AN ACT relating to legislative oversight of health, welfare, and family services issues.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. KRS 21A.190 is amended to read as follows:

(1) The General Assembly respectfully requests that the Supreme Court of Kentucky institute a pilot project to study the feasibility and desirability of the opening or limited opening of court proceedings, except for proceedings related to sexual abuse, to the public which are related to:

(a) Dependency, neglect, and abuse proceedings under KRS Chapter 620; and

(b) Termination of parental rights proceedings under KRS Chapter 625.

(2) (a) The pilot project may be established in a minimum of three (3) diverse judicial districts or judicial circuits or a division or divisions thereof chosen by the Chief Justice.

(b) A pilot project authorized by this subsection shall not be established in a judicial district or judicial circuit or a division thereof when objected to by the applicable judge or county attorney.

(3) The pilot project shall:

(a) Require participating courts to be presumptively open;

(b) Last for four (4) years, unless extended or limited by the General Assembly; and

(c) Be monitored and evaluated by the Administrative Office of the Courts to determine:

1. Whether there are adverse effects resulting from the opening of certain proceedings or release of records;

2. Whether the pilot project demonstrates a benefit to the litigants;

3. Whether the pilot project demonstrates a benefit to the public;

4. Whether the pilot project supports a determination that such proceedings

should be presumptively open;

5. Whether the pilot project supports a determination that such proceedings should be closed;

6. How open proceedings under the pilot project impact the child;

7. The parameters and limits of the program;

8. Suggestions for the operation and improvement of the program;

9. Rules changes which may be needed if the program is to be made permanent and expanded to all courts; and

10. Recommendations for statutory changes which may be needed if the program is to be made permanent and expanded to all courts.

(4) The Administrative Office of the Courts:

(a) Shall provide an annual report to the Legislative Research Commission~~[, the Child Welfare Oversight and Advisory Committee established in KRS 6.943,]~~ and the Interim Joint Committee on Judiciary by September 1 of each year the program is in operation with statistics, findings, and recommendations; and

(b) May make periodic progress reports and statistical reports and provide suggestions to the Interim Joint Committee on Health and Welfare and to the Interim Joint Committee on Judiciary when determined necessary by the Chief Justice.

➔Section 2. KRS 157.065 is amended to read as follows:

(1) Any school that does not offer a school breakfast program shall submit an annual report no later than September 15 to the Kentucky Board of Education indicating the reasons for not offering the program. The report shall include the number of children enrolled at the school and the number of children who are eligible for free or reduced priced meals under the federal program.

(2) The state board shall inform the school of the value of the school breakfast program, its favorable effects on student attendance and performance, and the

availability of funds to implement the program.

(3) The commissioner of education shall submit an annual report no later than December 1 to the Interim Joint Committee on Education~~[and the Child Welfare Oversight and Advisory Committee established in KRS 6.943]~~ regarding the status of the school breakfast program including, but not limited to, information describing the schools that do not offer the program, the reasons given by the schools for not offering the program, the number of children enrolled in each school, the number of children in each school who are eligible for free or reduced priced meals under the federal program, and the action taken by the state board to encourage schools to implement the program.

➔Section 3. KRS 194A.030 is amended to read as follows:

The cabinet consists of the following major organizational units, which are hereby created:

(1) Office of the Secretary. Within the Office of the Secretary, there shall be an Office of the Ombudsman and Administrative Review, an Office of Legal Services, an Office of Inspector General, an Office of Public Affairs, an Office of Human Resource Management, an Office of Finance and Budget, an Office of Legislative and Regulatory Affairs, an Office of Administrative Services, and an Office of Application Technology Services, as follows:

(a) The Office of the Ombudsman and Administrative Review shall be headed by an executive director who shall be appointed by the secretary with the approval of the Governor under KRS 12.050 and shall:

1. Investigate, upon complaint or on its own initiative, any administrative act of an organizational unit, employee, or contractor of the cabinet, without regard to the finality of the administrative act. Organizational units, employees, or contractors of the cabinet shall not willfully obstruct an investigation, restrict access to records or personnel, or

retaliate against a complainant or cabinet employee;

2. Make recommendations that resolve citizen complaints and improve governmental performance and may require corrective action when policy violations are identified;

3. Provide evaluation and information analysis of cabinet performance and compliance with state and federal law;

4. Place an emphasis on research and best practices, program accountability, quality service delivery, and improved governmental performance;

5. Provide information on how to contact the office for public posting at all offices where Department for Community Based Services employees or contractors work, at any facility where a child in the custody of the cabinet resides, and to all cabinet or contracted foster parents;

6. Report to the Office of Inspector General for review and investigation any charge or case against an employee of the Cabinet for Health and Family Services where it has cause to believe the employee has engaged in dishonest, unethical, or illegal conduct or practices related to his or her job duties; or any violation of state law or administrative regulation by any organization or individual regulated by, or contracted with the cabinet;

7. Compile a report of all citizen complaints about programs or services of the cabinet and a summary of resolution of the complaints and submit the report upon request to the ~~[Child Welfare Oversight and Advisory Committee established in KRS 6.943, and the]~~Interim Joint Committee on Health and Welfare and Family Services;

8. Include oversight of administrative hearings; and

9. Provide information to the Office of the Attorney General, when

requested, related to substantiated violations of state law against an employee, a contractor of the cabinet, or a foster or adoptive parent;

(b) The Office of Legal Services shall provide legal advice and assistance to all units of the cabinet in any legal action in which it may be involved. The Office of Legal Services shall employ all attorneys of the cabinet who serve the cabinet in the capacity of attorney, giving legal advice and opinions concerning the operation of all programs in the cabinet. The Office of Legal Services shall be headed by a general counsel who shall be appointed by the secretary with the approval of the Governor under KRS 12.050 and 12.210. The general counsel shall be the chief legal advisor to the secretary and shall be directly responsible to the secretary. The Attorney General, on the request of the secretary, may designate the general counsel as an assistant attorney general under the provisions of KRS 15.105;

