

# It Takes a Village to Protect a Child



2024  
Annual Report

Kentucky Citizen Foster Care Review Board



# Protecting Kentucky's Children Through Advocacy and Oversight

Ensuring the safety, stability and well-being of Kentucky's children is one of the most important responsibilities we share as a community. The Citizen Foster Care Review Board plays a vital role in this mission by providing oversight and advocacy for children in out-of-home care. Each year dedicated volunteers across the commonwealth devote countless hours to reviewing cases, identifying challenges and recommending solutions that improve the lives of vulnerable children and families.

The CFCRB's 2024 Annual Report highlights the progress made in ensuring timely permanency for children, increasing family reunifications and addressing barriers that persist in our foster care system. It also highlights how volunteers, the courts, state agencies and community partners work together to create meaningful change.

I extend my sincere gratitude to the more than 700 CFCRB volunteers who serve with compassion and commitment. Their work strengthens Kentucky's foster care system and brings hope to children who deserve stability and a bright future. I encourage you to review this report and join us in our ongoing efforts to improve outcomes for children and families across the commonwealth.



**Debra Hembree Lambert**  
*Chief Justice of the Commonwealth*

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# Progress report on Kentucky children in foster care

**Fiscal Year 2024: July 1, 2023 – June 30, 2024**

The Citizen Foster Care Review Board (CFCRB) is a volunteer organization dedicated to serving Kentucky's families and children. CFCRB volunteers are tasked with completing in-depth reviews mandated by state and federal law for every child in out-of-home care. Additionally, CFCRB volunteers provide direct services to the judges by presenting findings and recommendations to the courts on every child reviewed by the local boards. The intent is to improve services for children while in out-of-home care and to work towards attaining permanency for them in a timely manner.

Individuals impacted by their experience with the child welfare system have a unique perspective and can provide invaluable insight for system improvement moving forward. The CFCRB program not only recognizes the value of listening to the voices of lived experts but also gives them a spot at the table to make a change. A former foster youth sits on the CFCRB Executive Committee to bring the perspective of the children we review into the decision-making process. At our regional trainings in May, the CFCRB hosted a recovery panel composed of mothers who had completed substance abuse treatment and were successfully reunited with their children. These inspiring women discussed their experiences and identified what processes were effective and what improvements are needed.

Another way the Citizen Foster Care Review Board elevates the voice of lived experts is by hosting regional public community forums twice per year to discuss issues involving child welfare. The information gathered at these events is used to identify areas for improvement in the child welfare system. The



CFCRB State Board then submits recommended changes to the Kentucky Supreme Court, governor, and legislature. The August FY 2024 forums focused on Thriving Families, Safer Children, a collaborative effort working to elevate the voice of those with lived experience and local community partners to work together to promote child and family well-being, equity, and positive outcomes for children and families. The June FY 2024 forums focused on the impact of substance use disorder on Kentucky's families and children, especially children in foster care.

The CFCRB also strives to improve the outcomes for families and children in Kentucky by submitting recommended changes to legislation and policies that impact these populations.

I am pleased to present the FY 2024 Kentucky Citizen Foster Care Review Board Annual Report. This report provides a detailed look at the activities of the review boards and the children that we serve. The CFCRB volunteers' continued dedication and commitment to serving the families of Kentucky is to be commended. It has been my privilege to serve as their State Chair for the past term.



**Steven Farr**  
State Chair  
Citizen Foster Care Review Board



## Snapshot of Kentucky's foster care system

**CFCRB Reviews.** In FY 2024, 720 CFCRB volunteers conducted 3,026 paper reviews and 16,539 interested party reviews for a total of 19,565 reviews of 11,301 children. In FY 2023, there were 720 volunteers who conducted 20,264 reviews of 11,905 children.

The FY 2024 average length of stay was 24.6 months which is consistent with the average length of stay for FY 2023.

**Reunification.** Of the children reviewed by the CFCRB, 39 percent were released through reunification to parents or primary caregivers in FY 2024. Another 24 percent were released through placement with relatives. These numbers are consistent with FY 2023.

**Exiting Care.** In FY 2024, 11 percent of youth aged out of care, which is consistent with FY 2023 which also saw 11 percent of youth aging out of care.

**Ages of Children Served.** Of the children reviewed by the CFCRB, those aged 5 and younger remain the largest age group at 30%, with ages 16 to 20 at 25% and ages 11 to 15 at 23%.

**Number of Placements.** Children experienced an average of 3.73 placements per commitment. This figure is higher than the federal expectation of no more than 2 placements until a child achieves permanency. However, Kentucky's children fare better than children nationally who experienced on average 4.48 moves during a twelve-month period.

**Finalized Adoption.** In FY 2024, 25% of children achieved adoption, which is consistent with the FY 2023. Children with a finalized adoption spent 36.4 months in care, which was a slight decrease from 37.9 months reported in FY 2023.

**Interested Party Reviews.** In FY 2024, CFCRB volunteers conducted 16,539 IPRs on 9,904 children.

**CFCRB Meetings.** 96% of boards use IPR as the standard for reviewing all cases, which is an increase from 89% in FY 2023. The use of interested party reviews has steadily increased from 59% in 2015.

**Barriers to Permanency.** In FY 2024, the CFCRB reported that the top four barriers to permanency were substance use disorder, chronic mental health issues, systemic delays, and incarceration.

**Local solutions identified to address barriers.** In FY 2024, CFCRB boards reported that the top four identified solutions to address barriers as mental health treatment, substance use disorder treatment, trauma-centered treatment, and housing/support.



### CFCRB Mission

To ensure safe, permanent, timely placement of Kentucky's children in out-of-home care.



### CFCRB Vision

*With respect to children in care:*

To ensure adequate and necessary services are provided to families and children with the utmost importance given to safety, well-being and permanency.

*With respect to the judges we serve:*

To provide timely, accurate and sufficiently detailed information about children in care so as to promote knowledgeable permanency decisions.

*With respect to the CFCRB volunteers:*

To promote awareness and understanding regarding children's issues through educational opportunities at local, regional and state levels.

*With respect to the Cabinet for Health and Family Services:*

To provide meaningful, respectful feedback regarding paths to permanency.

# 2024 recommendations for legislative & policy reform

The Kentucky Citizen Foster Care Review Board is required by Kentucky Revised Statute 620.320(5) to evaluate and make annual recommendations to the Supreme Court of Kentucky, the governor, and the Legislative Research Commission regarding the laws, practices, policies, and procedures that affect permanence for children in out-of-home placement. The CFCRB State Board approved the following legislative recommendations for 2024:

## CFCRB Board Membership

Amend KRS 620.190(2)(e) regarding membership on local boards to allow non-Department for Community Based Services (DCBS) employees of the Cabinet for Health and Family Services (CHFS) to serve on local boards. Suggested language would read as follows: “Employees of the Department for Community Based Services shall be prohibited from serving on the local citizen foster care review board.” The original wording was in place before the merger of the Cabinet for Health Services and the Cabinet for Families and Children, and it prohibits participation by potential volunteers from CHFS departments that are not directly involved with dependency, abuse, and neglect cases.

## Statewide Expansion of Family Court

The Kentucky Citizen Foster Care Review Boards (CFCRB) has historically regarded the statewide expansion of Family Court as a high priority due to improved outcomes for families and children who have access to expanded services provided by Family Court. To further this cause, the CFCRB would support a future judicial redistricting plan that increases the presence of Family Court, with the ultimate goal of expanding Family Court to every county in the Commonwealth.

## Support Statewide Access and Improvement of Broadband Services

The Kentucky CFCRB recommends the statewide expansion and improvement of the KentuckyWired Project’s broadband services delivery to allow affordable access to internet services for all of the Commonwealth’s children and families to enable successful participation in online services, including child welfare, educational, and medical platforms, in order to provide for service delivery, not only during states of emergency, but also to bring equity in service delivery to all Kentucky families.

## Child-serving Agencies to Gather Data and Address Disproportionality and Disparity for Youth and Families

Support legislative and policy efforts that require child-



serving agencies to gather data and address disproportionality and disparity through annual strategic plans and reduction goals. These plans should include:

- Reviewing and updating criteria that identifies youth risk factors that may lead to negative activities such as gang recruitment and involvement.
- Creating and promoting strength-based, asset building services and trainings to assist families and youth affected by these behaviors.
- Collecting and sharing data related to these activities.

## Allow Judicial Discretion Whether to Order Child Support at Removal

Amend KRS 620.090 to provide discretion to judges regarding whether to order child support at a child’s temporary removal hearing. Currently, statute requires that judges order child support at the temporary removal hearing. Many parents who are required to pay child support to the state to offset the cost of their child being placed in foster care, are already living in poverty. This can negatively impact a family that is trying to develop and maintain familial and economic stability to reunify with their child. Reducing a parent’s income impedes their ability to engage in reunification efforts, consequently extending the time the child spends in foster care. By allowing the judge to have discretion in these matters, this could improve permanency outcomes for Kentucky’s children.

## Increase Fees for Court Appointed Counsel

Support increase in fees for court appointed counsel for children and parents in family law cases. Court-appointed counsel perform a vital function by providing high quality legal representation to children and families in court on child welfare matters, thereby ensuring procedural fairness, equity, and access to justice for all families and children.



## CFCRB volunteers met with legislators during Children's Advocacy Week

Several CFCRB volunteers met virtually with legislators during the Children's Advocacy Week held Jan. 22-26, 2024. The event continued an annual tradition that began in 2004 to allow advocates across the state to join forces on behalf of the safety, health, education, and economic well-being of children and families. An in-person rally was held on January 24, 2024.

The CFCRB was one of the Blueprint Partners of this event. The Blueprint for Kentucky's Children is a coalition of non-profit, public, and private organizations that stands on three pillars: thriving communities launch strong families, strong families launch successful kids, and successful kids launch a prosperous future for Kentucky.



CFCRB State Chair Steven Farr, State Vice Chair Rosalyn Patton-Pelt and Regional Representative Dudley Adle attended the 2024 Children's Advocacy Week event.



## CFCRB hosts regional community forums: Tell us what you think

### *Public weighs in on foster care system at regional forums*

The Kentucky General Assembly passed House Bill 1 in 2018 to reform Kentucky's foster care system by removing barriers to children being placed in permanent homes.

HB 1 amended KRS 620.270 to require the Citizen Foster Care Review Board to participate in regional community forums at least twice a year and present the findings to the Supreme Court, governor, and legislature. These forums allow the public to discuss their concerns and identify barriers to the safety, well-being, and timely permanency of children in care.

The following summary of findings from Fall 2023 and Spring 2024 CFCRB Regional Community Forums is based on the public's concerns. Recommendations have been categorized by party, stakeholder group, or topic. The FY 2024 forums were conducted virtually, leading to increased participation by community partners.

*Note: These comments do not necessarily reflect the opinion of Kentucky Court of Justice elected officials and employees.*



# FALL 2023 REGIONAL COMMUNITY FORUMS: ISSUES & CONCERNS

The Fall 2023 forums focused on lessons learned from Thriving Families, Safer Children's regional action planning sessions, specifically how to better support safe and healthy families.

## Needs Identified to Support Safe, Healthy Families

- Families in need are unaware of available resources. There is a need for increased community awareness of resources available, such as a resource guide of available services to help families know where to go for help.
- The Department for Community Based Services (DCBS) has raised dollar amounts for Kentucky Transitional Assistance Program (KTAP) benefits, however not everyone is part of that program.
- There is a need for an increase in funding for emergency services for families.
- There needs to be more support for fathers (parenting groups).
- Individual and family therapy should be available for all.
- There is a need to identify and provide culturally appropriate resources.

