

An Examination of Children Sleeping in CHFS Office Buildings and Nontraditional Placement Settings



**Commonwealth Office
of the Ombudsman**



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INTRODUCTION

Introduction

As a core component of the Office of the Auditor of Public Accounts (APA), the Commonwealth Office of the Ombudsman (Ombudsman) serves as Kentucky's independent watchdog over the operations and expenditures of the Cabinet for Health and Family Services (CHFS). This report focuses on a specific issue within CHFS's Department of Community Based Services (DCBS): the continued housing of vulnerable Kentucky children in state office buildings and other non-family or non-therapeutic based environments, a practice continuing for years despite CHFS promises to fix the problem. Kentucky's kids need an immediate solution to this issue, and we have proposed many in this report.

Our office offers this report and its in-depth investigation of this operational failure as a vivid illustration of the foundational value of the Ombudsman's independence. Together with the professional audit staff of APA, we do our work independently in implementing the following statutory directive, "it being the policy of the General Assembly to provide for the independent auditing of the accounts, financial transactions, and performance of all spending agencies of the state through a disinterested auditor, who is entirely independent of the state administration whose affairs he is called upon to audit."¹

For the Ombudsman, by statute, we may investigate, upon complaint or on our own initiative, any administrative act or inaction of an organizational unit, employee, or contractor of CHFS without regard to the finality of the administrative act or inaction. As a core function of this work, we make recommendations that resolve citizen complaints about CHFS and improve CHFS's performance. We may require corrective action when policy violations are identified.

We do this work concurrently with the work of APA's auditors from the Office of State Government and Technology Audits and Office of Special Examinations. Their assistance is infused throughout this report. Together, we have diligently pursued a greater understanding of the true nature surrounding the housing of vulnerable children in state care.

This report directly addresses a continuing, substantial CHFS failure in meeting clear statutory mandates passed by the General Assembly for the care and protection of children in state care.

¹ [KRS 43.050\(1\)](#)



We conducted a detailed review of CHFS's use of nontraditional placements (NTPs) from January 1, 2023, to October 29, 2024. The data that follows reflects the scope and frequency of these placements during this 22-month time period and underscores the seriousness of the issues addressed in this report.

Key Details from Our Investigation

- According to the Annie E. Casey Foundation, Kentucky ranks 36th in the nation for overall child well-being.
- The NTP issue has been a problem in Kentucky for at least four years.
- The current NTP environment overseen by CHFS is rife with risks of sex trafficking, physical abuse, and other forms of abuse and negligence. Notable examples include the following:
 - At least one child legally in the care of the state reported that she was a victim of sex trafficking that occurred after she ran away from the location at which she was being housed.
 - One child was forcefully slammed to the ground by a provider during an emergency placement by CHFS.
 - One child who fled NTP was eventually located with a person wanted by law enforcement for murder.
 - After fleeing NTP and considered missing for 264 days, one child died three weeks to the day of his 18th birthday.
 - At least two children were placed for prolonged periods of time in out-of-state facilities with documented investigations and deficiencies concerning allegations of neglect, sexual misconduct by staff against residents, and the use of chemical injections as restraints, among others.
 - As a means to occupy one child staying in an office building, a CHFS social worker provided them with a Ouija board despite this being in contradiction to her faith.
 - Eighty-three children with suicidal thoughts and behaviors were housed in office buildings without psychiatric care, suicide-safe design, or trained clinical supervision.
 - Consistent concerns about missed medicines, educational continuity, and a lack of suitable and appropriate therapies for children in state care arose in the course of this investigation.
 - In 81.2% (247) of cases, medical care, medication management, continuation of therapy, and school attendance were not readily apparent for the time period when the child was housed in a nontraditional setting.
- CHFS has operated for years without any policies, procedures, or standards governing essentially every aspect of this issue. And whatever guidance does exist is not uniformly followed or enforced.



- Regional facilities have been left to operate on islands attempting to do the best they can with what they have.
- CHFS has failed to meaningfully engage Kentuckians ready and willing to assist with solving this issue.
 - Untapped solutions exist within the kinship care, faith-based, and other communities.
 - CHFS has failed to notify the relevant Guardian ad Litem for over 50% of the children in our NTP dataset.
 - CHFS lacks transparency with the public about this issue.
 - CHFS refused to fully collaborate and participate in this investigation.
- CHFS's NTP practice cost taxpayers \$6.1 million at a minimum.
- 304 foster children stayed in an NTP for a total of 1,577 days.
- NTP was not limited to hotels, CHFS office buildings, or state parks. We found the following:
 - 269 placements in CHFS Offices,
 - 17 placements in Hotels,
 - 16 placements in State Parks,
 - 11 placements in Hospitals (not admitted),
 - 7 placements in Community Centers, and
 - 1 placement in a Private Child Placing /Private Child Caring Office.
- NTPs occurred statewide with Two Rivers Service Region (TRSR), Northern Bluegrass Service Region (NBSR), and Cumberland Service Region (CSR) comprising 51.7% of all cases.
- 46 children spent 10 or more days cumulatively in NTP during our dataset.
- There were two distinct populations within the dataset.
 - 130 children stayed one day in NTP.
 - Average Age: 13
 - Range of Ages: 0-18
 - Males 76 (58.5%) and Females 54 (41.5%)
 - Average Prior Placements: 4.7
 - 174 children had an extended stay in an NTP.
 - Average Age: 15
 - Range of Ages: 0-20
 - Males 111 (64%) and Females 63 (36%)
 - Average Prior Placement: 9.6
 - The length of stay, calculated cumulatively across multiple NTPs, ranged from 2 to 55 days.
 - Average Length NTP Stay: 8.3 days