(c) The Office of Inspector General shall be headed by an inspector general who shall be appointed by the secretary with the approval of the Governor. The inspector general shall be directly responsible to the secretary. The Office of Inspector General shall be responsible for:

1. The conduct of audits and investigations for detecting the perpetration of fraud or abuse of any program by any client, or by any vendor of services with whom the cabinet has contracted; and the conduct of special investigations requested by the secretary, commissioners, or office heads of the cabinet into matters related to the cabinet or its programs;
2. Licensing and regulatory functions as the secretary may delegate;
3. Review of health facilities participating in transplant programs, as determined by the secretary, for the purpose of determining any violations of KRS 311.1911 to 311.1959, 311.1961, and 311.1963;

4. The duties, responsibilities, and authority pertaining to the certificate of need functions and the licensure appeals functions, pursuant to KRS Chapter 216B; and

5. The notification and forwarding of any information relevant to possible criminal violations to the appropriate prosecuting authority;

(d) The Office of Public Affairs shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide information to the public and news media about the programs, services, and initiatives of the cabinet;

(e) The Office of Human Resource Management shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall coordinate, oversee, and execute all personnel, training, and management functions of the cabinet. The office shall focus on the oversight, development, and implementation of quality improvement services; curriculum development and delivery of instruction to staff; the administration, management, and oversight of training operations; health, safety, and compliance training; and equal employment opportunity compliance functions;

(f) The Office of Finance and Budget shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide central review and oversight of budget, contract, and cabinet finances. The office shall provide coordination, assistance, and support to program departments and independent review and analysis on behalf of the secretary;

(g) The Office of Legislative and Regulatory Affairs shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide central

review and oversight of legislation, policy, and administrative regulations. The office shall provide coordination, assistance, and support to program departments and independent review and analysis on behalf of the secretary;

(h) The Office of Administrative Services shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide central review and oversight of procurement, general accounting including grant monitoring, and facility management. The office shall provide coordination, assistance, and support to program departments and independent review and analysis on behalf of the secretary; and

(i) The Office of Application Technology Services shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide application technology services including central review and oversight. The office shall provide coordination, assistance, and support to program departments and independent review and analysis on behalf of the secretary;

(2) Department for Medicaid Services. The Department for Medicaid Services shall serve as the single state agency in the Commonwealth to administer Title XIX of the Federal Social Security Act. The Department for Medicaid Services shall be headed by a commissioner for Medicaid services, who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for Medicaid services shall be a person who by experience and training in administration and management is qualified to perform the duties of this office. The commissioner for Medicaid services shall exercise authority over the Department for Medicaid Services under the direction of the secretary and shall only fulfill those responsibilities as delegated by the secretary;

(3) Department for Public Health. The Department for Public Health shall develop and

operate all programs of the cabinet that provide health services and all programs for assessing the health status of the population for the promotion of health and the prevention of disease, injury, disability, and premature death. This shall include but not be limited to oversight of the Division of Women's Health. The Department for Public Health shall be headed by a commissioner for public health who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for public health shall be a duly licensed physician who by experience and training in administration and management is qualified to perform the duties of this office. The commissioner shall advise the head of each major organizational unit enumerated in this section on policies, plans, and programs relating to all matters of public health, including any actions necessary to safeguard the health of the citizens of the Commonwealth. The commissioner shall serve as chief medical officer of the Commonwealth. The commissioner for public health shall exercise authority over the Department for Public Health under the direction of the secretary and shall only fulfill those responsibilities as delegated by the secretary;

(4) Department for Behavioral Health, Developmental and Intellectual Disabilities. The Department for Behavioral Health, Developmental and Intellectual Disabilities shall develop and administer programs for the prevention of mental illness, intellectual disabilities, brain injury, developmental disabilities, and substance abuse disorders and shall develop and administer an array of services and support for the treatment, habilitation, and rehabilitation of persons who have a mental illness or emotional disability, or who have an intellectual disability, brain injury, developmental disability, or a substance abuse disorder. The Department for Behavioral Health, Developmental and Intellectual Disabilities shall be headed by a commissioner for behavioral health, developmental and intellectual disabilities who shall be appointed by the secretary with the approval of the Governor under KRS 12.050.

The commissioner for behavioral health, developmental and intellectual disabilities shall be by training and experience in administration and management qualified to perform the duties of the office. The commissioner for behavioral health, developmental and intellectual disabilities shall exercise authority over the department under the direction of the secretary, and shall only fulfill those responsibilities as delegated by the secretary;

(5) Office for Children with Special Health Care Needs. The duties, responsibilities, and authority set out in KRS 200.460 to 200.490 shall be performed by the office. The office shall advocate the rights of children with disabilities and, to the extent that funds are available, shall ensure the administration of services for children with disabilities as are deemed appropriate by this office pursuant to Title V of the Social Security Act. The office may promulgate administrative regulations under KRS Chapter 13A as may be necessary to implement and administer its responsibilities. The duties, responsibilities, and authority of the Office for Children with Special Health Care Needs shall be performed through the office of the executive director. The executive director shall be appointed by the secretary with the approval of the Governor under KRS 12.050;

(6) Department for Family Resource Centers and Volunteer Services. The Department for Family Resource Centers and Volunteer Services shall streamline the various responsibilities associated with the human services programs for which the cabinet is responsible. This shall include, but not be limited to, oversight of the Division of Family Resource and Youth Services Centers and Serve Kentucky. The Department for Family Resource Centers and Volunteer Services shall be headed by a commissioner who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for family resource centers and volunteer services shall be by training and experience in administration and management qualified to perform the duties of the office, shall exercise authority

over the department under the direction of the secretary, and shall only fulfill those responsibilities as delegated by the secretary;