## Barriers Families Face Trying to Remain Intact and Protecting Their Children

- Limited availability of childcare remains a barrier for many families.
- Relatives enrolled in foster parent classes are unable to access in-home services because the children are not yet in their care.
- There are additional service providers throughout the state, but many of them have long wait lists. As a result, individuals cannot be seen in a timely manner.
- Affordable housing remains a barrier; HUD has long wait lists.
- Transportation, especially in rural areas, remains a barrier.
- Some families struggle with accessing medical services.
- Poverty remains a significant barrier families face.

## Possible Solutions to Keep Children Safe & Prevent Child Abuse and Neglect

- Building a strong respite system for caregivers including foster parents, relatives, and biological parents is essential. These respite homes can aid caregivers who feel overwhelmed. Respite could also be made available to biological parents who don't have a solid support system.
- Teaching role modeling to parents would assist with parents who are engaged in the system and help with prevention.
- There should be a focus on developing in-home service providers that could work with relatives and biological parents to keep families intact and children in their homes.

- There should be mandatory family therapy sessions for kinship care families and birth parents, there are a lot of emotions involved when children are placed with relatives.
- Child placement options should be created that assure safety for the child and teaching/role-modeling for the parents.
- Programs and resources should be developed to prevent abuse and neglect by teaching basic family skills to young families, before they are part of the system.
- Family therapy should be offered for children who are placed with family members. Family therapy should include the children, the family they are placed with, and biological family members.
- Preventative services should focus on educating workers on better distinguishing between poverty from neglect. The University of Kentucky, College of Social work, has resources for kinship care and education.

## Trends Identified to Keep Children Safe without Being Placed in Out-of-Home Care

- DCBS is piloting alternative response. This will work to reduce risk in the home before removing the child. This response will be appropriate for low-risk referrals and will include working with the family on their stressors and providing services to address safety concerns.
- We should explore non-traditional methods and services to address the family's needs.
- We should ensure families are aware of the services available in their area.
- Community awareness and education about abuse and neglect could be helpful. Parents and neighbors need to know how to identify the signs and symptoms of abuse.
- Funding and infrastructure should be increased to provide more services in rural areas.
- There should be programs to assist with transportation issues, which might entail multiple programs joining together and applying for grants to assist with this need. The lack of transportation can be addressed by family support, gas cards, or the use of telehealth/virtual services.
- The availability of affordable and accessible professional childcare should be increased and expanded.
- More work is needed to reduce stigma of mental health and substance abuse treatments.
- Self-care should be promoted for parents to meet mental health needs.
- The creation of mentorship programs for families and children would assist with reunification and prevention efforts.
- There has been an increase in funds for concrete goods such as car repairs, which is a positive step.
- Multiple agencies should use a multi-disciplinary approach to work together to support families.



- Family input should be sought when determining and referring services. This might benefit from pilot programs that refer families to services based on family input.
- Community programs are needed that would help watch out for families in the community that have needs - someone who can notice there is a problem before it becomes a problem.
- It is essential to destigmatize asking for services and education so families can reach out without fear of DCBS involvement.
- Collaborating with area neighborhood places (such as faith-based organizations, refugee organizations, grassroots organizations, and community centers) will help build awareness of resources, where to access them, and safe places to ask for assistance. Some individuals may not feel safe going to the police but may go to their community center for help.
- Reducing disparity should be a goal of everyone in the child welfare system.
- We should be ensuring everyone involved has a chance to discuss their needs and concerns.
- There should be an increased in the access and availability of therapy and medication management services.
- Mental health assessments are taking a long time, which leads to a delay in services and permanency. These wait times should be decreased. Also, there should be improvement of the assessment process to aid in developing a consistent diagnosis.
- Agencies and the community should work on increasing children's trust in those around them, so they feel comfortable speaking about what's going on in their lives and asking for help.
- Children who verbalize signals of abuse should be taken seriously and there should be a follow-up on the report.
- Professionals need to ensure that when families do ask for help, there is safety in coming forward and their dignity is honored.

### **Positive Impacts Thriving Families, Safer Children Can Have for Children in Out-Of-Home Care**

- Children should have an opportunity to have their voices heard regarding what needs to happen in their everyday life, and how they are treated daily/ weekly.
- More in-home family education should be available and accessible.
- Out-of-home caregivers (relatives, foster parents, programs) need to be supported to prevent burnout and instability.
- Children should be included in the case plan by providing them with age-appropriate information. It can provide them with an understanding of what is going on with their family and reduce stress and anxiety.
- There should be more urgency and diligence in identifying and supporting absentee fathers. Not identifying fathers limits the potential for relative

placements that children can transition into.

- Grandparents need better support to assist in meeting the needs of children placed in their home, as well as the grandparents.
- Families should be educated on resources and the processes involved.
- The child's connection with siblings and family must be appropriately maintained to support family reunification or relative placement.
- Children should remain in the same school system when possible.
- Prevention resources should be further expanded and used to get kids back home.
- There should be increased communication between DCBS and families at first contact. Families should be provided with information about why DCBS is involved, the rights of the parents, and explaining that DCBS is there to help the family.

### **Open Discussion**

#### **Children**

- Children should be taught to not fear law enforcement and social workers. Many times, the children fear or become angry with law enforcement and social workers in removal situations. This requires meaningful community involvement and trust-building by law enforcement.
- Youth should have a voice in their case; they are the experts of their experiences. From the words of people with former youth experience in care, "Nothing for us without us."
- There should be support from mentors and life coaches. Learning from peers who also have experience with the foster care system.

#### **Biological Parents**

- When children are placed with relatives the biological parents struggle to get legal representation because they do not qualify for free legal representation but can't afford to pay a private attorney and are not offered a court-appointed attorney.
- Agencies should offer family therapy between relative caregivers, biological parents, and the children so that any animosity can be addressed in a therapeutic setting. It should be noted if there is family animosity it would be ideal to do family therapy with the adults before incorporating the children.
- When dealing with biological parents in substance use recovery, not every person is the same. Successful recovery can take a long time and that time can exceed the timeframes for children in foster care. The timeframes for children in care with parents suffering from substance use should be reviewed and options for working with the families considered to preserve the family.
- It might be helpful to review the income requirement to qualify for free legal representation.

- The long-term outcomes for reunification might benefit through the promotion of positive engagement by DCBS and police after return to help resolve potential trauma after-effects of removal.
- There should be improved family engagement and education for incarcerated parents.
- Family and child experiences have been largely dependent on the case worker. With the Thriving Families, Safer Children initiative, it is hoped there will be more family support prioritized with a more fair and equitable system.
- Bias is a big issue when workers and service providers work with families.
- Parents as experts in what their family needs to be successful, can be detrimental to the success of the family's progress.
- Not every parent knows whom to talk to and how to address the issues, this can cause bigger issues.

### **Foster Parents**

- There is a need to balance the child's right to permanency with the biological parent's right to parent their child, so cases do not drag on for years. It is difficult for the child to have this long-term uncertainty and can cause additional trauma.
- Children should be provided a social worker different from the worker assigned to the biological parents, so that there are two advocates that must come together to decide on the direction of a case.
- GALs should visit their clients (the children) outside of court and ensure they keep regular communication if age appropriate.
- Foster parents are a great resource who are not always listened to or sought out for information and advice about these cases.
- DCBS is working on a plan to improve communication and relationships with foster parents. This includes inviting foster parents to participate in regional meetings.
- Open adoption situations, where the biological parents remain in contact with the adoptive family, are some of the best situations and outcomes for the children because the children do not lose contact with biological family members but are in a home that can take care of their needs.

### **Relatives/Kinship Care/Fictive Kin**

- Relative/fictive kin who are willing to pursue foster care, are able to get funding for child-specific foster care.
- Relative/fictive kin placements are eligible for KTAP (KY Transitional Assistance Program).
- KY KINS cannot provide assistance for relatives who choose to become child-specific foster homes.
- Caregivers should be provided with education on the scope and processes of the child welfare system.

- A big issue is a lack of consistency in how cases are handled – the outcome depends on the case worker and judge, even though everyone should be following the same policies and procedures.
- Formalized kinship placement policies are needed.
- Relative placements, unlike traditional foster parents, are expected to handle communication with biological parents. These family members may have a strained relationship.
- Relative placement cases are not monitored the same as cases where DCBS has custody of the children; consequently, these cases can linger.
- There are limited resources available for relative caregivers including a lack of tuition support.
- There is a need for better transition plans for returning home – this can come down to what the worker thinks is best, not the child's age or placement. This should be based on how long the child has been in care and their age.
- Many of the kinship families struggle to care for the children in their care because of a lack of training for parenting children with extensive trauma. Kinship families struggle because they are on fixed incomes. Children coming into care are coming in with higher needs and more extensive trauma, which presents major challenges for caregivers with no training.
- There should be better communication with relative placements regarding child-specific care options and ensure they understand the process and benefits.

### **Community Partners/Services Providers**

- Increasing services before children are removed can reduce foster care placements and improve the outcomes for families and children.
- The schools should be able to refer families to the Department for Community Based Services for services such as mental health or family counseling.
- Some GALs are not working with community partners to support the best interest of the children, and this can be detrimental to the child and frustrating to other community partners.
- Programs such as Community Response, available in some areas, help to link families to services. DCBS can direct families to Community Response if they do not meet referral criteria.
- Education is needed for all parties about the child welfare system and its interaction with other entities.
- Most people who care about the foster care system are those involved with the foster care system. This is a small percentage of the population, which makes it difficult to make it a priority. The link between foster care and its effect on the whole community needs to be demonstrated, using facts and real-life examples.
- Better psychiatric hospital options need to be developed for young children, as a 9-year-old child should not be in the same program as 15-year-old children.



- DCBS regions across the state are rebuilding Race, Community, and Child Welfare (RCCW) initiatives to address disproportionality. Thriving Families, Safer Children also has a racial disproportionality work-team and is partnering with these RCCWs.
- There is an increased trend of parents approaching the Cabinet or the court wanting to voluntarily give up custody of their teens because of beyond-control behaviors. They are not willing to complete in-home services to prevent removal and many courts are allowing parents to file their own dependency petitions. This is exacerbating the placement crisis when a child does not necessarily need to be in OOHC.
- Families struggle to access treatment services for children with beyond-control behaviors as many providers only accept children in state custody.
- A new law allows judges to require parents to cooperate in the CDW program. Parents' cooperation in this process can avoid dependency filings.
- The lack of available placements for high acuity youth, leads to youths lingering in detention facilities, sleeping in the DCBS office, or staying in hotels/state parks.
- There is a lack of substance use treatment options for teenagers.

- Court appointed counsel compensation for dependency, neglect, abuse cases need to be reevaluated. It is very, very low compared to the time and effort required in these cases.



## SUMMER 2024 REGIONAL COMMUNITY FORUMS: ISSUES & CONCERNS

The Summer 2024 forums focused on the impact of substance use disorder on Kentucky's families and children, especially children in foster care, and how resiliency and recovery can lead to improved outcomes for families and children in foster care.

### Substance Use Recovery and Challenges

- Families and children across the state suffer from substance use disorder.
- Rural areas lack enough programs for families and children in need of services.
- Some families are on the income eligibility line for Medicaid, thereby causing concerns regarding whether substance use disorder services will be covered.
- Residential facilities do not have the capacity to serve Kentucky's youth.
- Providers utilizing self-reporting for teens instead of utilizing drug screens can lead to youth not receiving the treatment they need. Self-reporting becomes a treatment issue as not all individuals are ready to be honest in their assessments.
- There is a lack of services available for teens with disabilities (cognitive and physical) who also have substance abuse issues.
- Some substances are not being treated. Children have been refused treatment because THC is not considered as much of an issue as other substances.
- Some facilities discharge children because of their aggressive behaviors and the facility could not address the level of care they needed.
- Sometimes services are not provided after business hours. There are situations where children are in out-of-home care and the parent would need to be off work to access treatment, attend meetings, etc.
- Transportation is one of the biggest barriers families encounter when attempting to access substance use disorder services.
- Access to concrete supports and being able to afford substance use treatment and drug screens pose additional barriers.
- The stigma associated with substance use disorder may play a role in the self-improvement a person demonstrates.
- Families lacking insurance or insurance that will cover treatment are barriers.
- Long waiting lists to access treatment providers, and the eligibility criteria can prevent people from accessing services.
- Childcare is a barrier. However, some providers allow mothers to bring their children with them when they enter treatment.
- Families lack awareness of services available in their area.
- There is a lack of qualified treatment providers in some parts of the state.