These incidents and costs reflect persistent structural failures within CHFS.



Our review identified four systemic failures that repeatedly surfaced and form the framework for the findings that follow:

1. A lack of transparency by CHFS regarding its use of nontraditional placements for children in state care;
2. Ineffective and unreliable CHFS documentation practices to track and notate the placement, treatment, and care of children in nontraditional placements;
3. The complete absence within CHFS of governing policy or standards for nontraditional placements; and
4. A continuum of care in Kentucky that does not meet the needs of children for whom CHFS is legally responsible.

Addressing these failures will require deliberate and sustained action by CHFS. The recommendations below are grounded in the findings of this review and are designed to correct identified deficiencies, strengthen accountability, and improve outcomes for children in CHFS's care.

Recommendations:

1. **CHFS should implement 2024 Senate Bill 151 and include targeted recruitment for kinship and fictive kin placements.**
2. **CHFS should create and publish a comprehensive plan that includes both short and long-term strategies to stabilize the current system, informed by a thorough needs assessment identifying capacity limitations to address the gaps in the state's continuum of care, including but not limited to:**
 - a. An actionable plan to close the foster home gap, including resources needed, timelines, and accountability measures.
 - b. A statewide assessment of provider per diem rates for high-acuity children to ensure rates reflect actual service delivery and capacity and make recommendations to adjust compensation.
 - c. A secure therapeutic facility with mandatory acceptance authority for children whose needs exceed the scope of foster care, therapeutic foster care, or existing residential programs.
 - d. Supports to address the mass exodus of foster parents since 2023, some of whom cited "inadequate support" as a reason for leaving the program.



- e. A feasibility study modeling a similar approach to Washington's Foster Family Constellation Project hub home model, Tennessee's faith-based transitional home network, and Ohio's treatment foster care program.
 - f. A monthly statistical report of NTP similar to the state of Washington for transparency and accountability to the public.
3. **CHFS should develop formal regulations, policies, and standardized procedures governing all child placements not currently regulated** by 922 KAR 1:300, 922 KAR 1:305, 922 KAR 1:310, 922 KAR 1:350, 922 KAR 1:380, 922 KAR 1:390, and 922 KAR 1:495, including but not limited to:
- a. Staffing ratios,
 - b. Physical location requirements,
 - c. Security and safety protocols,
 - d. Employee background and training,
 - e. Child service provision, including mental health and psychiatric services, and physical health,
 - f. Child education, and
 - g. A rapid-response protocol for children who run away, to ensure safety.
4. **CHFS should strengthen recruitment and retention of trauma-informed foster parents** by, but not limited to:
- a. Providing ongoing training to foster parents to improve their ability to manage complex mental and behavioral health challenges.
 - b. Investing in analytic infrastructure to assist frontline social workers in placing children with non-relative foster homes.
 - c. Transitioning away from using Kentucky Foster Adoptive Caregiver Exchange System (KYFACES) as the primary foster parent recruitment tool. The current practice poses a safety risk to children and is not trauma-informed.
5. **CHFS should facilitate the creation of an electronic system that would replace all or part of the current paper medical passport, as recommended by the General Assembly's Program Review and Investigations Committee in 2012.**
6. **CHFS should enhance data accuracy within iTWIST**, including but not limited to:



