upstream Opportunities for Families with Risk Factors

Opportunities for Families with Risk Factors

- Normalize risk factors - 12
- Centralized hub for resource access - 10
- Change in government assistance programs (tapered) – 7
- Plan of safe care - 7
- Highlight successes! – 3
- Intake should be easier – 3
- Language! – shifting stigma and less punitive - 3
- Combine resources – 2
- Intake process – simplify! - 2
- Medicaid reimbursement for wraparound services - 1
- Anti-racism education/task force – 1
- Cultural attitudes (“not how I was raised...”) – 1
- Lack of trust in systems and unnecessary child welfare involvement – 1
- Better engagement and awareness – 1
- Access and understanding of existing resources
- Age-based processes may not be best
- Bio/Foster parents working together/utilize peer support
- Create true partnerships within and outside agencies
- Cultural attitudes – other

-
- Education around mandated reporting
 - Education regarding safety at home – medication safety and gun safety
 - Eliminate corporal punishment in school
 - Empower communities
 - Ensuring response that promote positive actions and relationships
 - Expand paid family leave
 - Focus on rural areas and opportunities
 - Food desserts and use of 4H offices
 - Grandparents raising grandchildren
 - Increase assistance for childcare
 - Increase supports for teens at risk of suicide
 - Increase supports for young single parents
 - Internet access
 - Let go of ineffective programs
 - Lived experience voice
 - Medicaid create reimbursement for wrap around services
 - Multiple children/streamlining appoints/services/working with schools to provide services
 - Options for babysitting/daycare part-time
 - Oversite for outcome-based services
 - Parental self-care and socialization
 - Practical and quality childcare
 - Programs and services not financially sustainability
 - Programs for older youth – summer and after school
 - Re-entry – parenting education increasing supports for families and youth
 - Resources for caregivers who have lived experience with dependency, neglect, and abuse
 - Shift work considerations and resources
 - Simplifying and ensuring consistency in processes amongst counties/systems/groups
 - Transportation
 - True follow-up
 - True system of care – walk the walk, actually implement programs that help those in need
 - Urban versus rural educational initiatives
-

Warm Handoffs between people with best interests at heart

What risk factors do systems and agencies have – poor communication, barriers, and ineffective

Table 7: Upstream Opportunities for Families with Allegations

Opportunities for Families with Allegations

Decrease risk of losing housing based on allegations of substance use or other reasons for losing housing – state guidelines - 1

Gap when allegations aren't substantiated and don't qualify for Family First Services - 1

Improve perception of CPS - 1

Table 8: Upstream Opportunities for Families with Court Involvement

Opportunities for Families with Court Involvement

Expand peer supports - peer partners - 19

Court navigator training - 11

SUD for teens - 6

Person-centered services – directed by family, disconnect from judges/clinicians - 3

Parenting coaching – implementation – expand to incarcerated parents - 2

Childcare at court - 2

Build relationship and respect for points of view - Judges, DCBS, DJJ, CASA - 1

Advocates in court - 1

Foster caregivers/kinship – identify trauma, educate about trauma, positive ways to support kids and caregivers - 1

Economic supports for families freeze with a return home goal - 1

Expand CDNS reach – include family – 1

Access to substance use treatment through prevention/safety plan

Adopt one assessment for all services

Assessment of both kids and parents

Assessments at court

Attorney appointment prior to court

Childcare with substance use treatment

Data rich domain as all are allegations and few are substantiated – what happens to those not substantiated

Expand Family Connections (Volunteers of America)

Foster caregivers/kinship – identify trauma, educate about trauma, positive ways to support kids and caregivers

Mandated trauma-informed care

Opportunity to discuss process, rights, and voice of parent

Outpatient treatment for teens

Point of Contact access training curriculum

Program that combines parenting and recovery that is approved through the court

Regional task force to get everyone on board

Resource guides

Social determinants of health needs such as transportation and food

Timeframes taking into consideration needs for individuals with substance use disorders

Treatment for all

Visitation Centers

Visitation in the jails

In addition to identifying resources and opportunities, the participants also identified missing stakeholders who would be beneficial for conversations and collaboration and necessary to move the work forward. Missing stakeholders included:

- Businesses
- Mayors
- Legislators
- 3 branches of government
- Young people with disability and families
- Law enforcement
- Statewide voice for fatherhood initiative
- Communications/media
- Chambers of Commerce
- Children psychiatric hospitals
- Office of Drug Control Policy
- Intensive outpatient treatment providers
- KY Stats
- Financial institutions
- Department of Medicaid Services
- Faith Community
- Teachers
- Universities
- Equity and Antiracism groups
- Evaluators/Researchers
- Workforce
- Hospital Associations
- Emergency medical
- Kentucky Coalition for Domestic Violence
- United Way
- National Alliance for Mental Illness
- Early childcare/education preschools
- Home visiting agencies
- Substance use disorder providers

Kentucky Statewide Process

Identifying process and how children and families enter and move through the dependency, neglect, and abuse systems are important to understand. Through understanding the existing resources, the state can better identify what is working well and where there are opportunities to improve the process through streamlining, communication, and collaboration.

Kentucky has developed several processes for child dependency, neglect, and abuse cases including the Kentucky Court Process in KRS Chapter 620, Dependency, Neglect, and Abuse Proceedings and the Evidence-Based Practice Selection Process. Both process maps were shared with participants at the Statewide Upstream Mapping Workshop and can be found in [Appendix D](#). Several other processes were discussed during the Statewide Mapping Workshop including for the community and families with risk factors and can also be found in [Appendix D](#).

Kentucky Priorities

After resources, opportunities, and processes were identified, the participants of the Statewide Mapping Workshop were given an opportunity to vote on the top three priorities they believe were of the highest priority and would have the most impact. Once each participant voted, the facilitators compiled the votes and combined similar opportunities to reach the top six priorities identified by the participants.



Kentucky Upstream Statewide Action Planning



Action Plans

Breakout groups were developed for each of the six priorities identified. The six identified areas of opportunity included Information Sharing, Expand Peer Partners, Crossover Juvenile Justice and Dependency, Abuse, and Neglect, Parent Education/Coaching, Centralized Hub for Community Services, and Addressing Barriers for Services. In accordance with their areas of expertise, participants self-selected the breakout groups in which they participated. A high-level overview of each action plan follows. Completed workgroup action plans can be found in [Appendix E](#).

Information Sharing

The information sharing breakout group first identified the importance of having a centralized hub for sharing information similar to MyChart in the healthcare industry. The objectives were to secure funding, identify technological resources, and navigate confidentiality laws to create a hub over the next several years. Anticipated barriers include confidentiality, funding, territorial concerns, and public trust. The centralized hub would require agency collaboration, legislature, and the private sector to create it. Two other areas of priority the workgroup identified were to simplify the intake process and make information more accessible across agencies. Both objectives would require funding and technology which were listed as barriers and both would require legislation.

Expand Peer Partners

The identified priority of the expand peer partners breakout group was to initiate court navigator training – first for family advocacy agencies already deploying peers (Kentucky Partnership for Families and Children) and possibly also START teams or other family service/judicial entities that deploy peers. To help achieve that goal, several agencies and resources were identified including the Kentucky Partnership for Families and Children which is already employing peers, the Administrative Office of the Courts (AOC) for funding and regulations, court personnel for buy-in and to properly utilize the court navigators, Medicaid and other insurance providers, the Department for Behavioral Health, Developmental and

Intellectual Disabilities (DBHDID) for grant funding and training, and the voice of parents and youth. In addition to training court navigators, clarification of peer roles and uses along with an increased workforce of peers were also identified as objectives in expanding the role of peer partners in the courts.

Crossover Juvenile Justice and Dependency, Abuse, and Neglect

The crossover Juvenile Justice and Dependency, Abuse, and Neglect breakout group identified the need to develop and implement a standardized process and form for referrals from DJJ and DCBS to mental health providers. To meet that objective, three strategies were noted: to defer to mental health field guidelines and standards to arrive at a consensus on common language; to find similarities and areas of opportunity by reviewing statutes and regulations; and to collaborate on needed process/forms changes, implement their use, and ensure fidelity. It was estimated this would take two years to develop with the help of DCBS, DJJ, and BHDID.