- Treatment providers that do not accept Medicaid create barriers for many families in need of treatment for substance use disorder.

## Local Solutions

- Most Kentucky Counties have medically assisted treatment (MAT)/suboxone programs.
- Rural counties utilize community mental health providers to provide substance use treatment.
- Community mental health centers serve every county. Some service providers are qualified to address both mental health and substance abuse needs for youth.
- Lived experience is so important, tapping into the people who have walked these paths already. People with lived experience can educate systems in creating programs and where to focus attention and services. Their experience and insight is crucial to system improvement.
- Some counties have the Sobriety Treatment and Recovery Team (START) that is aimed at keeping children in the home when there is substance abuse involved. START pairs families with a mentor and helps walk the family through treatment. START is not available across the state; it is currently regionalized.
- Some counties have family recovery courts that help families with substance use disorders and active child welfare cases. Volunteers of America provide services in many counties, particularly those with family recovery courts.
- The Transportation Initiative is a project of the University of Kentucky's Human Development Institute and is funded through the support of the Commonwealth Council on Developmental Disabilities. The Transportation Initiative seeks to provide comprehensive information and education on transportation options. The website is: Transportation Initiative – Transportation Initiative ([hdiuky.org](http://hdiuky.org).)
- KY RISE offers services to transition-aged foster youth.
- Universal access to Wi-Fi and transportation.
- Access to quality childcare that allows parents to participate in programs and services.
- Increased community education focused on substance misuse and trying to end the stigma.
- Increased coverage for services from insurance providers, such as Medicaid and Medicare.
- For families experiencing domestic violence, the programs could also work with perpetrators to help them find services related to substance abuse.
- Using telehealth services to increase access for families.
- Peer support services such as Ala-non, Ala-teen, 7 Challenges, etc. helps with day-to-day issues.
- Continued focus on a recovery-oriented system of care. This has helped educate the community on the needs of families who are impacted by substance misuse.
- Continued support of the court system through working with families in recovery adding accountability pieces and working together to help families remain intact.
- True Up offers peer support for youth that is otherwise very lacking.
- Increasing availability of services provided after traditional business hours to accommodate individuals' work schedules.
- Strong parent advocacy programs are important including fatherhood groups that are supportive and offer peer support for families and/or someone who has successfully navigated the child welfare system.
- Many of the children who come into care due to parental substance misuse end up becoming substance abusers themselves. These children need education on how substance use affects the body and mental wellness, and how to lead them to a more resilient direction.
- Expand Kentucky Strengthening Ties and Empowering Parents (KSTEP) to all Kentucky counties. KSTEP is in four of the nine DCBS regions. The goal is to expand; however, substance misuse is growing faster than the program. KSTEP utilizes evidence-based substance abuse treatment and intensive in-home services, to address parental substance misuse that is placing children at risk. If the children do enter out-of-home care, the goal is to get them home faster with strong support for the families.





- Sober living communities can help families with their recovery journey by offering affordable housing where sobriety is essential and a community of persons who are experiencing the same issues or are at different points in their recovery process.
- Kentucky Partnership for Families & Children provides youth and family peer support services, which have been found to significantly help those with behavioral health challenges. This program is not in every area of the state but looking to grow.

## **Open Discussion**

### **Children**

- There has been a shift in mental health help, however, many youth do not feel seen in mental health efforts. They feel cast aside as if a pill would help them.
- Ensure youth have a voice regarding their permanency goals.
- Ensure social workers are speaking to the youth one on one.
- Children who are returned to their parents need to continue therapy as well as the parent. Many families may need additional services after reunification to overcome the effect of being separated. The family should still be supported after reunification.
- Communication between mental health providers, foster parents, bio parents, and children is important. It is traumatic for children to think they are being removed from everything familiar to them.
- There is concern that children are being prescribed medication and being seen by a psychiatric provider instead of having mental health services with a therapist.
- Children are changing therapists frequently and having to stay within their private childcare provider. This causes delays in their healing journey.

### **Parents**

- Parents need education on trauma-informed care as part of the reunification process.
- Often children are located with their mothers, which can make it difficult to get contact information for the paternal side of the family. It is a continued struggle to make sure DCBS can fully assess paternal relatives as a possible placement for children. DCBS has tools to try to identify relatives to help address this issue.

### **Relative Caregivers**

- Trauma informed care training would be beneficial for relative/fictive kin caregivers.
- Often grandparents are not involved when their grandchildren are in foster care. They could be a great resource, not just possible kinship care.
- There is a tendency to focus more on the maternal side of the family and not include the paternal relatives.

- Confidentiality requirements can be a barrier to sharing case information with extended relatives of children in out-of-home care and make it difficult to have families fully involved and able to help their loved ones.

### **Foster Parents**

- Foster parents wish there were more communication from their Cabinet case worker regarding the number of visitations/communications that can occur, if both the child and biological parents agree on the communication/visits.
- Quality training for foster parents on LGBTQ issues and the religious rights of foster children would be beneficial.
- Increase the frequency of random home visits for foster homes.
- Additional trauma informed care training for foster parents would provide better support for children in foster care.

## **Overall System Comments and Concerns**

- Currently, there are not enough foster homes in the state.
- DCBS is trying to prevent children from coming into care. They are trying to place services in the home to assist families and to teach them appropriate skills. DCBS looks at family and friends to place the children, so they do not go into out-of-home care, or, if so, they stay for a short time, so they are not retraumatized.
- Programs and pay increases for DCBS workers to help prevent burnout from being overworked which can result in making incorrect decisions.
- Create a recognition system that allows the public to applaud/praise state workers who go beyond the norm in helping agencies, parents, volunteers, and others benefit from state programs.
- It is critical to think outside the box for additional permanency options, especially for older youth in foster care.
- Training is needed for schools and daycares on how to better serve foster children who participate in their programs.
- Education around the role, and engagement with Family Resources Centers, would be beneficial to families and children.
- Encourage the Guardians ad Litem (GALs) to be more directly involved with the children they are representing.
- Court Appointed Special Advocates (CASA) is available in most counties; anyone can request a CASA if they are involved in a DNA case.

# CFCRB overview by the numbers

## Out-of-home care demographics

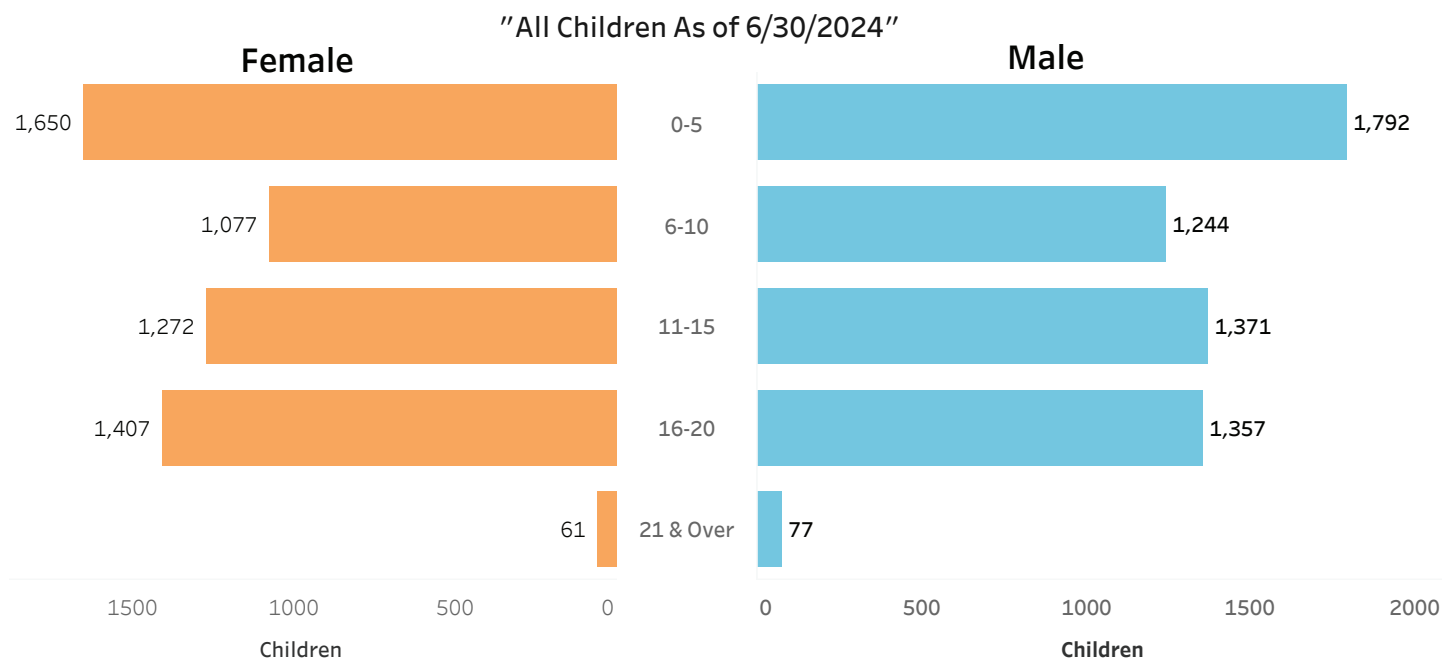
### What gender are children in out-of-home care?

The gender of children in out-of-home care is almost evenly split, with 52% male and 48% female.

### What are the ages of children in foster care?

In FY 2024, the youngest child reviewed by CFCRB volunteers was one month old and the oldest was 22 years old (due to extended commitment). The average age increased slightly to 11 years. Of the children reviewed by the CFCRB, those aged 5 and younger remain the largest age group at 30%, with ages 16 to 20 at 25% and ages 11 to 15 at 23%. The age analysis is based on children who were in out-of-home care on June 30, 2024, and includes children who were released from the custody of the Cabinet for Health and Family Services anytime during the fiscal year.

### Children in Foster Care by Age and Gender



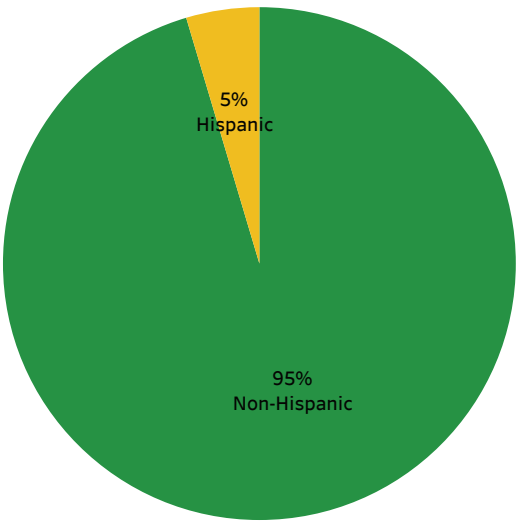
What race are children in foster care?

Of the children in foster care, 70% are Caucasian, 11% are Black/African American, 3% are unable to be determined, less than 1% are other, and 15% are Multiracial. The other races include American Indian/Alaskan Native, Asian, and Native Hawaiian/ Other Pacific Islander. In addition, 5% of the children in foster care have Hispanic ethnicity.