(7) The Office of Health Data and Analytics shall identify and innovate strategic initiatives to inform public policy initiatives and provide opportunities for improved health outcomes for all Kentuckians through data analytics. The office shall provide leadership in the redesign of the health care delivery system using electronic information technology as a means to improve patient care and reduce medical errors and duplicative services. The office shall facilitate the purchase of individual and small business health insurance coverage for Kentuckians. The office shall be headed by an executive director appointed by the secretary with the approval of the Governor under KRS 12.050;

(8) Department for Community Based Services. The Department for Community Based Services shall administer and be responsible for child and adult protection, violence prevention resources, foster care and adoption, permanency, and services to enhance family self-sufficiency, including child care, social services, public assistance, and family support. The department shall be headed by a commissioner appointed by the secretary with the approval of the Governor in accordance with KRS 12.050;

(9) Department for Income Support. The Department for Income Support shall be responsible for child support enforcement and disability determination. The department shall serve as the state unit as required by Title II and Title XVI of the Social Security Act, and shall have responsibility for determining eligibility for disability for those citizens of the Commonwealth who file applications for disability with the Social Security Administration. The department shall be headed by a commissioner appointed by the secretary with the approval of the Governor in accordance with KRS 12.050; and

(10) Department for Aging and Independent Living. The Department for Aging and Independent Living shall serve as the state unit as designated by the Administration

on Aging Services under the Older Americans Act and shall have responsibility for administration of the federal community support services, in-home services, meals, family and caregiver support services, elder rights and legal assistance, senior community services employment program, the state health insurance assistance program, state home and community based services including home care, Alzheimer's respite services and the personal care attendant program, certifications of assisted living facilities, the state Council on Alzheimer's Disease and other related disorders, and guardianship services. The department shall also administer the Long-Term Care Ombudsman Program and the Medicaid Home and Community Based Waivers Participant Directed Services Option (PDS) Program. The department shall serve as the information and assistance center for aging and disability services and administer multiple federal grants and other state initiatives. The department shall be headed by a commissioner appointed by the secretary with the approval of the Governor in accordance with KRS 12.050.

➔Section 4. KRS 194A.365 is amended to read as follows:

The cabinet shall make an annual report to the Governor***, the Legislative Research Commission,***~~[, the Child Welfare Oversight and Advisory Committee established in KRS 6.943,]~~ and the Chief Justice. The report shall be tendered not later than December 1 of each year and shall include information for the previous fiscal year. The report shall include, but not be limited to, the following information:

(1) The number of children under an order of dependent, status, public, or voluntary commitment to the cabinet, according to: permanency planning goals, current placement, average number of placements, type of commitment, and the average length of time children remain committed to the cabinet;

(2) The number of children in the custody of the cabinet in the following types of residential placements, the average length of stay in these placements, and the average number of placements experienced by these children: family foster homes,

private child care facilities, and placement with biological parent or person exercising custodial control or supervision;

(3) The number of children in the custody of the cabinet eligible for adoption, the number placed in an adoptive home, and the number ineligible for adoption and the reasons therefor;

(4) The cost in federal and state general funds to care for the children defined in subsections (1) and (2) of this section, including the average cost per child for each type of placement, direct social worker services, operating expenses, training, and administrative costs; and

(5) Any other matters relating to the care of foster children that the cabinet deems appropriate and that may promote further understanding of the impediments to providing permanent homes for foster children.

➔Section 5. KRS 199.665 is amended to read as follows:

(1) As used in this section, unless the context otherwise requires;

(a) "Cabinet" means the Cabinet for Health and Family Services;

(b) "Performance-based contracting" means an approach that stresses permanency outcomes for children and utilizes a payment structure that reinforces provider agencies' efforts to offer services that improve the outcomes for children; and

(c) "Secretary" means the secretary of the Cabinet for Health and Family Services.

(2) The secretary shall designate a study group to make recommendations regarding the creation and implementation of performance-based contracting for licensed child-caring facilities and child-placing agencies in the Commonwealth.

(3) The study group shall be composed of the following members:

(a) The secretary;

(b) The commissioner for the Department for Community Based Services;

(c) The director of the Administrative Office of the Courts, or designee;

(d) The executive director of the Governor's Office of Early Childhood, or designee;

(e) One (1) adult who was a former foster child in the Commonwealth;

(f) One (1) adult who is a current or former foster parent in the Commonwealth;

(g) Two (2) employees of a licensed child-placing agency;

(h) Two (2) employees of a licensed child-caring facility; and

(i) Any personnel within the Department for Community Based Services that the secretary deems necessary.

(4) In its deliberations, the study group shall include but not be limited to analysis of improved timeliness and likelihood of permanency such as reunification, adoption, or guardianship; fewer moves for children in foster care; and reduced instances of reentry into care.

(5) The study group shall report its recommendations by December 1, 2018, to the Governor ***and*** ~~[,]~~ the Interim Joint Committees on Appropriations and Revenue and Health and Welfare and Family Services~~[, and the Child Welfare Oversight and Advisory Committee established in KRS 6.943]~~. The study group shall cease to operate after the delivery of the recommendations required by this subsection.

(6) By July 1, 2019, the cabinet shall:

(a) Establish and implement performance-based contracting for licensed child-caring facilities and child-placing agencies that contract with the department for services; and

(b) Apply and implement all standards, processes, and procedures established for performance-based contracting for licensed child-caring facilities and child-placing agencies in accordance with paragraph (a) of this subsection to all other cabinet-operated programs that are like those operated by child-caring facilities and child-placing agencies.

(7) The cabinet shall promulgate administrative regulations to implement this section.