Parent Education/Coaching

The parent education/coaching breakout group identified three primary objectives for parents which included making education free and available for any parent who feels they need it; providing foundational support specifically regarding coaching; and training the community on parent awareness, family resiliency, and preventing child abuse, neglect, and homelessness. Resources would include a curriculum, trainers, ambassadors, and technology to deliver the training. Several barriers would need to be considered while developing the educational/coaching program: transportation, time, accessibility, flexibility, money, agency capacity, community awareness, digital divide, community resistance to parenting education (stigma), and language barriers. It was estimated this would take approximately two years to complete and would require the help of parent champions, provider champions, Medicaid, large employers, and private insurance agencies. It was also noted there would be more than one agency involved.

Centralized Hub for Community Services

The centralized hub for community services breakout group identified Kynect as a possible solution for creating a centralized hub for community services. A meeting would be required to determine if all applicable state and local providers could be added to the Kynect website which is already in place and has a "resources" link with some providers already listed. DCBS would take the lead on scheduling the meeting within 30 days, based on the availability of all required parties including the Brighton Center and AOC/Upstream. If kiosks are used, decisions would need to be made regarding their locations, who would pay for the devices, and how to promote the resources. There was also concern about how the list of providers would be kept current.

Addressing Barriers for Services

The addressing barriers for services breakout group identified barriers to transportation issues statewide as a primary objective which would be addressed by collecting information from Jeremy Thompson of the Transportation Cabinet on what is already offered and brainstorming with agencies, faith-based organizations, and individuals who can assist to develop or promote resources. Possible barriers include DOT and insurance concerns regarding faith-based organizations and reaching individuals without internet access. The timeline for this objective was set at one to two years. In addition to transportation barriers, the workgroup identified combining services between the courts and school systems as another primary objective. To achieve this, they would work with and learn from the Barren County school which uses mental and physical health clinics with opportunities for families and children. A model would be created and shared with communities to identify possible sites for the services to be housed in one to two years. A third priority was to create a social media campaign to share the information from the Upstream mapping and soliciting input from communities on what is working well and what could potentially be implemented in other communities. A task force within the workgroup would be created to share information with communities. The workgroup would need to determine if the KJCMH social media could be utilized to share information; if there are other platforms that can be used or if they can partner with a provider; who would be on the task force and how to handle member changes; how to access families with little to no internet access; and who would take the lead in storing the information, sharing it with the communities, and being the liaison to support communication between communities.



Next Steps and Recommendations

Kentucky has a history of embracing change, and the Kentucky Judicial Commission on Mental Health has embraced a comprehensive approach to engagement in various activities leading up to the development of an action plan and recommendations. Activities informing this action plan and recommendations include but were not limited to the following:

- National Judicial Task Force to Examine the State Courts' Response to Mental Illness leadership and developed resources, including Upstream;
- Regular KJCMH meetings including the sharing of information and resources;
- Ongoing review of relevant research, reports, and literature focused on prevention and dependency, neglect, and abuse of children;
- KJCMH member involvement and participation in justice and child welfare related committees, commissions, etc.; and
- Hosting a statewide Upstream Mapping Workshop, statewide Sequential Intercept Mapping Workshop, and statewide Juvenile Justice Mapping Workshop.

Further, responding to the need for leadership across all branches of state government, KJCMH members invested significant time and effort in promoting their work and creating awareness by presenting to numerous stakeholder groups.

While this plan serves as an initial roadmap for improving the court, it is not intended to be prescriptive or exhaustive. Furthermore, the action plan assumes all activities to be viewed through a lens of justice, equity, and inclusion. For ongoing information, it is suggested that court leadership review and implement strategies and resources made available through the Blueprint for Racial Justice. Launched in 2021 in response to action from the Conference of Chief Justices and the Conference of State Court Administrators, the [Blueprint for Racial Justice](#) is examining systemic change needed to make equality under the law a reality for all. Working with National Center for State Courts staff, the project is generating policies, webinars, benchcards, and other resources designed to assist court leaders with local racial justice, equity, and inclusion efforts.

Courts as Conveners and Leaders

Despite dropping for the third consecutive year, Kentucky's rate of child abuse victims continues to outpace the national average. The [Child Maltreatment 2021](#) report released this year by the U.S. Department of Health and Human Services Children's Bureau found Kentucky's rate of child abuse victims in 2021 was 14.7 per 1,000 children. That means about 15 kids out of every 1,000 children in Kentucky experienced some form of maltreatment during 2021. Kentucky's child abuse victim rate was about twice as high as the U.S. rate of 8.1 victims and slightly more than

Indiana's rate of 13.6 victims. Most child abuse victims in Kentucky, Indiana and the U.S. were younger than age 1. As leaders of their courts and communities, judges are in a unique position to encourage local practices aimed at improving responses for children and families.

Recommendations

- Encourage judges to use their leadership role as convenors to foster collaborative community and court strategies to promote prevention efforts and improve outcomes for children and families.
- Coordinate and communicate between the child welfare and justice systems to examine their systems and community resources to determine the best path forward to provide the best care and responses to children and families.
- Explore ways to encourage and support cross-system communication, resource sharing, and further development and implement strategies. Invite cross-system involvement in committees and meetings to further inform needs across systems.
- Distribute a copy of this report and share the plans for implementation of local Upstream mapping workshops along with the [Leading Change Guide for Trial Court Leaders](#) to all judges and court administrators, and encourage and empower all courts to develop judicially-led interdisciplinary teams to advise and support local Upstream activities and strategies.

Education and Training

A key component to enhancing the court and community response for children and families is providing access to continued training for professionals charged with providing community supervision, care, and support. Judges and court professionals also need knowledge, data, research, and resources regarding children and families.

Recommendations

- Engage justice professionals, child welfare partners, and community stakeholders to develop training programs that enhance court and community responses for children and families.
- Develop training on the [benefits of Upstream for child welfare agencies](#), [the benefits of Upstream for courts](#), [the court's role in prevention](#), [social determinants of health](#), and [supporting equity for children and families](#).

Data-Driven Decisions

Data is a tool to understand community context. Data can come from a variety of sources, including federal and state government agencies, courts, and community-based service providers. Qualitative data from individual and community focus groups, surveys, and

subjective observations can provide insight to quantitative data and further context to understand the community. When viewing, discussing, and interpreting data as a group, communities can identify areas where more information is needed, test assumptions, identify bright spots, and note challenges. When viewing and interpreting data, it is important to remember that the data alone never tell the whole story. Behind all the numbers are real people living in real communities with real experiences to lend meaning to the data.

Data-Driven Decision Making (DDDM) is a management approach that requires policy decisions to be substantiated with verifiable data. The DDDM process involves collecting data, analyzing it for patterns and facts, making inferences, and utilizing those inferences to guide decision-making. DDDM success is therefore reliant upon the quality of the data gathered and the efficacy of its analysis and interpretation. DDDM can be utilized in criminal justice as a whole to examine overall effectiveness of specific interventions or activities, programs, and departments; or at the system level to examine collaborations between agencies, evaluate multi-agency initiatives, or do system mapping to address service gaps.

Performance measurement provides a pathway to continuously monitor and report on a specific activity's progress and accomplishments using pre-selected performance measures. Performance measurement is considered an essential activity in many government and nonprofit agencies because it "has a common sense logic that is irrefutable, namely that agencies have a greater probability of achieving their goals and objectives if they use performance measures to monitor their progress along these lines and then take follow-up actions as necessary to insure success."¹⁰ Performance measurements provide timely information about key aspects of the performance of the program or activity to managers and staff, enabling them to identify effective practices and, if warranted, take corrective actions. Evaluations are systematic studies conducted to assess how well a program or activity is working and why. Partnerships should be created between the Supreme Court, the Health and Family Services Cabinet, the Justice Cabinet, and the Kentucky Department of Corrections to share information and data.

Recommendations

- Examine confidentiality laws related to sharing information and data, specifically related to child welfare, school, and health.
- Assess what entities are collecting data, what data is being collected, and how that data is being used. Identify entities that are doing a good job with data collection and use them as a model. Also identify entities that are successfully sharing information and data between agencies and systems. Examine their

¹⁰ Poister, Theodore (2003). *Measuring Performance in Public and Nonprofit Organizations*. San Francisco: Jossey-Bass, p. xvi.

information and data sharing agreements to create a model for other agencies and systems to replicate.