Black youth represent only 8.6% of Kentucky’s population but 11% of children in foster care, demonstrating the overrepresentation of children of color in foster care. Our goal is to address disproportionality in the child welfare system by focusing on changes in policy and practice at specific contact points.

*In March 2018, the CATS system updated its race codes to allow the selection of multiple race types. However, this only affects children who have entered care from March 2018 to the present.*

Foster Care Children by Ethnicity



Active Children in Foster Care as of June 30, 2024 by Race and Age



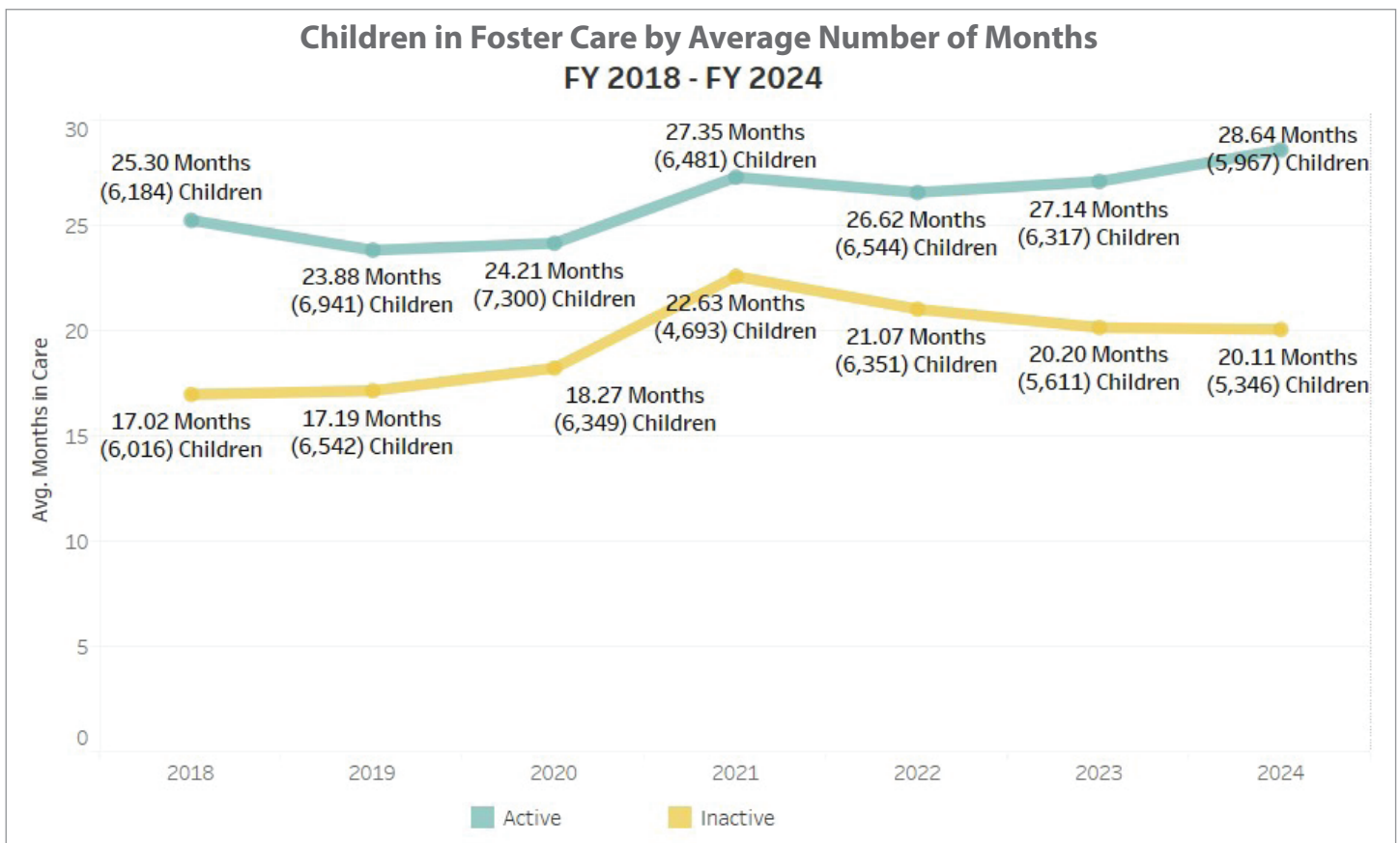


# CFCRB overview by the numbers

## Time in out-of-home care

What is the average length of stay by age group for children in out-of-home care?

Active children – children who were still in care at the end of FY 2024 – experienced an average length of stay of 28.6 months. Inactive children – children released at any time during the fiscal year – experienced an average length of stay of 20.1 months. The FY 2024 average length of stay was 24.6 months which is consistent with the average length of stay for FY 2023.

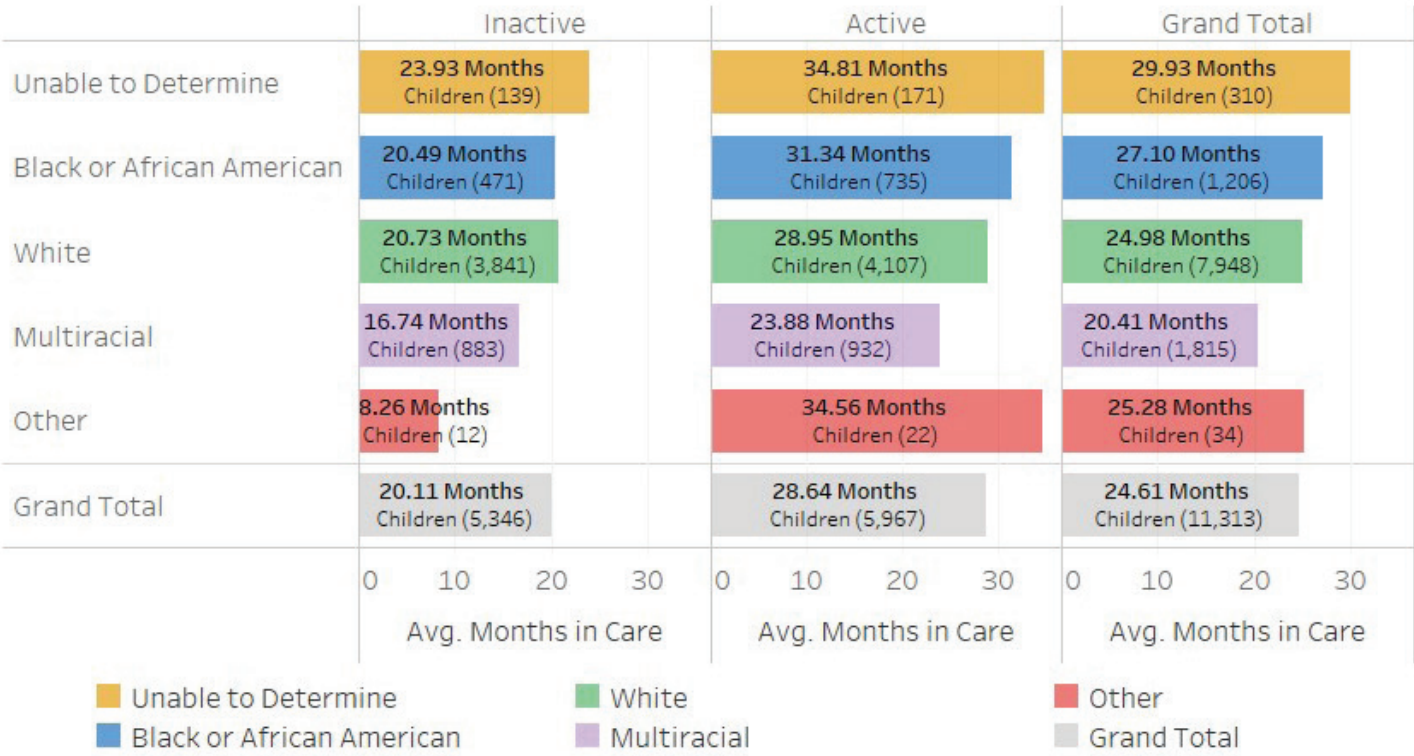


On average Black children spend 27.1 months in care, which is 8% longer than the 24.98 months White children experience.

It should be noted that in calculating the average length of stay, children who were in care less than 24 hours are counted as “zero” for the length of time in care. These are children who may have been in the process of being removed from the home when a suitable relative assumed custody of the child. When taking into account these zeros, it may actually skew the average to the lower end of the spectrum.

*Note: Statistics captured in this chart represent all children whose cases were reviewed between July 1, 2023, and June 30, 2024.*

**Foster Care Children by Race FY 2024**  
**Average Months in Care**





# CFCRB overview by the numbers

## Exiting out-of-home care

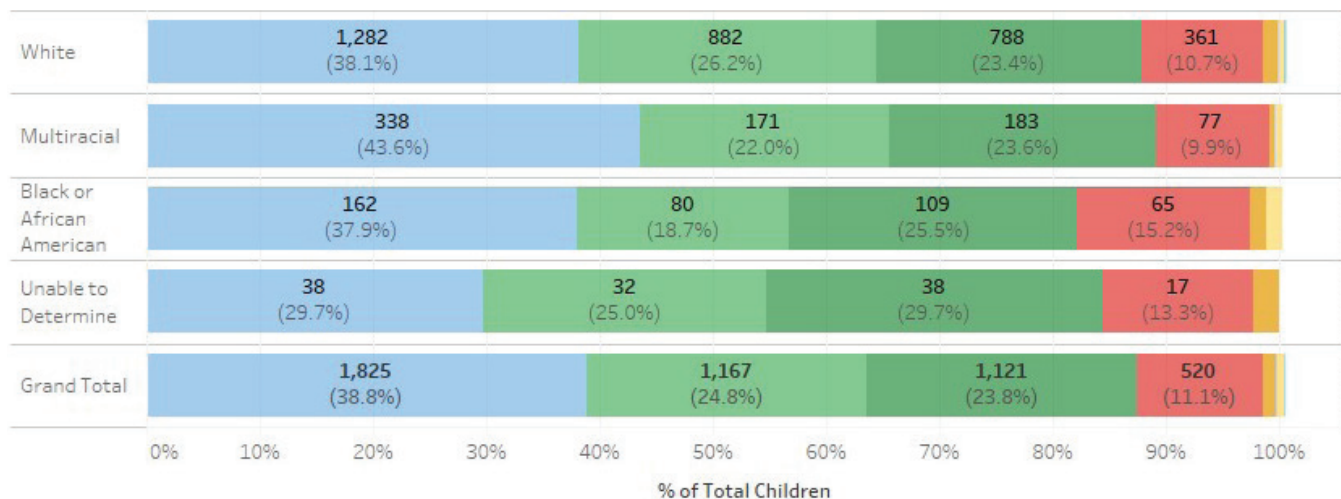
### Why are children released from out-of-home care?

In FY 2024, 4,702 children were released from out-of-home care. Of the children released, 39 percent were reunified with parents or primary guardians, and 24 percent were placed with relatives or fictive kin, this is consistent with FY 2023. Twenty-five percent of black children were placed with relatives or fictive kin compared to 24 percent of white children.

Children aging out of care accounts for 11 percent of the releases however, 15 percent of black children aged out of care. This is significant as children aging out of care do not obtain permanency.

The chart shows the race of youth leaving care in FY 2024 broken down by release type.