- a. Uploading all documents, forms, correspondence, and other pertinent case information into iTWIST, creating a single, centralized case management system.
 - b. Tracking time-of-entry and exit for all out of home care (OOHC) placements.
 - c. Correcting erroneous entries involving short stays under 24 hours.
 - d. Maintaining accurate completion and submission of documents related to needs assessments and Level of Care (LOC) assignment.
 - e. Maintaining accurate completion and submission of documents related to medication and therapies received by the children while in their care.
7. **CHFS should develop a standardized NTP cost methodology that captures the full fiscal impact of each placement**, including but not limited to:
- a. Establishing a dedicated cost tracking code in KHRIS that captures all staffing hours, overtime, shift differentials, and Block 50 payments specifically attributable to NTP supervision, enabling accurate accounting of the true cost of NTPs.
 - b. Creating a dedicated budget line item for NTP-related expenditures to ensure transparent accounting and preventing these costs from being absorbed into general operating budgets where they cannot be tracked or evaluated.
 - c. Implementing mandatory incident-based cost tracking in iTWIST that links property damage, staff injuries, and other OOHC incidents to specific placements, enabling accurate cost attribution.
 - d. Publishing quarterly NTP cost reports that include total number of days children spent in NTPs by placement type, itemized costs, and comparison to equivalent costs for licensed placements.
8. **CHFS should ensure compliance with the federal Every Student Succeeds Act (ESSA) by documenting and maintaining educational continuity for children in OOHC.**
9. **CHFS should establish a mandatory guardian-ad-litem (GAL) notification protocol that ensures consistent and timely communication, supported by enforcement mechanisms, targeted training, and automatic notifications generated by the iTWIST system, with the system recording the exact time the GAL notification was sent.**
10. **CHFS should provide children with clear timelines and daily updates regarding placement searches and anticipated moves to reduce uncertainty and anxiety.**



A young child with short dark hair, wearing a red long-sleeved shirt, is seen from behind, sitting on a windowsill and looking out a window. The child's hands are resting on the windowsill. The window looks out onto a balcony with a green metal railing and a large, reddish-brown tiled roof. The scene is dimly lit, suggesting dusk or dawn. In the upper left corner, there is a vertical red bar and the word "BACKGROUND" in white, bold, sans-serif capital letters.

BACKGROUND

Kentucky's Children Need Our Help

Kentucky has the potential to be the best place in the nation to raise a child. But we still have a lot of work to do.

According to the Annie E. Casey Foundation, Kentucky ranks 36th in the nation for overall child well-being.² That overall ranking is based on Kentucky's rankings with respect to four metrics: Kentucky ranks 34th in the nation in economic well-being,³ 25th in education,⁴ 31st in health,⁵ and 41st in family and community.⁶

Alarming, about half of Kentucky's children have suffered from an adverse childhood experience.⁷ Adverse childhood experiences can include:

- Abuse (Physical, Sexual, and Emotional);
- Neglect;
- Family economic hardship;
- Parents having divorced, separated, served time in jail, or died;
- Witnessing domestic violence;
- Experiencing neighborhood violence; and/or
- Living with someone with a mental illness or substance misuse problem.⁸

The greater the risk to a child's well-being and the greater the risk of adverse childhood experiences, particularly economic hardship and the current opioid crisis, the higher the likelihood that a child will have to enter foster care.⁹

² The Annie E. Casey Foundation. (2025, June 9). *2025 KIDS COUNT Data Book: State Trends in Child Well-Being*. 14–15. <https://assets.aecf.org/m/resourcedoc/Aecf-2025kidscountdatabook.pdf>.

³ The Annie E. Casey Foundation, *supra*. 8, 12, 18–19, 32, 38.

⁴ The Annie E. Casey Foundation, *supra*. 6, 12, 20–21, 31, 37.

⁵ The Annie E. Casey Foundation, *supra*. 7, 12, 22–23, 32, 38.

⁶ The Annie E. Casey Foundation, *supra*. 7, 12, 24–25, 33, 39.

⁷ Kentucky Youth Advocates (2025, June). *The Economic Impact of Adverse Childhood Experiences in Kentucky*. <https://kyyouth.org/wp-content/uploads/2025/07/The-Economic-Impact-of-ACEs.pdf>; Kentucky Injury Prevention and Research Center. (2024). *Special Emphasis Report: Adverse Childhood Experiences (ACEs)*, 2022. University of Kentucky. https://kiprc.uky.edu/sites/default/files/2024-07/aces-2022-ky_profile_final.pdf;

Data Resource Center for Child & Adolescent Health. *2021-2022 National Survey of Children's Health*. The Child & Adolescent Health Measurement Initiative. <https://www.childhealthdata.org/browse/survey/results?q=10684&r=19&r2=1>.

⁸ Kentucky Youth Advocates, *supra*;

Interim Joint Committee on Families & Children, 54:30–1:38:00. (2024, September 25). Shannon Moody, et al. <https://ket.org/legislature/archives/2024/interim/interim-joint-committee-on-families-and-children-lrnt24>.

⁹ Darejan Dvalishvili, et al. (2024, August). *Childhood poverty and foster care placement: Implications for practice and policy*. Child Abuse and Neglect, Vol. 154. www.sciencedirect.com/science/article/abs/pii/S0145213424003168;

Scott Dallman. (2020, November). *The Effect of Opioid Abuse on Child Out-of-Home Placements* (working paper). https://scottdallman.github.io/images/JMP_ScottDallman.pdf.