- Develop Memoranda of Understanding (MOU) between agencies that provide for information and data sharing. The MOU should outline how often and in what format (dashboards or ongoing performance or reports for periodic evaluation) information and data will be shared and when it will be shared.
- Develop Memoranda of Agreement between agencies that address data access, data quality (type, format, frequency, etc.), data security, and confidentiality/release of information should be enacted and updated annually, or as new data points are added.
- Routinely monitor key metrics as a key activity of any multidisciplinary efforts.
- Collect and review race and ethnicity data in order to identify inequitable practices and to monitor progress in achieving equity. This analysis should also extend to diversion to treatment placements.
- Explore [data in context](#).

Peers, Individuals with Lived Experience, and Families

Too often, the voices of families and individuals with lived experience are left out of implementation and improvement efforts, and our responses suffer as a result. Upstream recommends including individuals with lived experience on planning teams, mapping workshops, and implementation teams. Individuals with lived experience may include parents, children, kinship providers, and foster parents. Families touched by child welfare and court systems have a unique insight into the resources and supports needed to create thriving families. People who have been involved in these systems know what it feels like to move through a system, to be scrutinized, and to be expected to comply with others' requirements. They know what helped them and what would have helped them. Because of this, families should be engaged throughout the entire process as partners to co-create systems improvements.

Recommendations

- Explore the critical role of individuals with lived experience and how their personal experiences can provide valuable information to improve systems and responses. Use their experiences to develop processes and services that best meet the actual needs of children and families.
- Meaningfully include individuals with lived experience to foster the community's endorsement of changes and innovations. Solutions informed by individuals with lived experience are more likely to be implemented and sustained.

- Create opportunities to listen to and gather input from individuals and their families with lived experience in all efforts to improve court and community responses. Individuals with lived experience have valuable information to inform the justice and child welfare systems about what worked and did not work for them.
- Encourage the integration of trained peers at all appropriate points in the treatment, case management, and justice processes including hiring trained peers in programs, services, and operations to improve the responses for children and families.
- Explore the [value of including individuals with lived experience](#).
- Promote and support the certification and education of peers.

Service Delivery

Every community has a range of agencies, organizations, and systems tasked with providing the resources and supports families need to thrive. Too often, the effectiveness of these entities is limited by inequitable service availability and accessibility, lack of coordination and collaboration, and inadequate community engagement. This results in missed opportunities to identify and address risk factors before child welfare or court involvement. Including individuals with lived experience throughout the Upstream process provides the opportunity to identify and address those missed opportunities and enriches the collaborative process.

Recommendations

- Coordinate services with supportive programs which address substance use, domestic violence, housing, transportation, case management, and other needs.
- Take a more coordinated approach to improving outcomes including:
 - Overcome service delivery silos for families involved with child welfare, behavioral health, juvenile justice, and other social service services,
 - Reduce disproportionality and disparity of families' experiences within the child welfare system,
 - Build linkages to help people bridge the gap from foster care into adulthood.

Appendix A: Kentucky Judicial Commission on Mental Health

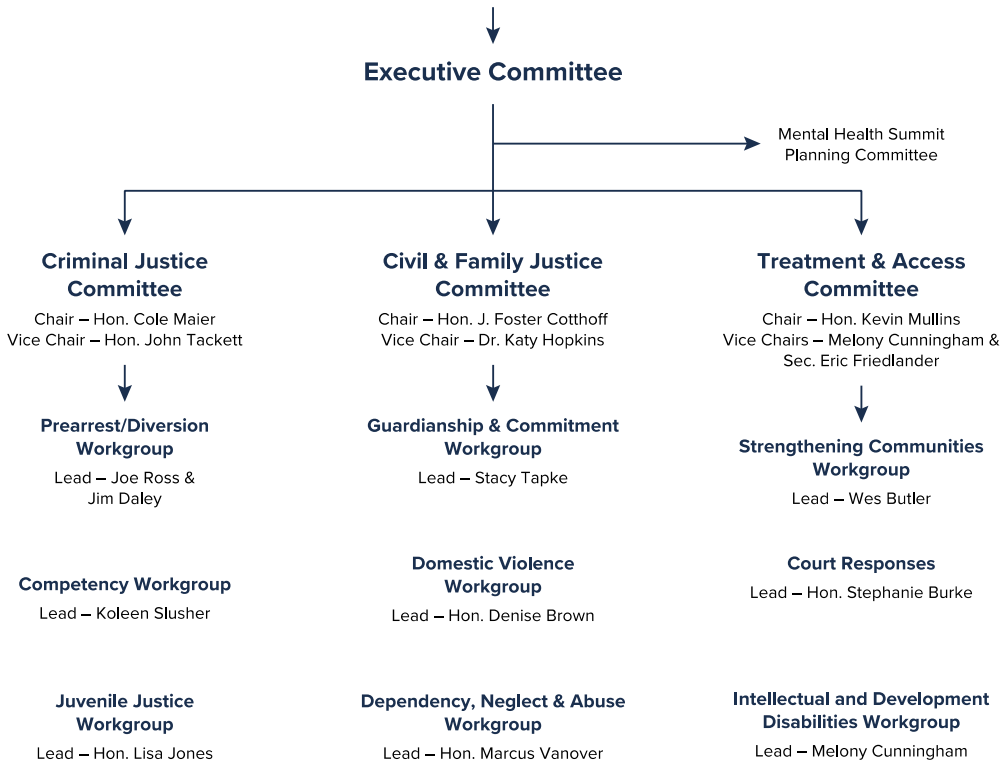


COMMISSION STRUCTURE

Chair – Deputy Chief Justice Debra Hembree Lambert, Kentucky Supreme Court
Vice Chair – Honorable Larry Thompson, Chief Judge, Kentucky Court of Appeals

Established August 11, 2022, the Judicial Commission on Mental Health is comprised of 74 representatives from the judicial and legal communities; the juvenile, criminal and child protection systems; the legislature; the business community; organizations with a substantial interest in these matters; and other state and local leaders who have demonstrated a commitment to mental health, substance use, and/or intellectual and developmental disabilities affecting Kentuckians.

Kentucky Judicial Commission on Mental Health



March 21, 2023

Appendix B: List of Resources

What Has Been Done So Far in Juvenile Justice

The following charts list the resources identified that were used as a starting point for discussions and to help identify resources that applied to the Upstream mapping.

Table 9: Juvenile Justice Resources and Supports – Community

DOMAIN: COMMUNITY	
Family Engagement	Born Learning Academy
	CHI St. Joe London Nurturing Children Program
	Fatherhood Initiative
	Kentucky Family Thrive
	Kentucky Partnerships for Families and Children
	Kentucky Youth Thrive
	Kentucky Special Parent Involvement Network
	Lived Experience Authentically Driven in Kentucky (LEAD)
	Save the Children
	Targeted Assessment Program at UK (in each community)
	University of KY: The Parent Involvement Initiative
Family Support	211
	CHFS' Family to Family Program
	Commonwealth Center for Fathers
	Community Action
	DCBS Family Support
	DCBS Flexible Funding for Families Involved in DCBS
	DCBS SNAP, Medicaid, and Childcare Assistance
	Early Childhood Mental Health Consultants
	Faith-Based Community
	Family Peer Support Specialists
	Family Resource and Youth Services Center
	Housing Authority
	KCEOC

DOMAIN: COMMUNITY	
	KYNECT Resources
	MCO Benefits
	National Alliance on Mental Illness
	Prevent Child Abuse Kentucky
	YAP – Family Engagement and Support
Mentoring	Adoption Support for Kentucky
	Foster Parent Mentor Program (University of KY)
	KY Partnership for Children and Families
Screening	ACES Self Screen
	Benefit Screening Tool on KYNECT
	CMHCs, CCBHCs
	NAMI, MHA (Free depression screenings on their websites)
	Primary Care Providers
	Preschool screenings
Diversion	Angel Initiative
	Behavioral Health Crisis Services
	EMS Treat not Transport
	Mobile Crisis
	<i>MST (Multisystemic Therapy) = 3 metro regions</i>
	QRT (Response team pre-law enforcement) – May be statewide
Behavioral Health	988
	Community Mental Health Centers
	findhelpnowky.org
	Kentucky Center for Grieving Children and Families (select communities)
	KY DBHDID Provider Directory
	Light of Chance Virtual Counseling Services
	11 settings for psychiatric hospitalizations
	PRTF1 – Step Down from repeat hospitalization

