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Child Welfare and the Opioid Crisis in the Bluegrass State

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Child Welfare and the Opioid Crisis in the Bluegrass State

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BA in Public Policy Capstone

Executive Summary

This brief discusses the challenges facing Kentucky's child welfare system, particularly due to the opioid epidemic, childhood adversity, mental health needs, and limited social services. Kentucky has one of the highest child neglect rates and opioid dispensing rates in the nation. The state's child welfare system includes services like the Child and Family Services Plan, Independent Living Program, and Sobriety Treatment and Recovery Team (START), but it faces issues such as high caseloads and data gaps. It aims to emphasize the importance of providing the highest standard of care for children in Kentucky and seeking effective recommendations by examining similar situations in other states.

Policy alternatives are explored, including expanding the KORE program, improving data collection and analysis, and considering a service sequencing approach. The likely outcomes and trade-offs are discussed, with expanding the KORE program considered the most effective option. The policy brief's primary objective is to address the root causes of the problem and make recommendations to reduce child neglect rates in Kentucky, given the impact on various domains. The goal is to strengthen the state's child welfare program while addressing the opioid crisis.

Purpose and Overview

This policy brief aims to assess the opportunities the state of Kentucky has to improve their child welfare system, with a specific focus on addressing the impact of the opioid crisis. The primary objective of this brief will be to highlight the root causes of this problem and to contribute recommendations that would help minimize child neglect rates. It is crucial to address these factors, as they can have adverse repercussions across various domains, including family and community dynamics, public health, economic well-being, and education.

Kentucky is faulted for its elevated rates of child neglect and the pervasive issue of opioid usage and related fatalities. Our ultimate goal is to provide recommendations to fortify the state's program, ensuring the highest standard of care for children while simultaneously addressing the pressing concerns in this policy area. To accomplish this objective, we will explore similar situations in other states to gain a broader perspective on the problem and identify effective recommendations.

Problem Definition

The child welfare system encompasses a range of services dedicated to improving the well-being of children by ensuring their safety, achieving permanency, and strengthening families. According to the 2023 KIDS COUNT Data Book, Kentucky currently ranks 40th out of 50 states in child well-being. This ranking is further divided into four key domains: Economic Well-being (41st), Education (29th), Health (40th), and Family and Community (42nd)¹.

Various factors contribute to the limited capacity within the child welfare system. These factors include, but are not limited to, the opioid crisis, parental incarceration, abandonment, mental illness, and child abuse/neglect. This brief primarily focuses on strategies to reduce child abuse/neglect, with due consideration for the impact of the opioid crisis on child neglect. This approach is substantiated by Kentucky's ranking as the 4th highest among 38 studied states in per-resident costs of opioid-use disorder and related deaths². Notably, from 2012 to 2015, the percentage of child removals from their homes citing parental substance use as a contributing factor increased by 13

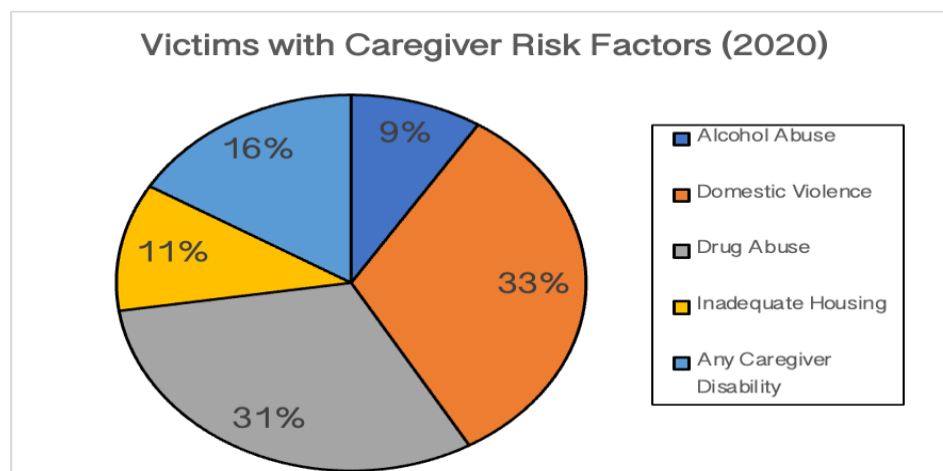
¹ The Annie E. Casey Foundation. Kentucky Youth Advocates: 2023 KIDS COUNT Data Profile (Kentucky). Available from <https://assets.aecf.org/m/resourcedoc/aecf-2023kidscountdatabook-2023.pdf>.