**Children in Foster Care By Race & Release Type**  
FY 2024



\*Other Race not included (see table below)

■ Reunification - Parent / Primary Caretaker
 ■ Aged Out
 ■ Transfer to Another Agency
 ■ Successor Guardian
 ■ Death
 ■ Fictive Kin
 ■ Unknown

	Reunification - Parent / Primary Caretaker	Adoption	Placed with relatives	Aged Out	Successor Guardian	Transfer to Another Agency	Fictive Kin	Death	Unknown	Grand Total
White	1,282	882	788	361	43	16	4	2	1	3,361
Multiracial	338	171	183	77	4	4	1			776
Black or African American	162	80	109	65	6	6				427
Unable to Determine	38	32	38	17	3					128
Other	5	2	3							10
Grand Total	1,825	1,167	1,121	520	56	26	5	2	1	4,702



## Permanency through adoption

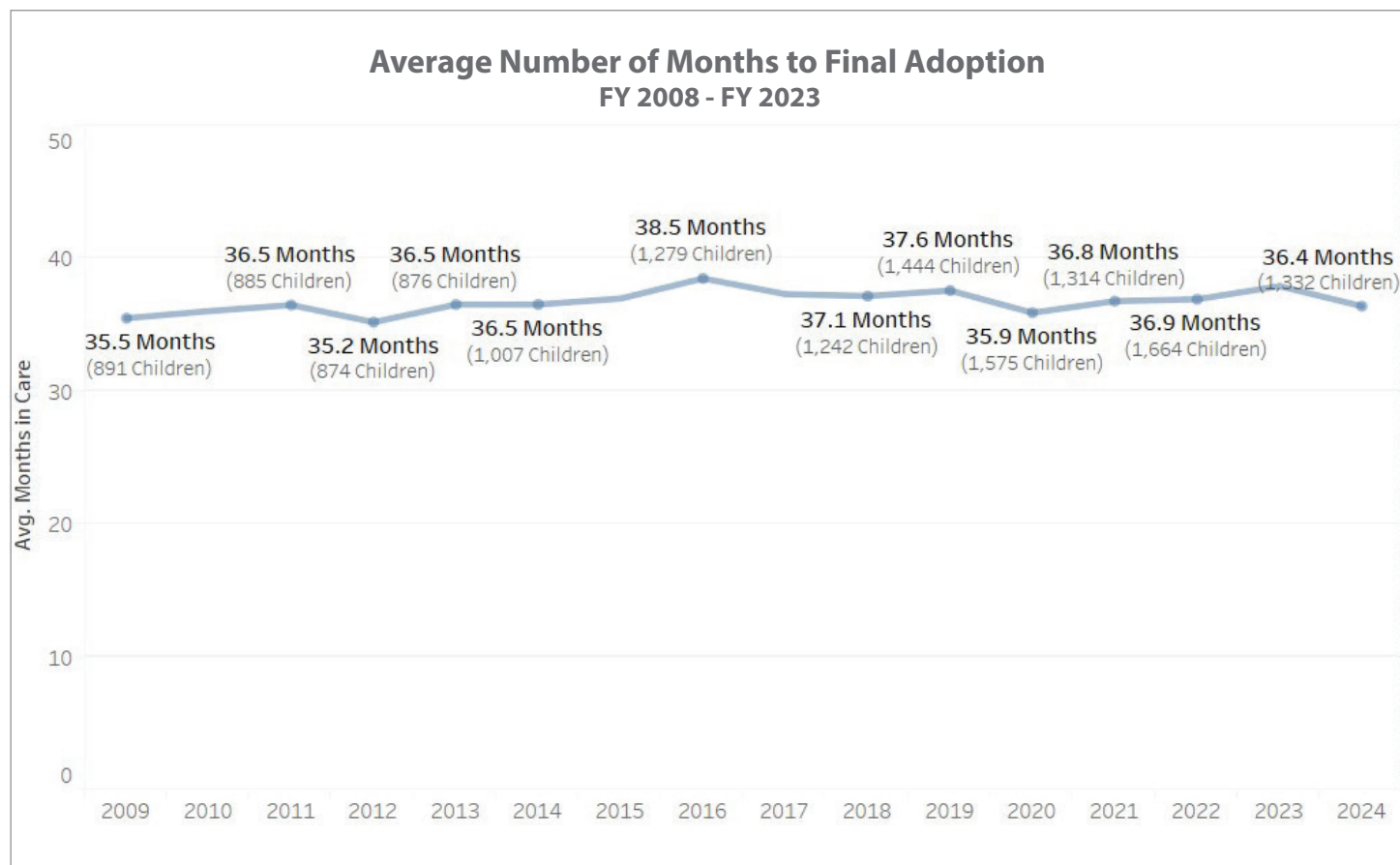
### What percentage of children in out-of-home care were adopted?

Of the children released from care in FY 2024, 25 percent achieved permanency through adoption, which is consistent with FY 2023 which also saw 25 percent of released children achieve permanency through adoption. Nationwide,

children released from care by adoption have declined since reaching a high in 2019.

Data reflected children who exited care because of a finalized adoption spent 36.4 months in care prior to adoption.

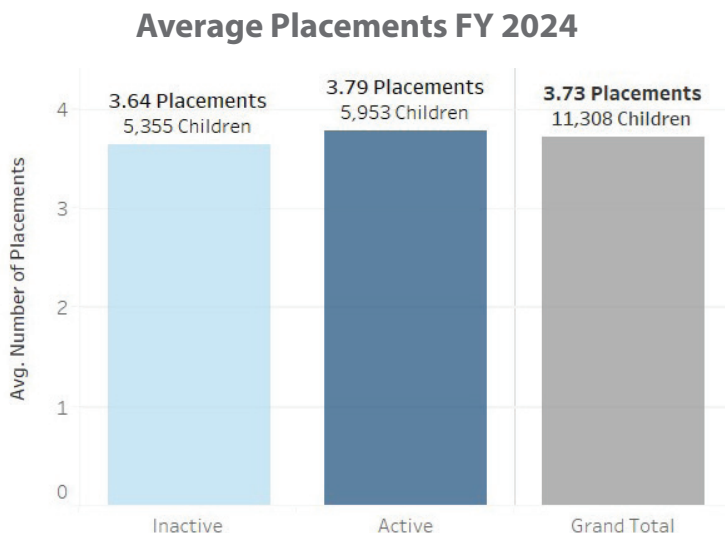
The chart illustrates the average number of months to finalize adoption for children in foster care from FY 2009 to 2024.



## Placement stability

### What do fewer out-of-home placements mean for children in foster care?

Fewer placements create stability and lessen the trauma for children in care. Kentucky's children experienced an average of 3.73 placements per commitment during FY 2024 compared to the national average of 4.48. In FY 2024 a total of 104 children experienced more than three moves in a 6-month time frame. This is a slight increase from the 97 children who experienced more than 3 moves in 6-months in FY 2023.



# Elevating the voice of lived experience

**M**y name is Lexie Caldwell. I am a single mother of two amazing children. Adilyn is 9 years old and Copelin is 5. I have a full time job helping recovering addicts and even those that are still stuck in addiction searching for a way out.

Back in 2020 my fiancé committed suicide, and my drug addiction with heroin began. After using for only one month I had already lost my job, my home, and my children. When I lost custody of my kids, every ounce of hope that I had left was gone. Most people would have used that toward the good and worked on getting better to regain custody back, but all I used it for was an excuse to get even higher, to continue numbing my pain and doing whatever I could to make people feel sorry for me to get my next high. For the next year and a half I spiraled. I was in a coma once and overdosed more times than I can count. I was looking for an easy way out, and I truly did not want to live another day.



**Lexie Caldwell**  
*Opioid Quick Response Team*

Finally, my mom was able to get a warrant on me. Instead of her dropping the charges like myself and other people in my family begged her to do, the court system saw fit for me to spend 5 months in jail. While I was in there they offered me Drug Court. I had a few friends that had went through the program and it worked for them so I slowly started seeing a little light. I started feeling a little faith, and hope. I knew in my heart if it worked for them it surely could work for me because at this point I knew I wanted my life back and right in front of my eyes was a way to get it all back.

I began Drug Court in September 2021. By Mother's Day 2023, I had full custody back of both my children. There is no possible way I would have been at a place in my life to get them back without Drug Court. My case worker, whom is still very close to me today, had my back throughout my journey. I'm not sure there is anything she wouldn't help me do. She has truly helped shape me into the woman and mother I am today! You don't really realize how much you matter to the Drug Court Team until it comes down to them being willing to write a letter to the family court judge, or helping your family clean up numerous houses from the horrible 2022 flood, or just simply being there to tell you, you could be trying harder. Without my case worker seeing more in me than I saw in myself, I would have stopped after completing my first goal. I graduated the program in December 2023, and I can still feel her pushing me to be the best version of myself. Without her I would not be alive, without Drug Court I would not be alive, without Drug Court I would not have my babies. There are so many things that would not have been possible without Specialty Courts. A lot of people dread the program because it is so tough and very time consuming, but I would live every single second again. It was nothing less than bittersweet. For new parents going into the program, I know regaining your life back seems so far out of reach, let alone custody back of your kids, but I promise you if you are willing to take the steps necessary, the case workers, the judge, and the community will stand beside you while you accomplish every single milestone, and by the blink of an eye you are accomplishing your one year goal, and soon your five year goal. Take it from someone that lived and experienced it. I am here to be your hope. I am here to be the push that you needed, and out of everything I have said, please remember, I am here, and I am you!

# Profile of CFCRB volunteers

## Who are the CFCRB Volunteers?

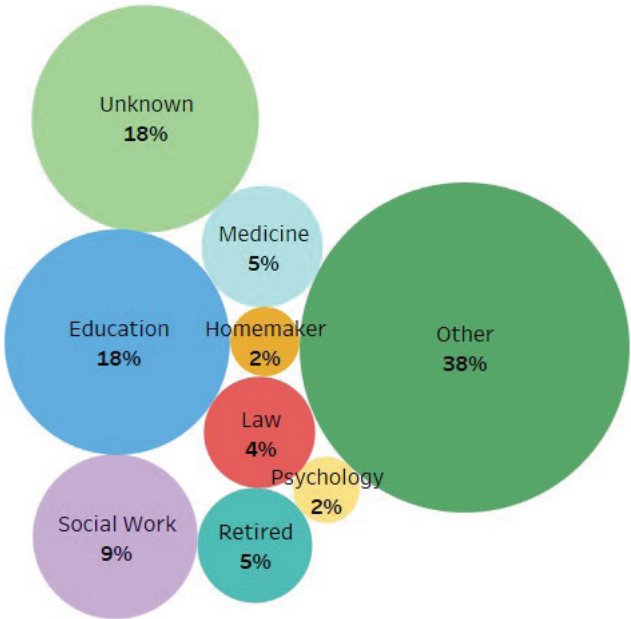
CFCRB volunteers come from a variety of educational and professional backgrounds, but all share a genuine concern for children and their welfare.

Of the 720 volunteers, 87% are female, and 38% have backgrounds in education, medicine, law, social work, and psychology. They range in age from 22 to 90, with an average age of 59. The average length of service is six years, which demonstrates their commitment to the children they serve.