➔Section 6. KRS 199.8943 is amended to read as follows:

(1) As used in this section:

(a) "Federally funded time-limited employee" has the same meaning as in KRS 18A.005;

(b) "Primary school program" has the same meaning as in KRS 158.031(1); and

(c) "Public-funded" means a program which receives local, state, or federal funding.

(2) The Early Childhood Advisory Council shall, in consultation with early care and education providers, the Cabinet for Health and Family Services, and others, including but not limited to child-care resource and referral agencies and family resource centers, Head Start agencies, and the Kentucky Department of Education, develop a quality-based graduated early care and education program rating system for public-funded licensed child-care and certified family child-care homes, public-funded preschool, and Head Start, based on but not limited to:

(a) Classroom and instructional quality;

(b) Administrative and leadership practices;

(c) Staff qualifications and professional development; and

(d) Family and community engagement.

(3) (a) The Cabinet for Health and Family Services shall, in consultation with the Early Childhood Advisory Council, promulgate administrative regulations in accordance with KRS Chapter 13A to implement the quality-based graduated early childhood rating system for public-funded child-care and certified family child-care homes developed under subsection (2) of this section.

(b) The Kentucky Department of Education shall, in consultation with the Early Childhood Advisory Council, promulgate administrative regulations in accordance with KRS Chapter 13A to implement the quality-based graduated early childhood rating system, developed under subsection (2) of this section,

for public-funded preschool.

(c) The administrative regulations promulgated in accordance with paragraphs (a) and (b) of this subsection shall include:

1. Agency time frames of reviews for rating;

2. An appellate process under KRS Chapter 13B; and

3. The ability of providers to request reevaluation for rating.

(4) The quality-based early childhood rating system shall not be used for enforcement of compliance or in any punitive manner.

(5) The Early Childhood Advisory Council, in consultation with the Kentucky Center for Education and Workforce Statistics, the Kentucky Department of Education, and the Cabinet for Health and Family Services, shall report by October 1 of each year to the Interim Joint Committee on Education~~[and the Child Welfare Oversight and Advisory Committee established in KRS 6.943]~~ on the implementation of the quality-based graduated early childhood rating system. The report shall include the following quantitative performance measures as data becomes available:

(a) Program participation in the rating system;

(b) Ratings of programs by program type;

(c) Changes in student school-readiness measures;

(d) Longitudinal student cohort performance data tracked through student completion of the primary school program; and

(e) Long-term viability recommendations for sustainability at the end of the Race to the Top-Early Learning Challenge grant.

(6) By November 1, 2017, the Early Childhood Advisory Council and the Cabinet for Health and Family Services shall report to the Interim Joint Committee on Education and the Interim Joint Committee on Health and Welfare on recommendations and plans for sustaining program quality after the depletion of federal Race to the Top-Early Learning Challenge grant funds.

(7) Any federally funded time-limited employee personnel positions created as a result of the federal Race to the Top-Early Learning Challenge grant shall be eliminated upon depletion of the grant funds.

➔Section 7. KRS 199.8983 is amended to read as follows:

(1) There is hereby created the Kentucky Child Care Advisory Council to be composed of eighteen (18) members. The members appointed by the Governor shall serve a term of three (3) years. The appointed members of the council shall be geographically and culturally representative of the population of the Commonwealth. For administrative purposes, the council shall be attached to the department. The members shall be as follows:

(a) The commissioner of the department, or designee;

(b) Four (4) members appointed by the Governor representing child-care center providers licensed pursuant to this chapter;

(c) Two (2) members appointed by the Governor representing family child-care home providers licensed pursuant to this chapter;

(d) Three (3) members appointed by the Governor who are parents, de facto custodians, guardians, or legal custodians of children receiving services from child-care centers or family child-care homes licensed pursuant to this chapter;

(e) Three (3) members appointed by the Governor from the private sector who are knowledgeable about education, health, and development of children;

(f) The director of the Division of Child Care within the department, or designee, as a nonvoting ex officio member;

(g) The commissioner of education, Education and Workforce Development Cabinet, or designee, as a nonvoting ex officio member;

(h) The executive director of the Governor's Office of Early Childhood, or designee, as a nonvoting ex officio member;

(i) The commissioner of the Department for Public Health within the cabinet, or designee, as a nonvoting ex officio member; and

(j) The state fire marshal, Public Protection Cabinet, or designee, as a nonvoting ex officio member;

(2) The council shall have two (2) co-chairpersons. One (1) co-chairperson shall be the commissioner of the department, or designee, and one (1) co-chairperson shall be elected by the voting members of the council.

(3) Members shall serve until a successor has been appointed. If a vacancy on the council occurs, the Governor shall appoint a replacement for the remainder of the unexpired term.

(4) Members shall serve without compensation but shall be reimbursed for reasonable and necessary expenses in accordance with state travel expenses and reimbursement administrative regulations.

(5) The council shall meet at least quarterly and at other times upon call of the co-chairpersons.

(6) The council shall advise the cabinet on matters affecting the operations, funding, and licensing of child-care centers and family child-care homes. The council shall provide input and recommendations for ways to improve quality, access, and outcomes.

(7) The council shall make an annual report by December 1 that provides summaries and recommendations to address the availability, affordability, accessibility, and quality of child care in the Commonwealth. A copy of the annual report shall be provided to the secretary, the Governor, ***and*** the Legislative Research Commission~~[, and the Child Welfare Oversight and Advisory Committee established in KRS 6.943]~~.