² KVC Kentucky (2022). *What You Need to Know About the Opioid Epidemic in Kentucky*. Available from <https://kentucky.kvc.org/2022/12/30/what-you-need-to-know-about-the-opioid-epidemic-in-kentucky-2/#:~:text=In%202020%2C%20drug%2Dinvolved%20overdose,1999%20from%20a%20drug%20overdos>e.

percent³. Furthermore, Kentucky ranks 5th in the nation for the highest rate of child maltreatment⁴. It's important to note that Kentucky's rankings could have improved because other states worsened or vice versa. Figure 1.1 illustrates the various forms of child maltreatment spanning the years 2018 to 2021. It's important to note that a child can be identified as a victim multiple times within the same federal fiscal year (FFY), and each victim report can encompass up to four distinct types of maltreatment⁵.

Maltreatment Types (# of cases)	2018	2019	2020	2021
Physical Abuse/Injury	1,257	1,167	1,070	930
Emotional Abuse	40	34	28	50
Sexual Abuse	798	677	619	717
Neglect	21,217	17,931	14,243	12,524
Medical Neglect	439	321	267	214
Total	23,752	20,130	16,748	14,963

In Figure 1.2, the risk factors linked to caregivers of the 16,748 victims in 2020 are depicted. For instance, approximately 31% of the 16,748 children who faced neglect in 2020 experienced it due to substance abuse.



³ KVC Kentucky (2017). *The Opioid Epidemic's Effect on Kentucky Children & How You Can Help*. Available from <https://kentucky.kvc.org/2017/02/20/the-opioid-epidemics-effect-on-kentucky-children-how-you-can-help/#:~:text=Kentucky%20Foster%20Care%20and%20the%20Opioid%20Epidemic&text=The%20numb,ers%20speak%20volumes%2C%20as,kinship%20care%20in%20the%20country>.

⁴ Shontelle Davis (2022). Kentucky Youth Advocates: Kentucky is No Longer #1 in Child Maltreatment. Available from <https://kyyouth.org/kentucky-is-no-longer-1-in-child-maltreatment/>.

⁵ Administration of Children and Families. Kentucky- Child Welfare Outcomes State Data Review Portal. Available from <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/kentucky.html#footnote9>.

Kentucky's child welfare system provides three essential services and programs: the Child and Family Services Plan, Independent Living Program, and Sobriety Treatment and Recovery Team (START). The 2020-2024 Kentucky Child and Family Services Plan reveals that due to a high caseload, staff face challenges in allocating equal time, effort, and attention to both low-risk and high-risk cases. This discrepancy has resulted in data gaps and service delivery challenges within Kentucky. While strides have been made to enhance immediate safety services and assess case risks, the absence or underreporting of data can impede the development of effective solutions. Underreporting significantly impacts data and potential solutions, particularly during the COVID-19 pandemic, where child neglect cases were likely underreported⁶. It's challenging to pinpoint precisely when external factors like the opioid crisis began negatively affecting Kentucky's child welfare system. However, according to the Department of Health & Human Services, Kentucky has consistently ranked in the top 10 states for high rates of child neglect/abuse over the past decade, even reaching the top 3 over the past seven years (as of 2018)⁷. This suggests that Kentucky has a persistent history of high child maltreatment rates.

It's crucial to acknowledge that some families within this system are disproportionately affected, particularly non-white children. For instance, according to Kentucky Youth Advocates, Black youth constitute approximately 18% of Kentucky youth in foster care, despite making up only about 9% of the youth population. This disproportionality can be attributed to various factors, including cultural biases, a fearful agency climate, communication barriers, ineffective service delivery, and workforce issues⁸. Disproportionality within the system has impacted reporting and, consequently, the development of effective solutions.

⁶ U.S. Department for Community Based Services, Division of Protection and Permanency. *Kentucky Child and Family Services Plan 2020-2024*. Available from <https://www.chfs.ky.gov/agencies/dcbs/dpp/cpb/Documents/ChildFamilyServicePlan.pdf>.

⁷ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). *Child Maltreatment 2021*. Available from <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf>.

⁸ Danielle Hempel (2020). *Kentucky Youth Advocates: Racial Disparities in Foster Care and Why it Matters for Kentucky Youth*. Available from <https://kyyouth.org/racial-disparities-in-foster-care-and-why-it-matters-for-kentucky-youth/>.