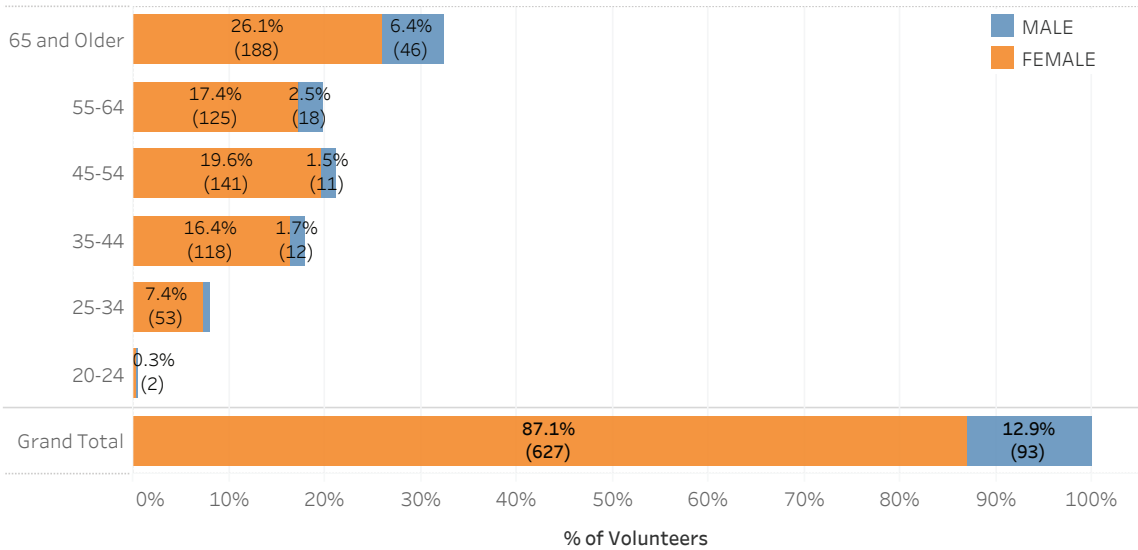
Of the volunteers, 90% are Caucasian, 7% are African American, and 2% are considered other.

The CFCRB strives to increase the diversity of our volunteer base through the efforts of our Diversity Committee and active recruitment in underrepresented populations.

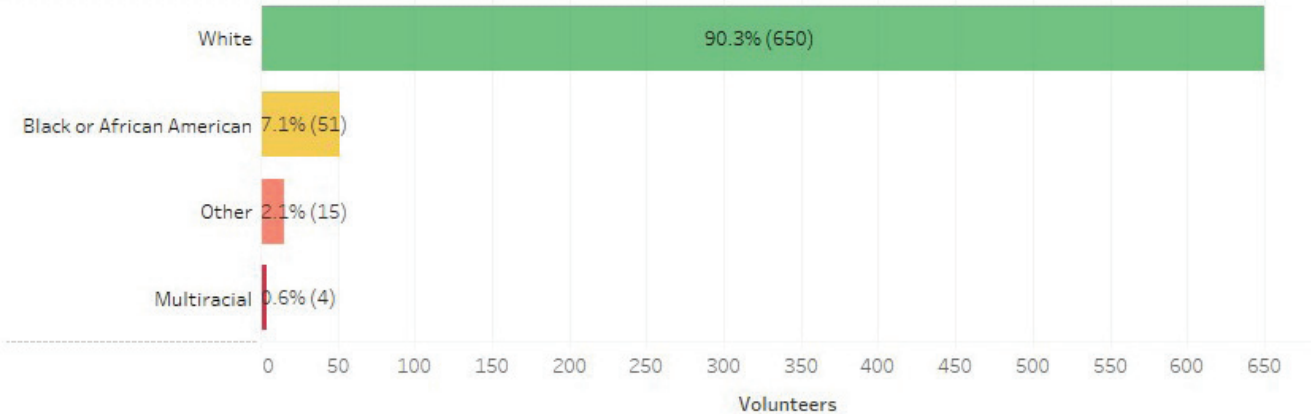
## Volunteers by Profession



## Volunteers by Age Group & Gender



## Volunteers by Race





# Working together, CFCRB volunteers make a difference

As we present our Annual Report for the Citizen Foster Care Review Board, I want to take a moment to reflect on the progress we've made and the challenges that lie ahead. This past year has been marked by significant achievements and steadfast commitment to improving the lives of children and families in our community.

Boards have worked diligently to ensure that every child in foster care receives the support and advocacy they deserve. Through our collaborative efforts, we have strengthened partnerships with agencies, caregivers, and advocates, fostering an environment that prioritizes the well-being of our most vulnerable populations.

We are proud of the strides we've made in enhancing our review processes, increasing transparency, and implementing innovative programs that address the unique needs of children in foster care. However, our work is far from over. We remain dedicated to tackling the systemic issues that affect these children, ensuring they have a voice and the opportunity to thrive.

As we move forward, I invite you to join us in this critical mission. Together, we can create a brighter future for our children, ensuring they grow up in safe, nurturing environments that foster their development and potential.

Thank you for your continued support and commitment to this important cause.



**“The heart of a volunteer is not measured in size, but by the depth of the commitment to make a difference in the lives of others.”**

**— DeAnn Hollis**



**Ashley Clark**, Executive Officer  
Family and Juvenile Services  
Administrative Office of the Courts

## Training programs help volunteers stay current



Through training programs offered by the Administrative Office of the Courts, volunteers received 3,580 hours of initial training and continued education. Training continued to be held virtually through Zoom and Microsoft Teams. These trainings include:

- CFCRB regional trainings
- Initial training
- Chair/Vice Chair trainings
- Technical trainings include Secure Documents, Forms, Conducting IPRs, Microsoft Teams, Zoom
- Legal training for dependency, neglect, and abuse cases
- Virtual trainings focused on children's issues and approved by local chairs

The CFCRB program volunteers attended a 2-part Regional Training series in April and May of 2024 which provided the six hours of required annual continuing education training. One hundred ninety-one volunteers were trained in April and one hundred forty-three volunteers were trained in May.

In 2023 volunteers and staff were offered training in

Motivational Interviewing (MI), a person-centered approach to communication that the CFCRB staff and volunteers utilize in conducting the required six-month reviews of every child in foster care. To further develop the MI knowledge base, the April 2024 CFCRB regionals provided MI booster sessions focused on building empathy and avoiding bias. A major takeaway from these trainings is that addressing biases is a collective effort and involves creating a culture of inclusivity within our boards. A big thanks to the trainers who provided the April CFCRB Trainings: Dr. Toni Stubbs, Regional Supervisor; Leigh Ann Kerr, Program Coordinator; Mark Pratt, Program Coordinator; and Linnea Viniard, Program Coordinator, for providing an excellent and enlightening training for the CFCRB volunteers!

The May trainings focused on resources available to mothers through the Kentucky Moms Maternal Assistance Towards Recovery (MATR) program, services provided for fathers through the Commonwealth Center for Fathers and Families (CCFF), as well as lived experience through a panel of inspiring mothers who completed the Drug Court program and have been successfully reunited with their children. Both Kentucky Moms MATR and the CCFF were excellent presentations. However, the panel of parents who completed Drug Court and were reunified with their children was most impactful.



# More children benefit from an interested party review

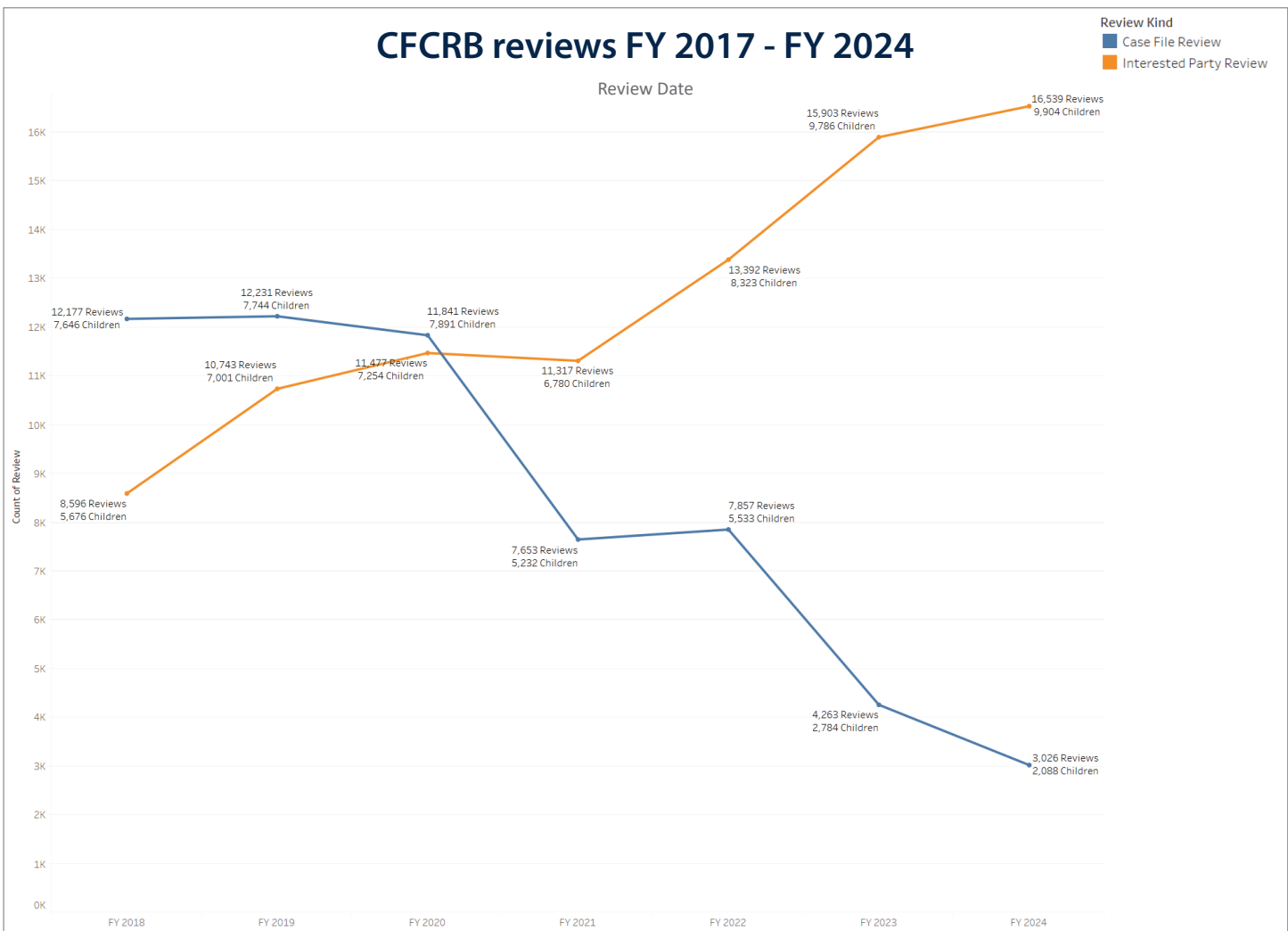
The Interested Party Review (IPR) is an interactive review process that involves Citizen Foster Care Review Board volunteers, parents, care providers, service providers, Department for Community Based Services personnel, Court Appointed Special Advocate volunteers, and attorneys for children and parents.

IPRs focus on case plans for the parents and their child, and the progress being made to secure permanency for the child. After completing the mandatory review, the Family Services program coordinator compiles a comprehensive report of

findings and recommendations and submits it to the judge responsible for the case.

In FY 2024, CFCRB volunteers conducted 16,539 intensive reviews for 9,904 children. In FY 2023, the CFCRB conducted 15,992 IPRs.

The use of IPR as the standard for reviewing cases has grown exponentially since its implementation in 2007. In its first year, only 16% of the CFCRB boards used IPR, compared with 96% in FY 2024. That means that 159 boards now use IPR across all 120 Kentucky Counties.