DOMAIN: COMMUNITY	
	PRTF2 - 3 different treatment qualifications (only one that is operating – a workgroup to evaluate)
Education/Vocation	CMHCs – Drop-In Centers and Employment Services
	GED – Adult Education
	Goodwill
	Job Corps
	Ready-to-Work Communities
	School to Work Program
	Trade Programming (KY Technical College) - KCTC
	Vocational Rehabilitation (Individual Placement Support and Supportive Employment)
Pro-Social	4-H Extension Offices
	Drop-In Centers (limited number of counties)
	Drug-Free Community Youth Coalitions
	Faith-based
	Kentucky Partnership for Families and Children
	Local Libraries
	Parks and Recreation
	Recovery Community Centers (In a limited number of counties)
	Scouts
	Young People in Recovery) In a limited number of counties)
	YMCA
Social-Emotional	4-H Extension Offices
	Drug-Free Community Coalitions
	KY Partnership for Families and Children
	Local Libraries
	Positive Action – Boys and Girls Clubs
	True-Up
	YMCA

Table 10: Juvenile Justice Resources and Supports – School

DOMAIN: SCHOOL	
Family Engagement	Family Resource and Youth Services Centers
	Kentucky Special Parent Involvement Network
	Prichard Committee
	Save the Children
	System of Care Grant
	University of KY: The Parent Involvement Initiative
Family Support	DCBS Flexible Funding for Families Involved in DCBS
	DCBS SNAP, Medicaid, and Child Care Assistance
	Family Resource and Youth Services Center (can refer whole family for BH services)
	KY Partnership for Children and Families
Mentoring	Faith-Based Organization Mentoring in Schools
	Family Resource and Youth Services Center
	GearUP
	Older Students Mentoring Younger Students
	True Up
Screening	Department of Education
	Exceptional Education Services Screening (OT/Speech)
	Family Resource Youth Service Centers
	Reclaiming Futures Substance Abuse Screening Initiatives
	School MH
	Student Intervention Teams
	Vision and Hearing Screening
Diversion	AOC's Court Designated Worker
	DJJ Day Treatment
	Juvenile Drug Court
	Parent Engagement Meetings (10 counties)
	PBIS

DOMAIN: SCHOOL	
	School Resource Officers
	Truancy Court Diversion (not in every county)
	Volunteers of America’s Restorative Justice
Behavioral Health	Community Mental Health Providers
	Freecare – Medicaid Medicare
	Kentucky Center for Grieving Children and Families (select communities)
	Light of Chance Virtual Counseling Services
	School-Based Behavioral Health Services (can refer the whole family to BH services)
	Sources of Strength
	System of Care Grant through KY DBHDID
Education/Vocation	Exceptional Education Services (504/IEPS)
	Family Resource and Youth Services Centers
	Job Corps
	KY SPIN
	Migrant Program
	Newcomers (ESL)
	Vocational Rehab (age 14+, must have 504 or IEP)
	YouthBuild (Louisville, Covington)
Pro-Social	21 st Century After School Programming
	4H and UNITE
	Family Resource and Youth Services Centers
	Teen Court Program (22 sites)
Social-Emotional	21 st Century After School Programming
	Family Resource and Youth Services Centers
	Fayette County Public Schools Curriculum
	Olweus Bullying Prevention Program
	Sources of Strength
	Too Good for Drugs

Table 11: Juvenile Justice Resources and Supports – Pre-Court

DOMAIN: PRE-COURT	
Family Engagement	AOC's Court Designated Workers
	System of Care Grant
	University of KY: The Parent Involvement Initiative
Family Support	DCBS Flexible Funding for Families Involved in DCBS
	DCBS SNAP, Medicaid, and Child Care Assistance
	Domestic Violence Shelter
	Family Resource and Youth Services Centers
Mentoring	Big Brothers / Big Sisters (7 counties)
	KY KINS (Peer Support)
	KY Partnership for Children and Families
	Police Athletic Leagues
	Trooper Island
	YAP
Screening	AOC's Court Designated Worker
	Child Welfare Checks / DC3/ Referral to DCBS if concerns of Abuse/Neglect
	Detention Screening Instrument
	GAIN Q3
	GAIN SS in Diversion Intakes (CDW)
	MAYSI Screenings by DJJ
	Reclaiming Futures Substance Abuse Screening Initiatives (designated counties)
	Screening for Human Trafficking (or referral to CDW)
Diversion	AOC's Court Designated Worker (Pre-Complaint Process and Diversion/Case Planning Process)
	Reclaiming Futures
	School Resource Officers
	Teen Court Program (22 sites)
	Truancy Court Diversion (judge-led program)

DOMAIN: PRE-COURT	
	Truancy Diversion Program (CDW)
	Volunteers of America’s Restorative Justice (comes from the CDW)
Behavioral Health	CIT/Mobile Crisis
	CIT Advisory Groups at the regional level (discuss needs and resources)
	Community Co-response Teams (5-7 across the state) where EMS and BH or Police and BH are co-responding
	Community Mental Health Providers
	Crisis Stabilization Program
	E-crisis reports (State Police)
	Handle with Care
	Light of Chance Virtual Counseling Services
	Mobile Crisis
	Rivendell & The Ridge
Education/Vocation	Truancy Diversion Program (CDW)
Pro-Social	None listed
Social-Emotional	None listed

Table 12: Juvenile Justice Resources and Supports – Detention

DOMAIN: DETENTION	
Family Engagement	CASA (only for out-of-home care through DCBS case)
	Family Preservation Program (active DCBS case)
	Kentucky Special Parent Involvement Network
	Kentucky Strengthening Ties and Empowering Parents (active DCBS case)
	Kindred Roots (2 counties – active DCBS case)
	Multisystemic Therapy Pilots (active DCBS case)
	System of Care Grant
	University of KY: The Parent Involvement Initiative
Family Support	DCBS Flexible Funding for Families Involved in DCBS
	DCBS SNAP, Medicaid, and Child Care Assistance
Mentoring	Big Brothers / Big Sisters (7 counties)
	KY KINS (Peer Support)
	KY Partnership for Children and Families
	YAP – Youth Advocate Program (3 counties)
Screening	Detention Risk Screening Instrument
	GAIN SS in Diversion Intakes (CDW)
	Human Trafficking Screening by DJJ and CDW
	MAYSI Screenings by DJJ
	Reclaiming Futures Substance Abuse Screening Initiatives
Diversion	Detention Alternative Coordinators
Behavioral Health	Cognitive Behavioral Treatment
	Handle with Care
	Regional DJJ Psychologists
Education/Vocation	Department of Education
	Voc Rehab (if diagnosed w disability)
Pro-Social	STEPS Curriculum
Social-Emotional	None listed

Table 13: Juvenile Justice Resources and Supports – Court Active

DOMAIN: COURT ACTIVE (A PETITION HAS BEEN FILED)	
Family Engagement	CASA (only if there is a DCBS case and out of home)
	Family Preservation Program (only if there is DCBS involvement)
	Kentucky Special Parent Involvement Network
	Kindred Roots (2 counties, DCBS case)
	System of Care Grant
	University of KY: The Parent Involvement Initiative
Family Support	DCBS Flexible Funding for Families Involved in DCBS
	DCBS SNAP, Medicaid, and Child Care Assistance
Mentoring	Big Brothers / Big Sisters (7 counties)
	Family Resource Youth Service Centers (FRYSC)
	KY KINS (Peer Support)
	KY Partnership for Children and Families
	YAP – Youth Advocate Program (3 counties)
Screening	GAIN SS in Diversion Intakes (CDW)
	Human Trafficking Screening (CDW and DJJ?)
	Juvenile Drug Court (3 counties)
	Juvenile Sex Offender Assessments by approved providers (CDW/DJJ)
	MAYSI Screenings by DJJ
	Reclaiming Futures Substance Abuse Screening Initiatives
	YASI Assessment
	Zero Tolerance Early Intervention
Diversion	Juvenile Drug Court (3 counties)
	Teen Court
	Truancy Court Diversion
	VOA's Restorative Justice