Policy Background

Each state has its unique definition of child neglect, resulting in variations in accepted caseloads and protocols. For instance, the federal definition of child neglect is broad, which requires states like Kentucky to tailor their definitions to align with their specific circumstances. As of May 2022, the federal definition of child neglect encompasses any recent act or failure to act by a parent or caregiver resulting in death, serious physical or emotional harm, sexual abuse, exploitation, or an imminent risk of serious harm, at a minimum⁹. In contrast, Kentucky's state law refines the definition of child abuse and neglect by specifying particular statutes. For example, it defines an "abused or neglected child" as a child whose health or welfare is harmed or threatened with harm by their guardian, parent, person in a position of authority or special trust, or anyone with custodial control or supervision of the child". This underscores the comprehensive nature of Kentucky's state laws compared to that of federal laws. Following the identification of responsible parties in cases of child neglect or abuse, Kentucky's state law proceeds to outline what constitutes child abuse or neglect. This extensive definition includes, but is not limited to, inflicting or allowing non-accidental physical or emotional injury, creating a risk of non-accidental physical or emotional injury, abandonment, exploitation, sexual abuse, sexual exploitation, or prostitution of the child, continuous or repeated failure to provide essential parental care and protection considering the child's age, and more¹⁰.

Additionally, states categorize child maltreatment differently, including medical neglect, neglect, other, physical abuse, psychological maltreatment, sexual abuse, sex trafficking, and unknown. Unfortunately, obtaining precise data on the percentage of children affected by these various forms of maltreatment, particularly those related to opioid usage, remains challenging due to factors like underreporting, understaffing, and variations in definitions of child neglect.

The Opioid Epidemic in the State of Kentucky

Kentucky has grappled with the opioid epidemic since the 1990s, with nearly 932,000 deaths from drug overdoses nationwide since 1999. The primary driver of this epidemic, affecting a broad demographic, has been the overprescription of opioids by misinformed physicians. In recent years, the introduction of fentanyl into the opioid mix has significantly increased the death toll. For example, the 2020 Overdose Fatality

⁹ Children's Bureau. Child Welfare Information Gateway: Definitions of Child Abuse And Neglect. Available from <https://www.childwelfare.gov/topics/can/defining/#:~:text=Federal%20law%20definitions%20of%20child%20abuse%20and%20neglect&text=%22Any%20recent%20act%20or%20failure,imminent%20risk%20of%20serious%20harm.%22>.

¹⁰ Legislative Research Commission: Statutes. Definitions for KRS Chapters 600 to 645. Available from <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52104>.

Report reveals that more than 1,964 Kentuckians died from drug overdoses in 2020, representing a 49% increase compared to the previous year¹¹. Consequently, families and communities have been severely impacted by this crisis.

Kentucky has made substantial efforts to combat the epidemic by providing rapid access to treatment, establishing peer support networks, and launching community recovery programs. Initiatives like the KSTEP Program (The Kentucky Strengthening Ties and Empowering Parents) were created as part of Kentucky's response to support children and families involved in the child welfare system. Additionally, Kentucky Youth Advocates and Bloom Kentucky have developed the Kentucky Opioid Settlement Planning Toolkit¹², aimed at bringing local partners together to foster hope and readiness for change within communities.

Acknowledging these important but complex issues will require time and sustained efforts to reduce high rates of child neglect.

Policy Alternatives

The preceding sections in this brief have led us to establish the criteria essential for achieving our goal, which is to reduce child neglect and abuse rates in Kentucky, with a particular focus on the impact of the opioid crisis. The criteria for evaluating potential outcomes encompass the establishment or improvement of service equity, ease of implementation, and effectiveness. When discussing service equity, the focus is on rectifying the disparities found within the system and broadening the scope of its recipients. Concerning ease of implementation within this policy area, it pertains to how the program's limited capacity has affected its effectiveness. Regarding the effectiveness of the program, we will focus on the organization of services. We'll explore three alternatives based on our criteria: expanding the Kentucky Opioid Response Effort (KORE) and promoting the UNSHAME Kentucky public health campaign, enhancing data collection and analysis regarding opioid and child neglect rates, and considering a service sequencing approach inspired by Utah's child welfare model.

The KORE Program and UNSHAME Health Campaign

The primary criterion (Alternative A) to consider is the ethical dimension of equity and its influence on program services and effectiveness. This centers on how the uneven

¹¹ KVC Kentucky: What You Need to Know About the Opioid Epidemic in Kentucky (2022). Available from <https://kentucky.kvc.org/2022/12/30/what-you-need-to-know-about-the-opioid-epidemic-in-kentucky-2/>.

¹² Shannon Moody (2023). Kentucky Youth Advocates: The Opioid Settlement and Impact for Kentucky Kids. Available from <https://kyyouth.org/the-opioid-settlement-and-impact-for-kentucky-kids/>.

allocation of resources has prolonged the opioid crisis, thereby negatively impacting rates of child neglect and abuse. To address this vulnerability in rural areas, an initial step must be taken to tackle the limited resources that continue to hinder progress in combating drug abuse and fostering recovery.