## CFCRB reviews FY 2024

Is Active?	Case File Review		Interested Party Review		Grand Total	
	Reviews	Children	Reviews	Children	Reviews	Children
Active	1,647	1,082	9,588	5,311	11,235	5,953
Inactive	1,379	1,006	6,951	4,593	8,330	5,355
Grand Total	3,026	2,088	16,539	9,904	19,565	11,308



## CFCRB reviews by county/local board FY 2024

Review Board Name	Case File Review		Interested Party Review		Grand Total	
	Reviews	Children	Reviews	Children	Reviews	Children
ADAIR			49	31	49	31
ALLEN			138	78	138	78
ANDERSON	61	44			61	44
ANDERSON IPR	1	1	18	18	19	19
BALLARD/CARLISLE			117	68	117	68
BARREN	121	83	18	18	139	93
BARREN IPR	2	2	207	139	209	140
BATH/MENIFEE IPR	1	1	107	57	108	57
BELL IPR	4	4	31	21	35	22
BOONE/GALLATIN	180	109			180	109
BOONE/GALLATIN IPR			246	178	246	178
BOURBON IPR	10	10	50	34	60	36
BOYD IPR	84	77	179	146	263	167
BOYLE IPR	4	4	117	67	121	68
BREATHITT	7	7	133	77	140	80
BREATHITT B			33	18	33	18
BRECKINRIDGE			111	62	111	62
BULLITT	2	2	149	97	151	99
BULLITT B			145	85	145	85
BUTLER			137	87	137	87
CALDWELL/LYON			84	55	84	55
CALLOWAY			174	105	174	105
CAMPBELL 1	111	72	1	1	112	72
CAMPBELL 2	129	74			129	74
CAMPBELL 4 IPR	1	1	196	124	197	124
CARROLL	43	40	34	33	77	61
CARROLL IPR	17	17	36	35	53	51
CARTER IPR	33	33	94	62	127	85
CASEY			39	20	39	20
CHRISTIAN			169	99	169	99
CHRISTIAN B IPR			150	91	150	91
CLARK B	66	52	9	9	75	55
CLARK IPR	13	13	229	142	242	148
CLAY IPR			118	74	118	74
CLINTON IPR			35	22	35	22
CRITTENDEN			72	48	72	48
DAVIESS A	1	1	145	82	146	83
DAVIESS B			136	87	136	87
DAVIESS C			131	82	131	82
EDMONSON			63	37	63	37
ELLIOTT/MORGAN IPR	15	15	60	37	75	47
ESTILL IPR	1	1	121	66	122	67
FAYETTE 1 IPR			201	110	201	110
FAYETTE 2 IPR			82	50	82	50
FAYETTE 4 IPR			112	60	112	60
FAYETTE A IPR			92	51	92	51
FAYETTE B IPR			68	40	68	40
FAYETTE C			74	49	74	49
FAYETTE E IPR			103	64	103	64
FAYETTE F IPR			110	72	110	72
FAYETTE G IPR			102	57	102	57
FAYETTE I IPR			111	53	111	53
FAYETTE J IPR			108	63	108	63
FLEMING/ROBERTSON	10	10	51	36	61	36
FLOYD IPR	13	9	237	123	250	127
FRANKLIN	255	140	2	2	257	140
FRANKLIN IPR	2	2	131	80	133	82
FULTON/HICKMAN			64	42	64	42
GARRARD IPR	5	5	76	40	81	45
GRANT	47	42			47	42

## CFCRB reviews by county/local board FY 2024

Review Board Name	Case File Review		Interested Party Review		Grand Total	
	Reviews	Children	Reviews	Children	Reviews	Children
GRANT IPR			47	38	47	38
GRAVES			130	79	130	79
GRAVES B			45	34	45	34
GRAYSON			202	115	202	115
GREEN			14	12	14	12
GREENUP/LEWIS IPR	66	55	107	73	173	108
HANCOCK			68	34	68	34
HARDIN A			223	165	223	165
HARDIN B			220	158	220	158
HARDIN C			181	121	181	121
HARDIN D			162	119	162	119
HARLAN IPR			60	28	60	28
HARRISON/NICHOLAS IPR	1	1	166	101	167	102
HART	4	4	109	72	113	72
HENDERSON			93	52	93	52
HENRY IPR	1	1	47	27	48	28
HOPKINS	1	1	133	78	134	79
JACKSON IPR	9	9	99	60	108	60
JEFFERSON 1	163	98			163	98
JEFFERSON 2	126	95			126	95
JEFFERSON 2 IPR			46	46	46	46
JEFFERSON 3	192	109			192	109
JEFFERSON 3 IPR			1	1	1	1
JEFFERSON 4	194	111			194	111
JEFFERSON 5			27	27	27	27
JEFFERSON 5A			157	103	157	103
JEFFERSON 6	16	16			16	16
JEFFERSON 6 IPR	34	34	170	117	204	124
JEFFERSON 7			74	49	74	49
JEFFERSON 7A			71	43	71	43
JEFFERSON 8			86	50	86	50
JEFFERSON 8A			88	48	88	48
JEFFERSON 9	45	43			45	43
JEFFERSON 9 IPR			145	94	145	94
JEFFERSON 10	29	28			29	28
JEFFERSON 10 IPR			115	77	115	77
JEFFERSON 10B IPR			42	31	42	31
JESSAMINE IPR			171	105	171	105
JOHNSON			1	1	1	1
JOHNSON IPR	27	27	66	45	93	54
KENTON 1 IPR			113	72	113	72
KENTON 2	1	1			1	1
KENTON 2 IPR			115	79	115	79
KENTON 3-Campbell	122	90			122	90
KENTON 4 IPR			142	85	142	85
KENTON 5 IPR			127	74	127	74
KENTON 6	238	145			238	145
KENTON 7 IPR			95	70	95	70
KENTON 8 IPR			125	76	125	76
KENTON C	1	1			1	1
KENTON STATUS IPR			70	42	70	42
KNOTT/PERRY IPR			92	62	92	62
KNOX IPR			179	90	179	90
LARUE			15	9	15	9
LAUREL 2			186	109	186	109
LAUREL IPR	2	2	215	127	217	127
LAWRENCE IPR	16	16	76	47	92	59
LEE/OWSLEY IPR			94	54	94	54
LESLIE			46	27	46	27
LETCHER			48	26	48	26

## CFCRB reviews by county/local board FY 2024

Review Board Name	Case File Review		Interested Party Review		Grand Total	
	Reviews	Children	Reviews	Children	Reviews	Children
LINCOLN IPR	1	1	114	63	115	63
LIVINGSTON			20	13	20	13
LOGAN			93	56	93	56
MADISON A IPR	8	6	204	104	212	110
MADISON B	8	8	160	107	168	113
MADISON C	92	80	11	11	103	82
MADISON C IPR	10	10	21	21	31	31
MAGOFFIN IPR	23	20	35	27	58	35
MARION/WASHINGTON IPR			48	30	48	30
MARSHALL			77	49	77	49
MARSHALL B			84	53	84	53
MARTIN IPR	28	28	59	45	87	62
MASON/BRACKEN IPR			173	101	173	101
MCCRACKEN A IPR			164	106	164	106
MCCRACKEN B			154	95	154	95
MCCREARY			91	55	91	55
MCLEAN			40	22	40	22
MEADE			173	95	173	95
MERCER IPR	1	1	58	39	59	40
METCALFE			53	34	53	34
MONROE/CUMBERLAND			63	33	63	33
MONTGOMERY IPR	5	5	189	117	194	118
MUHLENBERG			152	84	152	84
NELSON			82	45	82	45
OHIO			193	121	193	121
OLDHAM IPR			56	32	56	32
OWEN	1	1	38	24	39	24
PENDLETON IPR	1	1	97	59	98	59
PERRY 2			115	73	115	73
PIKE IPR A	6	6	279	174	285	175
POWELL IPR	35	33	72	53	107	60
PULASKI B IPR			25	22	25	22
PULASKI IPR	4	4	221	140	225	140
ROCKCASTLE IPR			113	72	113	72
ROWAN A IPR	15	15	78	60	93	63
ROWAN B IPR	1	1	21	21	22	21
RUSSELL	4	3	168	94	172	96
SCOTT	117	66			117	66
SCOTT IPR	1	1	84	51	85	52
SHELBY	95	58	1	1	96	58
SHELBY IPR	1.0	1	89.0	62	90.0	62
SIMPSON			76.0	56	76.0	56
SPENCER IPR	1.0	1	38.0	23	39.0	24
TAYLOR			67.0	43	67.0	43
TODD			52.0	34	52.0	34
TRIGG			9.0	5	9.0	5
TRIMBLE IPR	6.0	6	46.0	28	52.0	30
UNION	1.0	1	79.0	45	80.0	46
WARREN A IPR			121.0	66	121.0	66
WARREN B			141.0	82	141.0	82
WARREN C IPR			124.0	68	124.0	68
WARREN D IPR			117.0	63	117.0	63
WARREN E IPR			134.0	81	134.0	81
WARREN G IPR			147.0	87	147.0	87
WAYNE	6.0	6	83.0	49	89.0	49
WEBSTER			34.0	18	34.0	18
WHITLEY IPR	1.0	1	286.0	149	287.0	149
WOLFE	18.0	18	56.0	34	74.0	43
WOODFORD	9.0	8	52.0	32	61.0	33



# Celebrating positive outcomes for children

It truly takes a village to help a child grow and thrive. This section highlights the success, however big or small, of children and families who have experienced positive impacts despite their involvement in the child welfare system. We appreciate the CFCRB volunteers and staff, judges, and Cabinet for Health and Family Services staff for creating the village that makes this good news possible.

## Success Stories

### Jefferson County IPR

The Jefferson 6 IPR board reviewed a young lady in her 3rd year of college pursuing a degree in History and working three part-time jobs. She also volunteers for Young Life which is a Christian Club twice a week at a middle school which is her target age group for her future degree. She balances her work life and personal life and makes great grades.

### Fayette County IPR

The Fayette County CFCRB has reviewed a case of two siblings since 2018. The children were placed in a concurrent home and TPR was eventually granted in 2022. Then the foster family moved to Texas, along with the children, in 2021, with the intent to adopt them there. However, after moving to Texas, the foster parents' certification lapsed, leading to the children being lost between two child welfare systems. The local CFCRB learned that the DCBS case worker was having difficulty connecting with child protective services in Texas. The local CFCRB brought these concerns to the judge and the DCBS service region administrator associate. Thanks to this intervention by the CFCRB, these children were located, provided needed services and oversight, leading to them attaining permanency.

### Daviess County IPR

The Daviess County Board reviewed siblings who were adopted this year after being in foster care for 1,124 days. Though the children experience past trauma that has caused them nightmares, they are now getting the support they need to heal their mental health. The children are both doing incredibly well and are happy and healthy!

### Fayette County IPR

The Fayette County Board reviewed a sibling group of three that came into care in 2023 after the father was involved in a car wreck while being under the influence. Both parents diligently worked on their case plans and have maintained sobriety since the accident occurred. The parents are not in a relationship however, during the IPRs they were supportive and praised each other for their progress and successes. The children have now returned to the custody of their mom after a long trial home visit.

### Jefferson County IPR

The Jefferson 5A IPR board reviewed a youth who has written and published two books that are available on Amazon. Not only is she successful at writing she also carries a 4.0 GPA. This young lady participates in the law program at her high school and is considering a future in Entertainment Law.



# Advocates

## Recognizing the dedication of longtime CFCRB volunteers

*The Citizen Foster Care Review Board owes its success to the 720 volunteers who advocate for Kentucky's children. We pay tribute to several of these longtime child welfare champions.*

### **LEA FISCHBACH, Jefferson1 IPR and Jefferson 3 IPR, 35 Years of Service**



"I was a part of the first pilot program in late 1979. The Kentucky Citizen Foster Care Review Board (CFCRB) is the way to provide oversight on behalf of the kids and the parents. As a volunteer, you can create significant change for a child, which keeps me going. I have made lifelong friendships with those who

have volunteered with me throughout the years. Now, at the age of 82, I'm still making friends on the virtual Interested Party Review (IPR) boards."

### **GLORIA ROYSTER, Webster, 30 Years of Service**



"I have been a volunteer since May of 1994. I worked for the Department for Community Based Services (DCBS) as a social worker and admired people who were committed to being foster parents. A good friend of mine was a judge at the time and encouraged me to join the board. I have been an active

member ever since and enjoy serving individuals involved in the foster care system."