➔Section 8. KRS 200.575 is amended to read as follows:

(1) As used in this section, unless the context otherwise requires:

(a) "Department" means the Department for Community Based Services; and

(b) "Family preservation services" means programs that:

1. Follow intensive, home-based service models with demonstrated effectiveness in reducing or avoiding the need for out-of-home placement;

2. Provide such services that result in lower costs than would out-of-home placement; and

3. Employ specially trained caseworkers who shall:

a. Provide at least half of their services in the family's home or other natural community setting;

b. Provide direct therapeutic services available twenty-four (24) hours per day for a family;

c. Aid in the solution of practical problems that contribute to family stress so as to effect improved parental performance and enhanced functioning of the family unit;

d. Arrange for additional assistance, including but not limited to housing, child care, education, and job training, emergency cash grants, state and federally funded public assistance, and other basic support needs; and

e. Supervise any paraprofessionals or "family aides" made available to provide specialized services or skills to manage everyday problems and better provide and care for children.

(2) The department shall be the lead administrative agency for family preservation services and may receive funding for the implementation of these services. The department shall:

(a) Provide the coordination of and planning for the implementation of family preservation services;

(b) Provide standards for family preservation services programs;

(c) Monitor these services to ensure they meet measurable standards of performance as set forth in state law and as developed by the department; and

(d) Provide the initial training and approve any ongoing training required by providers of family preservation services.

(3) The department may provide family preservation services directly or may contract to provide these services. In the event the department provides family preservation services with state caseworkers, those caseworkers and cases shall be excluded for the overall caseworker or case averages provided on a quarterly basis to the Legislative Research Commission and the Governor's office under KRS 199.461. Family preservation services caseworkers and cases shall be included in the report as a separate category.

(4) If the department contracts to provide family preservation services, the contract shall include:

(a) Requirements for acceptance of any client referred by the department for family preservation services;

(b) Caseload standards per caseworker;

(c) Provision of twenty-four (24) hour crisis intervention services to families served by the program;

(d) Minimum initial and ongoing training standards for family preservation services staff; and

(e) Internal programmatic evaluation and cooperation with external evaluation as directed by the department.

(5) Family preservation services shall be provided only to those children who are at actual, imminent risk of out-of-home placement:

(a) Who are at risk of commitment as dependent, abused, or neglected;

(b) Who are emotionally disturbed; and

(c) Whose families are in conflict such that they are unable to exercise reasonable control of the child.

(6) Families in which children are at risk of recurring sexual abuse perpetrated by a member of their immediate household who remains in close physical proximity to the victim or whose continued safety from recurring abuse cannot be reasonably ensured, shall not be eligible for family preservation services.

(7) The implementation of family preservation services shall be limited to those situations where protection can be ensured for children, families, and the community.

(8) The provision of family preservation services to a family shall constitute a reasonable effort by the Cabinet for Health and Family Services to prevent the removal of a child from the child's home under KRS 620.140, provided that the family has received timely access to other services from the Cabinet for Health and Family Services for which the family is eligible.

(9) Acceptance of family preservation services shall not be considered an admission to any allegation that initiated the investigation of the family, nor shall refusal of family preservation services be considered as evidence in any proceeding except where the issue is whether the Cabinet for Health and Family Services has made reasonable efforts to prevent removal of a child.

(10) No family preservation services program shall compel any family member to engage in any activity or refrain from any activity, which is not reasonably related to remedying any condition that gave rise, or which could reasonably give rise, to any finding of child abuse, neglect, or dependency.

(11) The commissioner of the department shall conduct and submit to the ***Legislative Research Commission*** ~~[Child Welfare Oversight and Advisory Committee established in KRS 6.943,]~~ an annual evaluation of the family preservation services, which shall include the following:

(a) The number of families receiving family preservation services, the number of children in those families, and the number of children in those families who would have been placed in out-of-home care if the family preservation services had not be available;

(b) Among those families receiving family preservation services, the number of children placed outside the home;

(c) The average cost per family of providing family preservation services;

(d) The number of children who remain reunified with their families six (6) months and one (1) year after completion of the family preservation services; and

(e) An overall evaluation of the progress of family preservation services programs during the preceding year, recommendations for improvements in the delivery of this service, and a plan for the continued development of family preservation services to ensure progress towards statewide availability.

(12) Nothing in this section shall prohibit the department from developing other in-home services in accordance with its statutory authority to promulgate administrative regulations in accordance with KRS Chapter 13A or to enter into contractual arrangements in accordance with KRS Chapter 45.

➔Section 9. KRS 211.684 is amended to read as follows:

(1) For the purposes of KRS Chapter 211:

(a) "Child fatality" means the death of a person under the age of eighteen (18) years;

(b) "Local child and maternal fatality response team" and "local team" means a community team composed of representatives of agencies, offices, and institutions that investigate child and maternal deaths, including but not limited to, coroners, social service workers, medical professionals, law enforcement officials, and Commonwealth's and county attorneys; and

(c) "Maternal fatality" means the death of a woman within one (1) year of giving birth.

(2) The Department for Public Health may establish a state child and maternal fatality review team. The state team may include representatives of public health, social services, law enforcement, prosecution, coroners, health-care providers, and other agencies or professions deemed appropriate by the commissioner of the department.

(3) If a state team is created, the duties of the state team may include the following:

(a) Develop and distribute a model protocol for local child and maternal fatality response teams for the investigation of child and maternal fatalities;

(b) Facilitate the development of local child and maternal fatality response teams which may include, but is not limited to, providing joint training opportunities and, upon request, providing technical assistance;

(c) Review and approve local protocols prepared and submitted by local teams;

(d) Receive data and information on child and maternal fatalities and analyze the information to identify trends, patterns, and risk factors;

(e) Evaluate the effectiveness of prevention and intervention strategies adopted; and

(f) Recommend changes in state programs, legislation, administrative regulations, policies, budgets, and treatment and service standards which may facilitate strategies for prevention and reduce the number of child and maternal fatalities.