A promising solution is found in the Kentucky Opioid Response Effort (KORE), which is backed by federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). KORE focuses on the implementation of evidence-based measures for prevention, treatment, and recovery to bring about positive change at the state, community, family, and individual levels. KORE collaborates with over 70 entities, supporting a wide array of prevention, treatment, and recovery programs across the state¹³.

In 2020, KORE secured more than \$35 million in funding to bolster the response to the opioid crisis. By 2021, KORE had announced the allocation of 4 grants to facilitate the establishment or expansion of four Recovery Community Centers. These grants, totaling \$1.5 million, are to be disbursed over two years. The recipients of these grants include Recovery Café (Lexington), Achieving Recovery Together (ART) (Winchester), Voices of Hope (Lexington), and Shepard's House (Nicholasville)¹⁴. Thanks to federal support, the KORE program has made significant strides, providing treatment and recovery services to over 11,000 individuals, distributing 23,000 free Narcan kits, and reaching over 13,000 youth through school and community-based prevention programs in 2019 alone¹⁵.

Initiatives funded by KORE are dedicated to combatting the stigma associated with opioid use disorder. One such initiative is the UNSHAME Kentucky public health campaign, which shares stories of recovery, hope, and connection throughout the state. UNSHAME Kentucky has also partnered with Shatterproof, a national non-profit committed to addressing the addiction crisis.

These initiatives operate under guiding principles that emphasize statewide availability, accessibility, cultural appropriateness, quality, and reliance on evidence-based practices. Their approach includes steps such as preventing the initiation of opioid use, mitigating misuse, early identification of treatment needs, enhancing access to treatment, encouraging engagement in treatment, and supporting long-term remission and recovery. This framework plays a crucial role in addressing equity concerns within

¹³ Cabinet for Health and Family Services. Department for Behavioral Health, Developmental, and Intellectual Disabilities: Kentucky Opioid Response Effort. Available from <https://www.chfs.ky.gov/agencies/dbhddid/Pages/kore.aspx>.

¹⁴ Susan Dunlap. Team Kentucky: Kentucky Opioid Response Effort Announces New Recovery Community Center Grants. Available from <https://www.kentucky.gov/Pages/Activity-stream.aspx?n=CHFS&prId=309#:~:text=In%202019%2C%20KORE%20announced%20funding,for%20community%2Dbased%20recovery%20supports..>

¹⁵ Cabinet for Health and Family Services (2020). Kentucky Receives More Than \$35 Million To Support Opioid Response. Available from <https://www.chfs.ky.gov/News/Documents/nrkoregrant.pdf>.

child welfare by tackling the root causes of the opioid crisis, working to reduce stigma, and establishing principles that align with these goals¹⁶.

Enhancing Data Collection and Analysis of Opioid and Child Neglect Rates

Our second criterion (Alternative B) delves into a technical perspective, with a primary focus on how the limited capacity within child welfare - encompassing services, resources, staffing, and funding - impacts the quality and effectiveness of the program. Data collection within these programs plays a vital role in guiding informed policy and practice decisions aimed at improving outcomes for children and families¹⁷. However, it's crucial to acknowledge that the COVID-19 pandemic has substantially disrupted reporting and data collection within this field. This disruption has resulted in an underestimation of the severity of ongoing issues and made it challenging to assess the progress or setbacks during this period of reduced reporting. A significant challenge within child welfare lies in the lack of consistent reporting, leading to conflicting data.

Agencies can enhance their services, practices, and programs through various means, such as adopting a scientific approach, defining, measuring, and improving outcomes, collaborating with other agencies and systems, conducting practice and outcome reviews, and adhering to professional standards of conduct. For example, programs receiving KORE funds are mandated to collect Government Performance and Results Act (GPRA) data on clients who receive KORE-funded services and commit to completing GPRA interviews. This data collection, known as GPRA, helps evaluate client-level outcomes, program-level effectiveness, and state/federal performance. GPRA data collection informs programs about client outcomes, the effectiveness of KORE-funded initiatives, and ensures accountability to both the Commonwealth of Kentucky and SAMHSA, as well as Congress regarding federal investments¹⁸.

Sequencing Services (Inspired by Utah's Child Welfare Program)

Our third criterion (Alternative C) focuses on how the organization of services can impact their effectiveness in the context of child welfare. In this regard, we turn to the state of Utah to explore methods of reducing the workload within the system.

The Court Improvement Program (CIP)¹⁹ plays a crucial role by providing funding and guidance to state court systems for the enhancement of child welfare case

¹⁶ UNSHAME KY. Available from <https://unshameky.org/>.