DOMAIN: COURT ACTIVE (A PETITION HAS BEEN FILED)	
	Zero Tolerance Early Intervention Program
Behavioral Health	Community Mental Health Providers
	Light of Chance Virtual Counseling Services
	Psycho-social assessments
	Rivendell & The Ridge
	WEISSKOPF Evaluation Center
Education/Vocation	Referrals for Educational Testing
Pro-Social	None listed
Social-Emotional	None listed

Table 14: Juvenile Justice Resources and Supports – Out-of-Home

DOMAIN: OUT-OF-HOME	
Family Engagement	Building Bridges Initiative
	CASA (only if there is a DCBS case and out of home)
	DCBS Family Team Meetings
	Family First Prevention Services Act
	Kentucky Special Parent Involvement Network
	Kindred Roots (see above)
	Save the Children
	System of Care Grant
	University of KY: The Parent Involvement Initiative
Family Support	AETNA
	DCBS Flexible Funding for Families Involved in DCBS
	DCBS SNAP, Medicaid, and Child Care Assistance
	Family Resource Youth Service Centers
Mentoring	Big Brothers / Big Sisters (7 counties)
	KY KINS (Peer Support)
	KY Partnership for Children and Families

DOMAIN: OUT-OF-HOME	
	True Up
	Voices of the Commonwealth (advocacy for dually committed youth)
	YAP – Youth Advocate Program (3 counties)
Screening	AOC’s Court Designated Worker (if they have a new charge and are eligible for diversion)
	DCBS Standardized Behavioral Health Tool and KY-CANS Assessment (if they are dually committed)
	Human Trafficking Screening by DCBS and DJJ
Diversion	AOC’s Court Designated Worker (if they have a new charge and are eligible for diversion)
	DJJ New Funding?
	Juvenile Drug Court
	MST in SB162
	Restorative Justice
	Truancy Court Diversion
Behavioral Health	Community Mental Health Providers
	MST in SB162
	Private Child Caring and Child Placing Agencies (for dually committed)
	Rivendell & The Ridge
	Special Programs for Youth Sex Offenses
Education/Vocation	Day Treatment (8 facilities)
	DJJ Staff teaching technical skills (in group homes and YDCs)
	Job Corps
	Voc Rehab (if they have a disability)
Pro-Social	Aggression Replacement Training (YDC)
Social-Emotional	None listed

Table 15: Juvenile Justice Resources and Supports – Reentry

DOMAIN: REENTRY	
Family Engagement	Family Preservation Program
	Kentucky Special Parent Involvement Network
	Kindred Roots
	Save the Children
	System of Care Grant
	University of KY: The Parent Involvement Initiative
Family Support	AETNA
	DCBS Flexible Funding for Families Involved in DCBS
	DCBS SNAP, Medicaid, and Child Care Assistance
	Family Resource Youth Service Centers
Mentoring	Big Brothers / Big Sisters (7 counties)
	KY KINS (Peer Support)
	KY Partnership for Children and Families
	True Up
	Voices of the Commonwealth (advocacy for dually committed youth)
	YAP – Youth Advocate Program (3 counties)
Screening	AOC’s Court Designated Worker (if they have a new charge and are eligible for diversion)
	DCBS Standardized Behavioral Health Tool and KY-CANS Assessment (if they are dually committed)
	Human Trafficking Screening by DCBS and DJJ
Diversion	AOC’s Court Designated Worker (if they have a new charge and are eligible for diversion)
	DJJ New Funding?
	Juvenile Drug Court
	MST in SB162
	Restorative Justice
	Truancy Court Diversion
Behavioral Health	Community Mental Health Providers

DOMAIN: REENTRY	
	MST in SB162
	Private Child Caring and Child Placing Agencies (for dually committed)
	Rivendell & The Ridge
	Special Programs for Youth Sex Offenses
Education/Vocation	Day Treatment (8 facilities)
	DJJ Staff teaching technical skills (in group homes and YDCs)
	Job Corps
	Voc Rehab (if they have a disability)
Pro-Social	Aggression Replacement Training (YDC)
Social-Emotional	None listed

Appendix C: List of Participants

Name	Title	Agency	Days in Attendance
Kathy Adams			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Dr. Henrietta Bada			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Amanda Bailey			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Judge Dawn Blair			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Julie Brooks			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Mary Carpenter			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Ashlee Childers			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Ashley Clark			<input type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Katie Comstock			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Melody Cooper			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Patricia Creager			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Dr. Melissa Currie			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Emily Dailey			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Dr. Michael Daniel			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Lesa Dennis			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23

APPENDIX C: LIST OF PARTICIPANTS

LeeAnna Dowan			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Kathleen Elsherif			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Julie Horen Easley			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Valerie Frost			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Dana Fryman			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Allison Galvagni			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Amanda Gehring			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Nathan Goins			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Dr. Darlene Davis Goodwine			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Barb Greene			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Kristal Hankinson			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Dr. Christina Howard			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Sherri Howard			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Leslie Hughes- Burgess			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Amanda Imhoff			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Dorothy Jenkins			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Sara Early Jenkins			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23

APPENDIX C: LIST OF PARTICIPANTS

Karen King Jones			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Beth Jordan			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Janna Estep Jordan			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Jackie Kuryla			<input type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Holly LaFavers			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Mary Kay Lamb			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Angela Lane			<input type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Heidi Lanham			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Valerie Lebanion			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Lisa Lee			<input type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Keisha Lyon			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Kristen Martin			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Maegan Mayne			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Kaye McAfee			<input type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Denitta Mercier			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Sonny Mercier			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Amanda Metcalf			<input type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23

APPENDIX C: LIST OF PARTICIPANTS

Shawna Mitchell			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Elizabeth Nichols			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Pastor Edward Palmer			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Melissa Paris			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Natalie Pasquenza			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Judge Mica Pence			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Betty Pennington			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Melissa Phillips			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Andrea Polk			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Vicki Reed			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Helana Rodriguez			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Jeremy Rowe			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Deborah Sauber			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Michelle Sawyers			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Shan Sears			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Jill Seyfred			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Ian Shepard			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23

APPENDIX C: LIST OF PARTICIPANTS

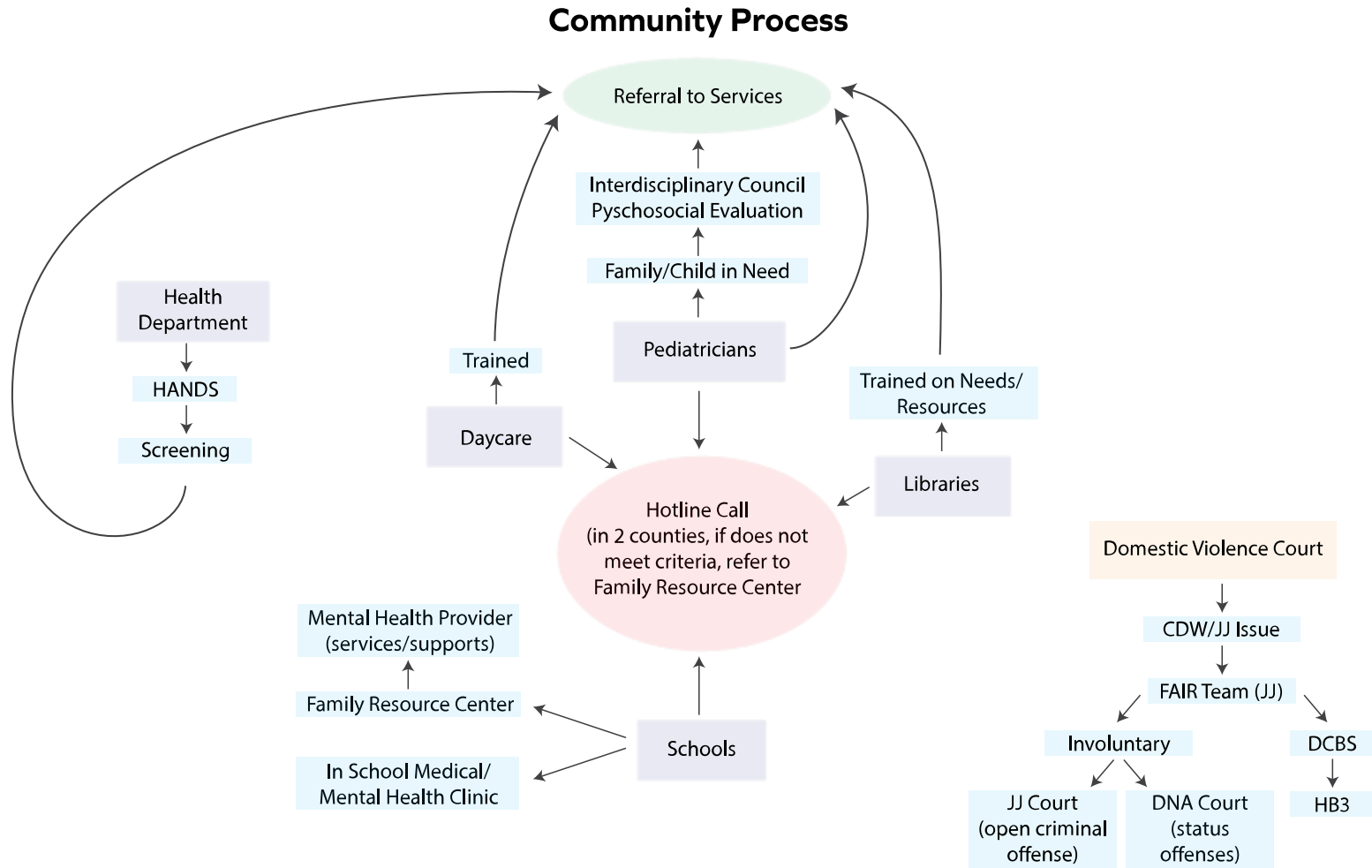
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Carla Stamper			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Todd Stetler			<input type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Judge Eric Stovall			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Toni Stubbs			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Jim Tackett			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Lisa Taylor			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Melanie Taylor			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Judy Theriot			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
Eboni Thompson			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Jeremy Thompson			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Todd Trapp			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Jennifer VanOrt-Hazzard			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Judge Marcus Vanover			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Tamara Vest			<input checked="" type="checkbox"/> 8/30/23 <input type="checkbox"/> 8/31/23
DeeDee Ward			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Christina Weeter			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23