(4) The department shall prepare an annual report to be submitted no later than November 1 of each year to the Governor~~[, the Child Welfare Oversight and Advisory Committee established in KRS 6.943]~~, the Interim Joint Committee on Health, Welfare, and Family Services, the Chief Justice of the Kentucky Supreme Court, and to be made available to the citizens of the Commonwealth. The report shall include a statistical analysis, that include the demographics of race, income,

and geography, of the incidence and causes of child and maternal fatalities in the Commonwealth during the past fiscal year and recommendations for action. The report shall not include any information which would identify specific child and maternal fatality cases.

➔Section 10. KRS 605.120 is amended to read as follows:

(1) The cabinet is authorized to expend available funds to provide for the board, lodging, and care of children who would otherwise be placed in foster care or who are placed by the cabinet in a foster home or boarding home, or may arrange for payments or contributions by any local governmental unit, or public or private agency or organization, willing to make payments or contributions for such purpose. The cabinet may accept any gift, devise, or bequest made to it for its purposes.

(2) The cabinet shall establish a reimbursement system, within existing appropriation amounts, for foster parents that comes as close as possible to meeting the actual cost of caring for foster children. The cabinet shall consider providing additional reimbursement for foster parents who obtain additional training, and foster parents who have served for an extended period of time. In establishing a reimbursement system, the cabinet shall, to the extent possible within existing appropriation amounts, address the additional cost associated with providing care to children with exceptional needs.

(3) The cabinet shall review reimbursement rates paid to foster parents and shall issue a report upon request comparing the rates paid by Kentucky to the figures presented in the Expenditures on Children by Families Annual Report prepared by the United States Department of Agriculture and the rates paid to foster parents by other states. To the extent that funding is available, reimbursement rates paid to foster parents shall be increased on an annual basis to reflect cost of living increases.

(4) The cabinet is encouraged to develop pilot projects both within the state system and in collaboration with private child caring agencies to test alternative delivery

systems and nontraditional funding mechanisms.

(5) (a) The cabinet shall track and analyze data on relative and fictive kin caregiver placements. The data shall include but not be limited to:

1. Demographic data on relative and fictive kin caregivers and children in their care;
2. Custodial options selected by the relative and fictive kin caregivers;
3. Services provisioned to relative and fictive kin caregivers and children in their care; and
4. Permanency benchmarks and outcomes for relative and fictive kin caregiver placements.

(b) By September 30, 2020, and upon request thereafter, the cabinet shall submit a report to the Governor, the Chief Justice of the Supreme Court, and the director of the Legislative Research Commission for distribution to the~~[Child Welfare Oversight and Advisory Committee and the]~~ Interim Joint Committee on Health and Welfare and Family Services relating to the data tracking and analysis established in this subsection.

(6) Foster parents shall have the authority, unless the cabinet determines that the child's religion, race, ethnicity, or national origin prevents it, to make decisions regarding haircuts and hairstyles for foster children who are in their care for thirty (30) days or more.

➔Section 11. KRS 620.055 is amended to read as follows:

(1) An external child fatality and near fatality review panel is hereby created and established for the purpose of conducting comprehensive reviews of child fatalities and near fatalities, reported to the Cabinet for Health and Family Services, suspected to be a result of abuse or neglect. The panel shall be attached to the Justice and Public Safety Cabinet for staff and administrative purposes.

(2) The external child fatality and near fatality review panel shall be composed of the

following five (5) ex officio nonvoting members and fifteen (15) voting members:

(a) The chairperson of the House Health and Welfare Committee of the Kentucky General Assembly, who shall be an ex officio nonvoting member;

(b) The chairperson of the Senate Health and Welfare Committee of the Kentucky General Assembly, who shall be an ex officio nonvoting member;

(c) The commissioner of the Department for Community Based Services, who shall be an ex officio nonvoting member;

(d) The commissioner of the Department for Public Health, who shall be an ex officio nonvoting member;

(e) A family court judge selected by the Chief Justice of the Kentucky Supreme Court, who shall be an ex officio nonvoting member;

(f) A pediatrician from the University of Kentucky's Department of Pediatrics who is licensed and experienced in forensic medicine relating to child abuse and neglect to be selected by the Attorney General from a list of three (3) names provided by the dean of the University of Kentucky School of Medicine;

(g) A pediatrician from the University of Louisville's Department of Pediatrics who is licensed and experienced in forensic medicine relating to child abuse and neglect to be selected by the Attorney General from a list of three (3) names provided by the dean of the University of Louisville School of Medicine;

(h) The state medical examiner or designee;

(i) A court-appointed special advocate (CASA) program director to be selected by the Attorney General from a list of three (3) names provided by the Kentucky CASA Association;

(j) A peace officer with experience investigating child abuse and neglect fatalities and near fatalities to be selected by the Attorney General from a list of three

(3) names provided by the commissioner of the Kentucky State Police;

(k) A representative from Prevent Child Abuse Kentucky, Inc. to be selected by the Attorney General from a list of three (3) names provided by the president of the Prevent Child Abuse Kentucky, Inc. board of directors;

(l) A practicing local prosecutor to be selected by the Attorney General;

(m) The executive director of the Kentucky Domestic Violence Association or the executive director's designee;

(n) The chairperson of the State Child Fatality Review Team established in accordance with KRS 211.684 or the chairperson's designee;

(o) A practicing social work clinician to be selected by the Attorney General from a list of three (3) names provided by the Board of Social Work;

(p) A practicing addiction counselor to be selected by the Attorney General from a list of three (3) names provided by the Kentucky Association of Addiction Professionals;

(q) A representative from the family resource and youth service centers to be selected by the Attorney General from a list of three (3) names submitted by the Cabinet for Health and Family Services;

(r) A representative of a community mental health center to be selected by the Attorney General from a list of three (3) names provided by the Kentucky Association of Regional Mental Health and Mental Retardation Programs, Inc.;

(s) A member of a citizen foster care review board selected by the Chief Justice of the Kentucky Supreme Court; and

(t) An at-large representative who shall serve as chairperson to be selected by the Secretary of State.