### **PATRICIA RAMEY, Laurel IPR, Laurel 2 and Whitley IPR, 20 Years of Service**



"I started with the Kentucky Citizen Foster Care Review Board (CFCRB) shortly after I retired from teaching. A friend asked me to participate. At the time, everything was in-person and paper reviews. I felt that volunteering could help children through a tough time in their lives.

Through my teaching experience, I've known children from whom foster care has been a very positive experience. A volunteer can be the person who has the child's back, seeking to see that all the child's needs are being covered from safety, medical, education, mental health, etc. They can also be the voice for more support. If I can be the difference for one child, it's well worth my time."

### **PAM COLLIGNON, Vice Chair Daviess, 20 Years of Service**



"My tenure on the Board has spanned several years, not always consecutive. I was employed at the Kentucky Department of Child Welfare when I was first approached about serving on the Board. It has been an enlightening experience to be able to hopefully make some positive difference in a child's life."





# A heart for children

Giving a voice to our youngest citizens takes compassion and concern for the welfare of others.

CFCRB volunteers explain their devotion to this cause.

## Why I volunteer

**Issac D. Horton, Vice Chair Jefferson 1 IPR, Vice Chair Jefferson 2 IPR, Jefferson 3 IPR, Jefferson 4 IPR, Jefferson 6 IPR, Jefferson 10 IPR, Jefferson 10B IPR and Bullitt**



"I'm a U.S. Army veteran and retired in Louisville. I was watching the news and saw a broadcast about a critical shortage of volunteers. I couldn't have imagined how impactful this role is. It's truly enjoyable. My initial reason for volunteering was my belief in helping our youth. I continue my work with

the board because of the professionalism and dedication of the people that I have had the opportunity to work with over the past year."

### Elite Wright, Jessamine IPR



"I became a member of the Kentucky Citizen Foster Care Review Board (CFCRB) to assist children. My drive is to make sure that their lives are better. Far too many children are left behind. I continue to use my heart to focus on the well-being of every child. The child in me needed and wanted

the adult in me to stand up for my well-being in my childhood. This is what led me to stand up, side by side with our future, the children. The review board is the best board that I've ever been a part of. I can be the voice that can make a difference."

### Barry Yates, Vice Chair Crittenden, Webster and Union



"I was on another board from 2015-2018 that received regular reports from Sunrise Children's Services. I mentioned to a friend who is a Department for Community Based Services (DCBS) worker in another county. She introduced me to the Citizen Foster Care Review Board and encouraged me to volunteer. I

appreciated the work that DCBS does."



### Pat Dintaman, Jefferson 1 IPR, Jefferson 6 IPR, Jefferson 8A IPR, Jefferson 9 IPR Jefferson 10 IPR, and Jefferson 10 B IPR

"My background is eclectic— mother, grandmother, "long-term" wife, classroom teacher, early interventionist, mental health supervisor, case manager and director of a supervised visitation center. I have the pleasure of serving on four Interested Party Review (IPR) boards. These experiences help me review cases. Having the opportunity to hear from all those involved in cases of children in foster care makes such a difference in comparison to the paper reviews. Reviews with input from youth are among my favorites. I continue to be impressed by other Board Members and the contributions that are made for a good review. I hope to continue to make a difference to children and families involved in the foster care system."

### Tah Nutter-Blair, Vice Chair Bourbon IPR, Vice Chair Mason/Bracken IPR and Bath/Menifee IPR



"I have a passion for helping children who need additional support. I'm currently a foster/adoptive parent with my husband; I train and/or mentor foster families and serve on the stakeholder's board but wanted to do more to help. I chose to apply for the interested party review (IPR) board positions. I think it provided a fresh

perspective being not only as a minority but holding the positions I do within community, foster care and the school system."



# CFCRB Executive Committee

The CFCRB Executive Committee oversees the operation of the State Citizen Foster Care Review Board established in KRS 620.310 (1) and (2). The State Board consists of all local review board chairs and provides for a state CFCRB chair and vice chair.

**Steven Farr, State Chair**  
sfarr@bellewoodandbrooklawn.org

**Rosalyn Patton-Pelt State Vice Chair & Legislative Committee Chair**  
rozppelt@gmail.com

**Marti Dickerson, Secretary/Treasurer**  
MARTIDSW49@yahoo.com

**Tia Humphrey, Youth Representative**  
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**Mika Tyler, Public Relations Committee Chair**  
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**Viola Miller, Training & Development Committee Chair**  
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**Kennedy Hannah, Diversity Committee Chair**  
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**Dr. Elizabeth Salt, CFCRB Representative for the Child Fatality & Near Fatality External Review Panel**  
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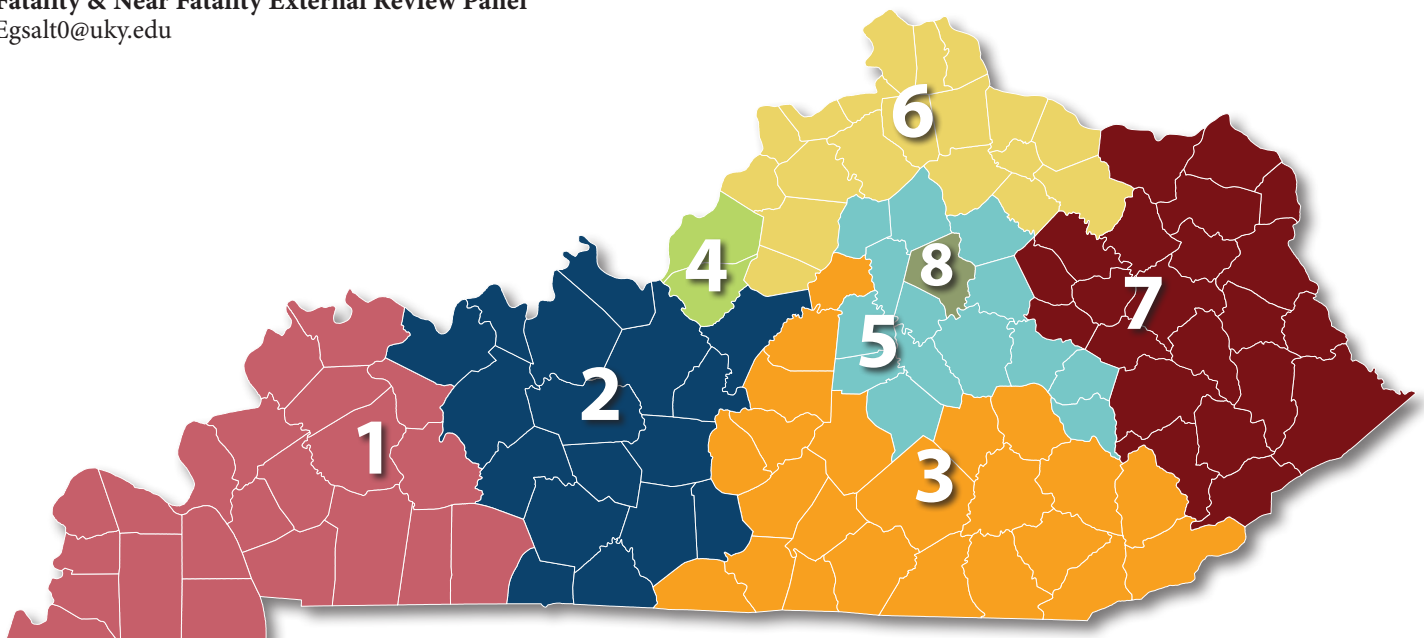
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### Region 8

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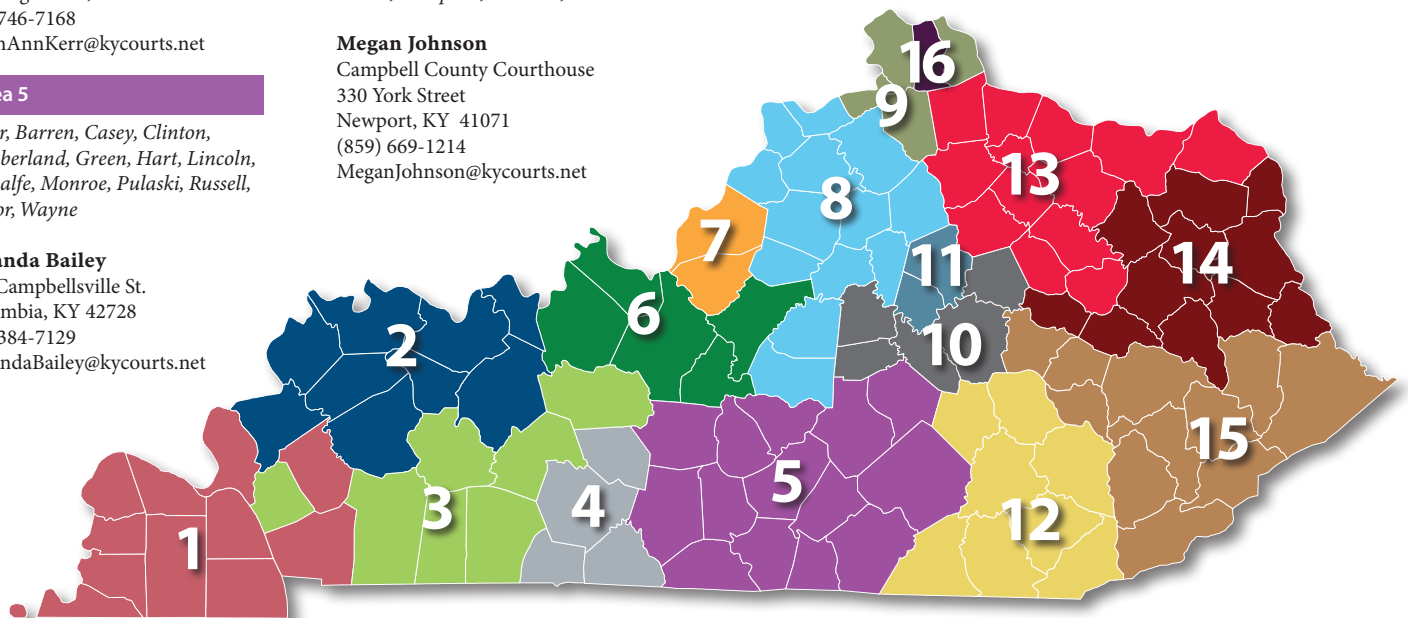
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## In memoriam

Sadly, members of the Citizen Foster Care Review Board passed away during this fiscal year. We honor and pay tribute to their memory and their dedication to the children they tirelessly advocated for throughout their service to the CFCRB. The voice they provided for the commonwealth's children in out-of-home care lives on through the CFCRB's continued commitment to children in foster care.

Barbara Claybern	Kenton 1 IPR and Campbell 4 IPR	7 years of services
Nancy Lapp	Crittenden and Livingston	6 years of service
Susan Bione	Edmonson, Warren A IPR and Warren G IPR	2 years of service
Vickie Batts	Fulton/Hickman IPR	24 years of service



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## Acknowledgments

The 2024 Kentucky Citizen Foster Care Review Board Annual Report has been prepared pursuant to Kentucky Revised Statutes 620.320(3). The report was compiled by Regional Supervisor Audrey Shields for the Department of Family & Juvenile Services, with appreciation to:

Zachary Ramsey, Director  
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*Administrative Office of the Courts*

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*Department of Family & Juvenile Services*

Eboni Thompson, Manager  
*Division of Family Services*

Dolores Smith, Statewide Operations Supervisor  
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Regional Supervisors & Program Coordinators  
*Division of Family Services*

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*Administrative Office of the Courts*

## It takes a village to protect a child







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