APPENDIX C: LIST OF PARTICIPANTS

Lorraine Wilbur			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Monica Wilkie			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23
Stacey Williams			<input checked="" type="checkbox"/> 8/30/23 <input checked="" type="checkbox"/> 8/31/23

Appendix D: Process Maps

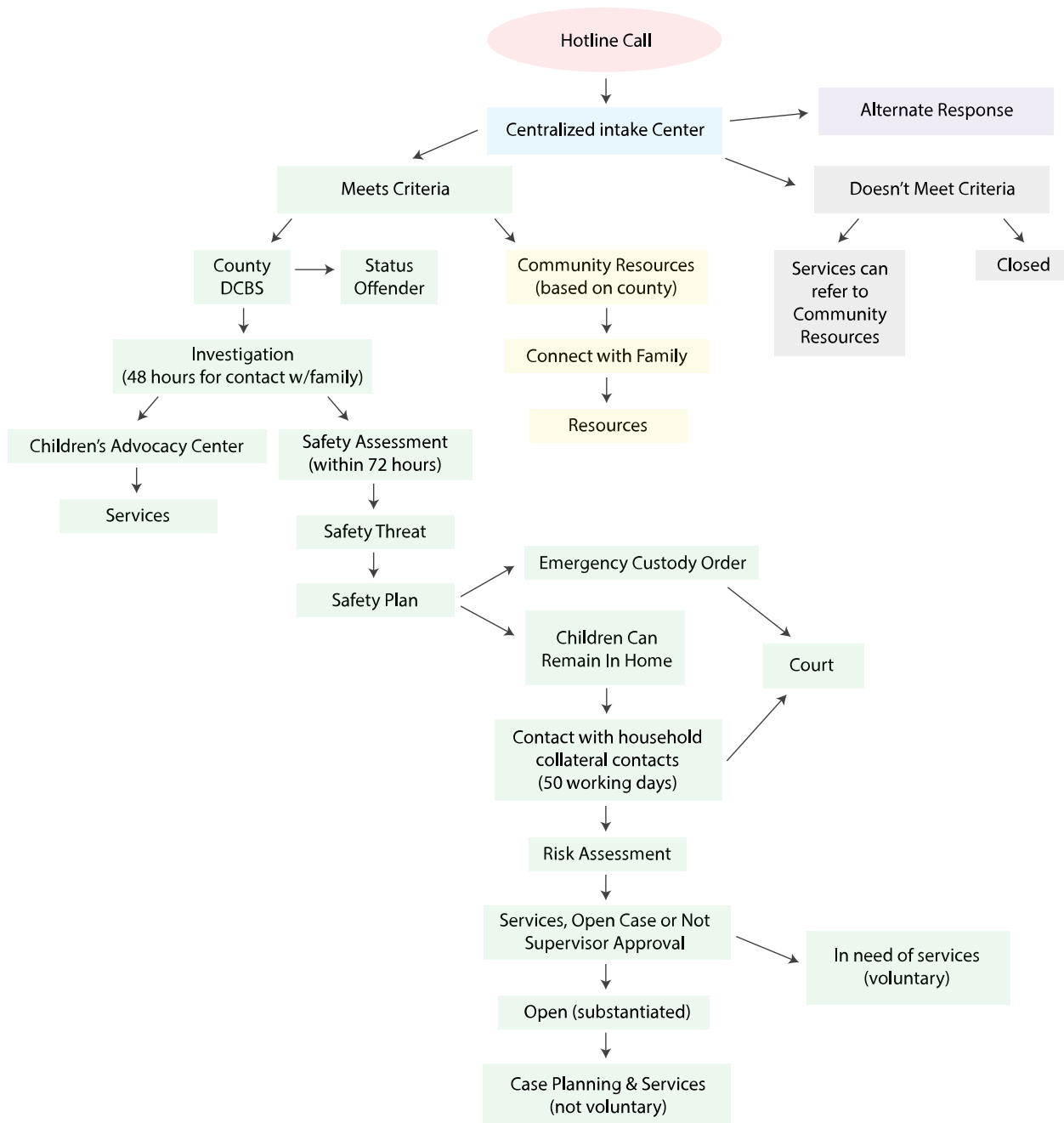
Community Process Map



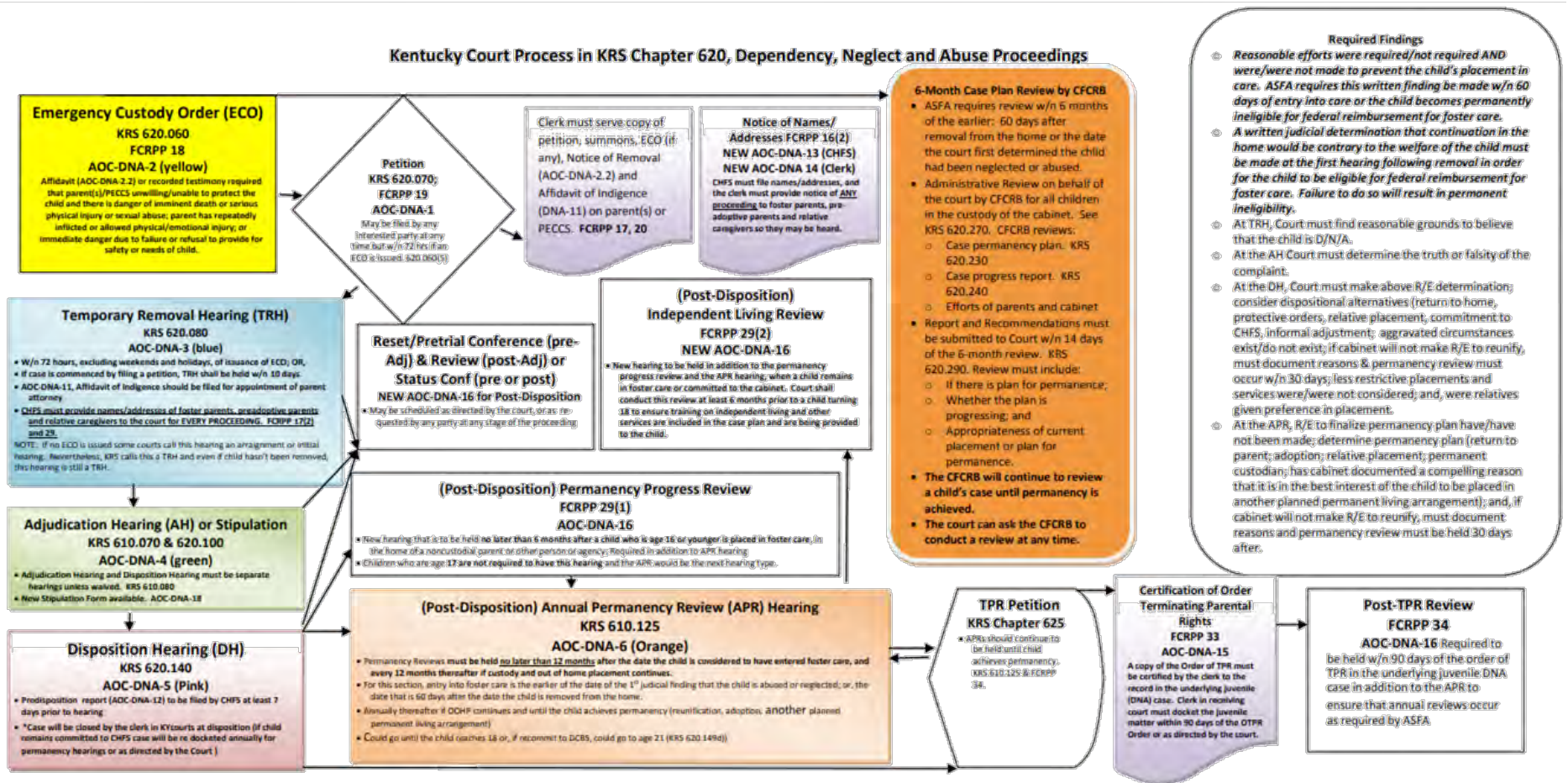
Families with Risk Factors Process Map



Families with Risk Factors Process

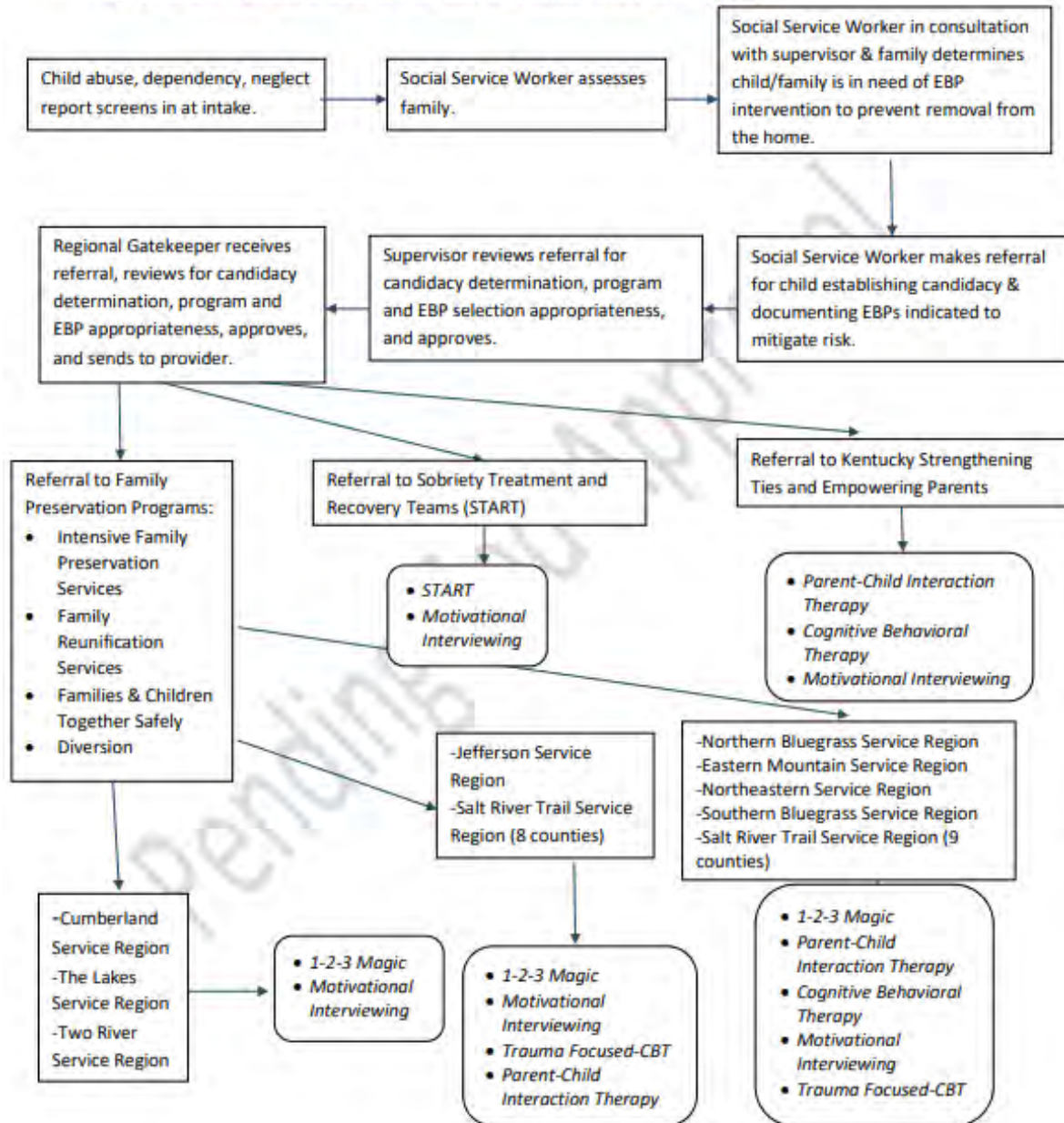


Statewide Dependency, Neglect, and Abuse Proceedings



Certain colors relate to the form color for DNA Orders; purple denotes functions performed by the Clerk of the Court; and, dark orange denotes Citizen Foster Care Review Board (CFCRB) function.

Evidence-based Practice Selection Process Mapping



Appendix E: Action Plans

PRIORITY: Information Sharing					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective?	What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services) What data exists in this space?	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table for collaboration? Who is already engaged in this activity?
Centralized Hub for sharing information- Example – MyChart in Healthcare	Create the hub Funding Confidentiality laws	Funding Technology	Several years	Confidentiality Funding Territorial Public trust	Agency collaboration Legislature Private sector (to create)
Simplify Intake process- universal	Create Funding	Funding Technology Time	1 year	Funding Technology Dual households	Legislature
Make information more attainable/sharable across agencies	What’s available on the current platforms? Seek Legal Advice	Funding Technology Look at other states and what they are doing.	1 year	Funding Technology	Agency Collaboration Legislature