(3) (a) By August 1, 2013, the appointing authority or the appointing authorities, as the case may be, shall have appointed panel members. Initial terms of

members, other than those serving ex officio, shall be staggered to provide continuity. Initial appointments shall be: five (5) members for terms of one (1) year, five (5) members for terms of two (2) years, and five (5) members for terms of three (3) years, these terms to expire, in each instance, on June 30 and thereafter until a successor is appointed and accepts appointment.

(b) Upon the expiration of these initial staggered terms, successors shall be appointed by the respective appointing authorities, for terms of two (2) years, and until successors are appointed and accept their appointments. Members shall be eligible for reappointment. Vacancies in the membership of the panel shall be filled in the same manner as the original appointments.

(c) At any time, a panel member shall recuse himself or herself from the review of a case if the panel member believes he or she has a personal or private conflict of interest.

(d) If a voting panel member is absent from two (2) or more consecutive, regularly scheduled meetings, the member shall be considered to have resigned and shall be replaced with a new member in the same manner as the original appointment.

(e) If a voting panel member is proven to have violated subsection (13) of this section, the member shall be removed from the panel, and the member shall be replaced with a new member in the same manner as the original appointment.

(4) The panel shall meet at least quarterly and may meet upon the call of the chairperson of the panel.

(5) Members of the panel shall receive no compensation for their duties related to the panel, but may be reimbursed for expenses incurred in accordance with state guidelines and administrative regulations.

(6) Each panel member shall be provided copies of all information set out in this

subsection, including but not limited to records and information, upon request, to be gathered, unredacted, and submitted to the panel within thirty (30) days by the Cabinet for Health and Family Services from the Department for Community Based Services or any agency, organization, or entity involved with a child subject to a fatality or near fatality:

(a) Cabinet for Health and Family Services records and documentation regarding the deceased or injured child and his or her caregivers, residents of the home, and persons supervising the child at the time of the incident that include all records and documentation set out in this paragraph:

1. All prior and ongoing investigations, services, or contacts;
2. Any and all records of services to the family provided by agencies or individuals contracted by the Cabinet for Health and Family Services; and
3. All documentation of actions taken as a result of child fatality internal reviews conducted pursuant to KRS 620.050(12)(b);

(b) Licensing reports from the Cabinet for Health and Family Services, Office of Inspector General, if an incident occurred in a licensed facility;

(c) All available records regarding protective services provided out of state;

(d) All records of services provided by the Department for Juvenile Justice regarding the deceased or injured child and his or her caregivers, residents of the home, and persons involved with the child at the time of the incident;

(e) Autopsy reports;

(f) Emergency medical service, fire department, law enforcement, coroner, and other first responder reports, including but not limited to photos and interviews with family members and witnesses;

(g) Medical records regarding the deceased or injured child, including but not limited to all records and documentation set out in this paragraph:

1. Primary care records, including progress notes; developmental milestones; growth charts that include head circumference; all laboratory and X-ray requests and results; and birth record that includes record of delivery type, complications, and initial physical exam of baby;
2. In-home provider care notes about observations of the family, bonding, others in home, and concerns;
3. Hospitalization and emergency department records;
4. Dental records;
5. Specialist records; and
6. All photographs of injuries of the child that are available;

(h) Educational records of the deceased or injured child, or other children residing in the home where the incident occurred, including but not limited to the records and documents set out in this paragraph:

1. Attendance records;
2. Special education services;
3. School-based health records; and
4. Documentation of any interaction and services provided to the children and family.

The release of educational records shall be in compliance with the Family Educational Rights and Privacy Act, 20 U.S.C. sec. 1232g and its implementing regulations;

(i) Head Start records or records from any other child care or early child care provider;

(j) Records of any Family, Circuit, or District Court involvement with the deceased or injured child and his or her caregivers, residents of the home and persons involved with the child at the time of the incident that include but are not limited to the juvenile and family court records and orders set out in this

paragraph, pursuant to KRS Chapters 199, 403, 405, 406, and 600 to 645:

1. Petitions;
2. Court reports by the Department for Community Based Services, guardian ad litem, court-appointed special advocate, and the Citizen Foster Care Review Board;
3. All orders of the court, including temporary, dispositional, or adjudicatory; and
4. Documentation of annual or any other review by the court;

(k) Home visit records from the Department for Public Health or other services;

(l) All information on prior allegations of abuse or neglect and deaths of children of adults residing in the household;

(m) All law enforcement records and documentation regarding the deceased or injured child and his or her caregivers, residents of the home, and persons involved with the child at the time of the incident; and

(n) Mental health records regarding the deceased or injured child and his or her caregivers, residents of the home, and persons involved with the child at the time of the incident.

(7) The panel may seek the advice of experts, such as persons specializing in the fields of psychiatric and forensic medicine, nursing, psychology, social work, education, law enforcement, family law, or other related fields, if the facts of a case warrant additional expertise.

(8) The panel shall post updates after each meeting to the Web site of the Justice and Public Safety Cabinet regarding case reviews, findings, and recommendations.

(9) The panel chairperson, or other requested persons, shall report a summary of the panel's discussions and proposed or actual recommendations to the Interim Joint Committee on Health and Welfare of the Kentucky General Assembly monthly or at the request of a committee co-chair. The goal of the committee shall be to ensure

impartiality regarding the operations of the panel during its review process.

(10) The panel shall publish an annual report by December 1 of each year consisting of case reviews, findings, and recommendations for system and process improvements to help prevent child fatalities and near fatalities that are due to abuse and neglect. The report shall be submitted to the Governor, the secretary of the Cabinet for Health and Family Services, the Chief Justice of the Supreme Court, the Attorney General, and the director of the Legislative Research Commission for distribution to the ~~[Child Welfare Oversight and Advisory Committee established in KRS 6.943 and the]~~Judiciary Committee.