¹⁷ Child Welfare Information Gateway: Child Welfare Practice Improvement. Available from <https://www.childwelfare.gov/topics/management/practice-improvement/evidence/>.

¹⁸ Cabinet for Health and Family Services (2021). Government Performance and Results Act: KORE. Available from <https://www.chfs.ky.gov/agencies/dbhdid/Documents/GPRAOverview.pdf>.

¹⁹ Utah State Courts: The Judicial Branch of Utah. Utah's Court Improvement Program. Available from <https://www.utcourts.gov/content/dam/courts/juv/cip/summit/2020/docs/Introduction%20of%20Utah%27s%20Child-Welfare%20Core%20Principles%20and%20Guiding%20Practices.pdf>.

management. Under the administration of the Utah State Courts' Administrative Office, three CIP grants are managed in compliance with federal guidelines and requirements. Measurable enhancements in Utah's child welfare system encompass the implementation of model child welfare court programs, the CARE/SAFE Interface, statewide and regional interdisciplinary training, expedited child welfare appeals, support for dually involved youth, educational initiatives for children in the state's care, as well as efforts related to Indian Child Welfare and Kinship

One effective strategy for alleviating the pressure on the child welfare system is to propose limitations on the number of services and activities families are expected to engage in concurrently. Instead of requiring families to participate in numerous programs simultaneously, a more efficient approach may involve sequencing these services over time to align with the unique needs of each family. The underlying principle is to simplify and streamline processes, thereby reducing the demands placed on the limited and easily exhausted attention resources of both parents and children²⁰.

Likely Outcomes of Each Alternative and its Trade-offs

Expanding the KORE program and giving prominence to the UNSHAME Kentucky public health campaign in line with our service equity criteria are likely to yield several positive outcomes. These include improved access to resources, increased utilization of services, and a reduction in the stigma surrounding the opioid crisis. KORE's funding is allocated to programs and organizations that align with evidence-based practices in prevention, treatment, and recovery, furthering its mission to establish a comprehensive and equitable recovery-oriented system of care.

Strengthening the data collection and analysis of opioid and child neglect rates, as per our technical criterion, is likely to result in increased data collection through interviews and more effective mandatory reporting. Robust data collection and analysis are essential to evaluate the effectiveness of programs addressing these critical issues.

When evaluating the alternatives, the most effective choice appears to be the expansion of the KORE program with a focus on entities like UNSHAME Kentucky (Alternative A). KORE has already received substantial funding and attention to reduce the stigma associated with the opioid crisis, and its short-term impacts indicate its effectiveness. Alternative A is currently implemented and should be expanded. Alternative B, while effective in addressing data gaps, is easier to implement than Alternative C. However, it may add more pressure to an already overburdened system. Alternative C, which involves reorganizing the sequence of services, may reduce workload in the long term but could strain staff in the short term.

²⁰ Utah Courts: Utah's Core Principles and Guiding Practices for a Fully Integrated Child-Welfare System (2020). Available from <https://www.utcourts.gov/en/about/courts/juv/cip.html>.

Conclusion

In conclusion, Kentucky's child welfare system confronts formidable challenges, with the state's overall child well-being ranking at 40th out of 50 states. These challenges are deeply intertwined with a multitude of factors, including the far-reaching opioid crisis, parental issues, mental health concerns, and child abuse/neglect. Of particular significance is the profound impact of the opioid crisis on child neglect, underscored by Kentucky's high ranking in per-resident costs related to opioid-use disorder and associated fatalities.

While Kentucky's child welfare system comprises critical services and programs, it grapples with a host of issues, notably the burdens of high caseloads, data gaps, and difficulties in service delivery. The underreporting of data, exacerbated by external factors such as the opioid crisis and the disruptive effects of the COVID-19 pandemic, has hindered the development of effective solutions.

Within this complex landscape, it's crucial to acknowledge the stark disparities that disproportionately affect non-white children. These disparities are the result of cultural biases, communication challenges, and workforce-related issues, all of which perpetuate the inequities within the system. To address these pressing challenges, we have explored three policy alternatives. Among these, Alternative A, expanding the KORE program alongside the UNSHAME Kentucky campaign, emerges as the most effective option. It not only tackles issues of equity but also has demonstrated promise in addressing the multifaceted problems associated with the opioid crisis and child neglect.

In sum, Kentucky's child welfare system stands at a critical juncture, demanding a multifaceted approach. Expanding the KORE program represents a pivotal stride towards mitigating child neglect and combatting the opioid crisis, all while fostering a culture of hope and recovery within Kentucky's communities.