PRIORITY: Expand Peer Partners					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective?	What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services) What data exists in this space?	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table for collaboration? Who is already engaged in this activity?
Court Navigator Training...initially for family advocacy agencies already deploying peers (KY Partnership for Families and Children) and possibly also START teams or other Family service/judicial entities that deploy peers	<ol style="list-style-type: none"> 1. Define the role (especially vs other supports, peers, and mentors)...how that will be standardized/ ensured 2. Identify trainees (qualifications, age, experience, etc.) 3. Identify training providers (staff from cabinet and judicial to bring both experiences) 4. Billable concept vs volunteer 	<ol style="list-style-type: none"> 1. Trainers 2. Peer Support Specialist 3. Youth voice 4. Parent voice 5. Money 6. Sustainability 7. Agency to "own" 8. Partner relationships 	<ol style="list-style-type: none"> 1. Could add to one of next few agendas for Alternative Responses Taskforces...should only take a few meetings to define 2. Trainer/trainee identification will be part of those first few discussion meetings over next few months 3. Continued meetings for 	<ol style="list-style-type: none"> 1. Multiple levels of peer support certification...all certification not "equal" 2. Not enough peers already 3. Other "qualities" relevant to Navigator role 4. Definition of through the system and ways through the system...what rules here? 	<ol style="list-style-type: none"> 1. KY Partnership for Families and Children...already employing peers 2. AOC...funding and regulations 3. Court personnel...have to buy-in and properly utilize the CN 4. Insurance...billable (both Medicaid as well as private insurance)