(11) Information and record copies that are confidential under state or federal law and are provided to the external child fatality and near fatality review panel by the Cabinet for Health and Family Services, the Department for Community Based Services, or any agency, organization, or entity for review shall not become the information and records of the panel and shall not lose their confidentiality by virtue of the panel's access to the information and records. The original information and records used to generate information and record copies provided to the panel in accordance with subsection (6) of this section shall be maintained by the appropriate agency in accordance with state and federal law and shall be subject to the Kentucky Open Records Act, KRS 61.870 to 61.884. All open records requests shall be made to the appropriate agency, not to the external child fatality and near fatality review panel or any of the panel members. Information and record copies provided to the panel for review shall be exempt from the Kentucky Open Records Act, KRS 61.870 to 61.884. At the conclusion of the panel's examination, all copies of information and records provided to the panel involving an individual case shall be destroyed by the Justice and Public Safety Cabinet.

(12) Notwithstanding any provision of law to the contrary, the portions of the external child fatality and near fatality review panel meetings during which an individual

child fatality or near fatality case is reviewed or discussed by panel members may be a closed session and subject to the provisions of KRS 61.815(1) and shall only occur following the conclusion of an open session. At the conclusion of the closed session, the panel shall immediately convene an open session and give a summary of what occurred during the closed session.

(13) Each member of the external child fatality and near fatality review panel, any person attending a closed panel session, and any person presenting information or records on an individual child fatality or near fatality shall not release information or records not available under the Kentucky Open Records Act, KRS 61.870 to 61.884 to the public.

(14) A member of the external child fatality and near fatality review panel shall not be prohibited from making a good faith report to any state or federal agency of any information or issue that the panel member believes should be reported or disclosed in an effort to facilitate effectiveness and transparency in Kentucky's child protective services.

(15) A member of the external child fatality and near fatality review panel shall not be held liable for any civil damages or criminal penalties pursuant to KRS 620.990 as a result of any action taken or omitted in the performance of the member's duties pursuant to this section and KRS 620.050, except for violations of subsection (11), (12), or (13) of this section.

(16) Beginning in 2014 the Legislative Oversight and Investigations Committee of the Kentucky General Assembly shall conduct an annual evaluation of the external child fatality and near fatality review panel established pursuant to this section to monitor the operations, procedures, and recommendations of the panel and shall report its findings to the General Assembly.

➔Section 12. KRS 620.320 is amended to read as follows:

The duties of the State Citizen Foster Care Review Board shall be to:

(1) Establish, approve, and provide training programs for local citizen foster care review board members;

(2) Review and coordinate the activities of local citizen foster care review boards;

(3) Establish reporting procedures to be followed by the local citizen foster care review boards and publish an annual written report compiling data reported by local foster care review boards which shall include statistics relating, at a minimum, to the following:

(a) Barriers to permanency identified in reviews;

(b) The number of children moved more than three (3) times within a six (6) month period;

(c) The average length of time in care;

(d) Local solutions reported to meet identified barriers; and

(e) The total number and frequency of reviews;

(4) Publish an annual written report on the effectiveness of such local citizen foster care review boards; and

(5) Evaluate and make annual recommendations to the Supreme Court, ***the Legislative Research Commission, and the*** Governor~~[, and the Child Welfare Oversight and Advisory Committee established in KRS 6.943]~~ regarding:

(a) Laws of the Commonwealth;

(b) Practices, policies, and procedures within the Commonwealth affecting permanence for children in out-of-home placement and the investigation of allegations of abuse and neglect;

(c) The findings of the local citizen foster care review board community forums conducted pursuant to KRS 620.270; and

(d) The effectiveness or lack thereof and reasons therefor of local citizen foster care review of children in the custody of the cabinet in bringing about permanence for the Commonwealth's children.

➔Section 13. KRS 620.345 is amended to read as follows:

(1) As used in this section, unless the context otherwise requires;

(a) "Cabinet" means the Cabinet for Health and Family Services; and

(b) "Secretary" means the secretary of the Cabinet for Health and Family Services.

(2) The secretary shall designate a study group to make recommendations regarding the feasibility and implementation of the privatization of all foster care services in the Commonwealth.

(3) The study group shall be composed of the following members:

(a) The secretary;

(b) The commissioner for the Department for Community Based Services;

(c) The director of the Administrative Office of the Courts, or designee;

(d) The executive director of the Governor's Office of Early Childhood, or designee;

(e) One (1) adult who was a former foster child in the Commonwealth;

(f) One (1) adult who is a current or former foster parent in the Commonwealth;

(g) Two (2) employees of a licensed child-placing agency;

(h) Two (2) employees of a licensed child-caring facility; and

(i) Any personnel within the Department for Community Based Services that the secretary deems necessary.

(4) In its deliberations, the study group shall include but not be limited to analysis of improved timeliness and likelihood of permanency such as reunification, adoption, or guardianship; fewer moves for children in foster care; reduced instances of reentry into care; and financial implications.

(5) The study group shall report its recommendations by July 1, 2019, to the Governor ***and*** ~~[,]~~ the Interim Joint Committees on Appropriations and Revenue and Health and Welfare and Family Services~~[, and the Child Welfare Oversight and Advisory~~

~~Committee established in KRS 6.943~~]. The study group shall cease to operate after the delivery of the recommendations required by this subsection.

➔Section 14. The following KRS sections are repealed:

6.940 Medicaid Oversight and Advisory Committee -- Membership -- Meetings -- Vote required to act.

6.943 Child Welfare Oversight and Advisory Committee -- Membership -- Co-chairs -- Quorum -- Employment of personnel -- Staff and operating costs.

➔Section 15. This Act takes effect January 1, 2023.