PRIORITY: Expand Peer Partners					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	<p>What do we have to do to meet the objective?</p> <p>What are the specific tasks to meet the objective?</p>	<p>What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services)</p> <p>What data exists in this space?</p>	<p>How much time is required for the activity/task?</p> <p>When can action begin on this activity/task?</p>	<p>Are there any potential barriers to consider?</p>	<p>Who will take the lead?</p> <p>Who should be at the table for collaboration?</p> <p>Who is already engaged in this activity?</p>
	<p>5. Build relationship between courts and CN agencies</p> <p>6. Create curriculum</p>		<p>months to clarify curriculum</p> <p>4. Meanwhile, meetings to build partners/buy-in and decide funding to inform the curriculum as needed</p>	<p>5. Too many people on a team for a family to deal with and keep track of</p> <p>6. Religion and other factors to include or not</p> <p>7. Language</p> <p>8. Lived experience barriers like criminal history, mental health needs, etc.</p> <p>9. Getting partners to meetings and finding time/bandwidth for creating curriculum</p>	<p>5. DBHDID...grant and training</p> <p>6. Parents and youth voice</p>

PRIORITY: Expand Peer Partners					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective?	What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services) What data exists in this space?	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table for collaboration? Who is already engaged in this activity?
				and further discussions	
Clarification of Peer roles and uses					
Increase workforce of Peers					

PRIORITY: Crossover JJ & DNA					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	<p>What do we have to do to meet the objective?</p> <p>What are the specific tasks to meet the objective?</p>	<p>What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services)</p> <p>What data exists in this space?</p>	<p>How much time is required for the activity/task?</p> <p>When can action begin on this activity/task?</p>	Are there any potential barriers to consider?	<p>Who will take the lead?</p> <p>Who should be at the table for collaboration?</p> <p>Who is already engaged in this activity?</p>
Develop and implement a standardized process and form for referrals from DJJ and DCBS to mental health providers	Come to consensus on common language (defer to mental health field guidelines and standards)	<p>People</p> <ul style="list-style-type: none"> ▪ Agency leaders, policy-makers, front-line ▪ People with experience (youth, parents) ▪ Legal departments ▪ Data departments 	<p>2 years</p> <p>Near future – Melanie Taylor/Beth Jordan will email Karen King Jones to connect about the current initiative with standardizing DCBS referrals to providers</p>	<p>Agency egos</p> <p>Non-unified systems (CMHC)</p> <p>Law</p> <ul style="list-style-type: none"> ▪ Confidentiality ▪ Parental rights statutes <p>Conflicting policies and requirements</p>	<p>DCBS, DJJ, and BHDID (exploring existing collaborative workgroup(s) to see if this fits ongoing work)</p> <p>Beth Jordan will reach out to Melanie Taylor and Karen King to discuss DCBS/DJJ workgroups and how this project can be integrated.</p>
	Review statutes and regulations to find similarities and areas of opportunities	<p>Time/Money</p> <ul style="list-style-type: none"> ▪ Staff time for meetings, research, development, training 			

PRIORITY: Crossover JJ & DNA					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective?	What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services) What data exists in this space?	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table for collaboration? Who is already engaged in this activity?
	Collaborate on needed process/forms changes, implement their use, and ensure fidelity				

PRIORITY: Parent Education/Coaching					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
<p>What do we want to achieve?</p>	<p>What do we have to do to meet the objective?</p> <p>What are the specific tasks to meet the objective?</p>	<p>What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services)</p> <p>What data exists in this space?</p>	<p>How much time is required for the activity/task?</p> <p>When can action begin on this activity/task?</p>	<p>Are there any potential barriers to consider?</p>	<p>Who will take the lead?</p> <p>Who should be at the table for collaboration?</p> <p>Who is already engaged in this activity?</p>
<p>Making education free and available for any parent who feels they need it. (affordable and accessible)</p> <p>Providing foundational support in regard to coaching specifically. (education = information and coaching = implantation)</p> <p>Training the community on parent awareness, family resiliency and preventing child abuse, neglect, and homelessness.</p>	<p>Will Courts allow community partners to participate virtually?</p> <p>Education should be provided in many different forms to assist the parent/child needs.</p> <p>Coaches need to be trained by an evidence based culturally responsible individual.</p>	<p>Curriculum will be necessary, quality Trainers will be necessary, Ambassadors will be necessary, technology will be necessary, and it should be equitable so it will be accessible to every community.</p>	<p>Making education available timeframe is two years. (estimated)</p>	<p>Transportation, time, accessibility, flexibility, money, agency capacity, community awareness, digital divide, community resistance to parenting education (stigma), language barriers,</p>	<p>Parents Champions, Provider Champions, Medicaid, Large Employers, Private Insurance agencies keeping in mind that it will not be one individual agency involved.</p>

PRIORITY: Centralized Hub for Community Services					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective?	What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services) What data exists in this space?	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table for collaboration? Who is already engaged in this activity?
Create a centralized hub for community services. Schedule a meeting with Kynect staff to discuss Kynect resources.	Discuss adding all state/local applicable providers to resources on Kynect website.	Meeting could be conducted via Microsoft Teams or Zoom. This would include staff that are over Kynect website.	30-day timeframe to schedule meeting with all parties involved.	Barriers would be ensuring all parties are available to participate in a meeting in a 30-day time frame.	DCBS would take lead on scheduling meeting. DCBS, Brighton Center, AOC/Upstream
Determine if Kynect is solution for centralized hub.	Meet with Kynect team and find out what their application/website can and can't do.	Time for the meeting to occur. DCBS, Kynect staff, AOC. Discuss what kiosk would look like and where locations would be.	Adding providers to Kynect website is already in place, continuance of services on website.	If kiosks are placed, where would best places be, who would pay for devices, promoting these resources. How would we keep the list of providers current?	Kynect/DCBS; DCBS, Kynect staff, AOC/Upstream Kynect already has a "resources" link that has some providers already listed.

PRIORITY: Addressing Barriers for Services					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective?	What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services) What data exists in this space?	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table for collaboration? Who is already engaged in this activity?
Identify barriers to transportation issues statewide	<ul style="list-style-type: none"> ▪ Collect info regarding what is already offered in rural and urban areas statewide ▪ Brainstorm agencies/individuals that can assist with transportation ▪ Brainstorm a way to keep mapping team informed as to resources (such as the Private Auto Provider info) 	<ul style="list-style-type: none"> ▪ Jeremy Thompson, Transportation Cabinet can provide data/info regarding what is offered ▪ Faith Based organizations (leadership level) that can offer transportation assistance ▪ Platforms to share information so that it reaches all communities 	1-2 years	<ul style="list-style-type: none"> ▪ DOT and Insurance concerns regarding Faith Based organizations assisting ▪ Accessing individuals who are without internet access 	<ul style="list-style-type: none"> ▪ Transportation Cabinet
Combining services within courts and school systems	<ul style="list-style-type: none"> ▪ Look at the model Barren County School is utilizing that combines mental and physical health clinics and opportunities to families and children. 	<ul style="list-style-type: none"> ▪ People to meet with Barren Co. leaders to gather information regarding their model, put together a model that can be shared with communities, help communities identify 	1-2 years		

PRIORITY: Addressing Barriers for Services					
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What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective?	What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services) What data exists in this space?	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table for collaboration? Who is already engaged in this activity?
		possible sites for these services to be housed. ▪ a place to house the model shared by Barren County Schools			
Utilizing Social Media Campaign (as a way to share information from the Upstream Mapping Group)	<ul style="list-style-type: none"> ▪ Are there already platforms that we can use? ▪ Can we utilize the KJCMH social media to share info? ▪ Create a taskforce within this mapping group that can share information with communities ▪ Call to action: communities will submit what is working well in their communities so that 	<ul style="list-style-type: none"> ▪ Locate other platforms we could utilize or partner with to use ▪ Who would be on the task force? Who would lead task force? How can we ensure equity when task force members change? ▪ How do we access families with no or limited access to internet? 			

PRIORITY: Addressing Barriers for Services					
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	<p>info can be shared with other communities looking for similar initiatives/opportunities. They would also act as supports for communities starting new initiatives.</p>	<ul style="list-style-type: none"> Who would house information shared by communities, make connections with other communities, be a support for communities? 			



UPSTREAM