Kentucky's foster care children need help.

By law, Kentucky's CHFS must protect Kentucky's children suffering from abuse, neglect, or dependency.¹⁰ Part of that mandate includes removing those children from maltreatment situations and placing them into safe ones.¹¹ These safe alternatives include the homes of kinship caregivers, foster homes, or other appropriate placement that can give these children what they need.¹²

As of March 1, 2026, there are 8,753 children in "out-of-home care"¹³ (OOHC), with that number having steadily risen since 2013.¹⁴ CHFS is responsible for assessing and identifying the best care and service options for the child, even when the placement is an emergency.

CHFS's Department for Community Based Services (DCBS) serves as the primary agency responsible for child welfare services in Kentucky. DCBS is responsible for making placement decisions and ensuring compliance with established standards of practice.

According to DCBS¹⁵ when a child's removal from the home is necessary, specific placement procedures must be followed. CHFS seeks placement for a child in an approved non-relative DCBS foster or adoptive home only when an appropriate relative home is not available. If a relative home is unavailable, placement into a non-relative home should be governed by the information contained in the child's placement assessment, including the child's LOC, the child's physical or mental health, the child's educational background, and the child's case plan.

But, unfortunately, for a population of Kentucky's children in OOHC, there has been a breakdown in this process.

When placement in an approved non-relative DCBS foster or adoptive home is not possible, CHFS has taken to placing a child in an unlicensed setting, termed by CHFS as nontraditional placement (NTP). NTPs include CHFS offices, community centers, hospitals, hotels, interim caregivers, places of worship, and state parks. Worrisome though, despite CHFS placing children in these settings, CHFS has not yet created policies and procedures related to NTPs. CHFS leadership has testified that NTPs are not viewed as long-term placements and that placement efforts continue with urgency for

¹⁰ [KRS 620.040](#).

¹¹ [KRS 620.040, 060, .090, .140](#).

¹² *Supra*, footnote 10.

¹³ CHFS. (accessed 2025, January 7). *Statewide Foster Care Facts*.

<https://www.chfs.ky.gov/agencies/dcbs/dpp/Documents/fcfactsstatewide.pdf>

¹⁴ CHFS. (2020, May 1). *Title IV-E Waiver Demonstration Project, Kentucky Strengthening Ties and Empowering Parents (KSTEP), Final Evaluation Report*, <https://tinyurl.com/57tftp4j>.

¹⁵ DCBS SOP C7.4. (2025, April 22). *Initial Placement Considerations*. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-4.aspx>;

DCBS SOP C7.7. (2025, April 22). *Placement in a DCBS Foster or Adoptive Home*. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-7.aspx>



the duration of a child’s stay in an NTP. And once the determination is made to utilize an NTP, CHFS requires immediate notification to the regional high acuity specialist.¹⁶

But this is not good enough. The lack of suitable and appropriate placement options has escalated into a crisis, forcing Kentucky to place children in settings that were never designed or intended for housing children.

In July of 2023, the media found that foster children were living in CHFS office buildings.

Beginning in July of 2023, the media began reporting on “[u]nplaced children sleeping on [the] floor of . . . [t]he old L&N Building” in Louisville.¹⁷ Court-appointed lawyers representing the children and their parents noted that some of these children would stay at the L&N Building—a building without beds, showers, or food services—for weeks at a time.¹⁸ Children had to be taken to the local YMCA every three or four days for showers, food had to be ordered in, and children were stuck playing board or video games all day.¹⁹

When asked about the situation, Governor Andrew Beshear stated that “every child is a child of God and deserves the best.”²⁰ But the only offered solution was a vague indication that the state would provide “an additional \$41.5 million to support the state’s foster care children and the people who support them,” which “included a one-time allocation of \$20 million to 120 foster care agencies to fund a higher monthly reimbursement rate.”²¹ Senator Julie Raque Adams, however, noted that a more specific “action plan” was needed.²²

One media outlet dug deeper. In the fall of 2023, because of the severity of the situation, Jefferson County Family Court Judge Gina Kay Calvert gave WDRB access to a court

¹⁶ CHFS. (2024, February 2). *Nontraditional Placement Tip Sheet*. https://manuals-sp-chfs.ky.gov/resources/Documents%20and%20Forms/Nontraditional%20Placement%20Tip%20Sheet_.pdf

¹⁷ Andrew Wolfson. (2023, July 11). *Unplaced children sleeping on floor of Kentucky cabinet’s Louisville office*. The Courier Journal. <https://www.courier-journal.com/story/news/2023/07/07/children-sleeping-in-office-if-kentucky-cant-place-them-in-foster-care/70392803007/>;

Shay McAlister. (2023, July 11). *‘This cannot continue’; Lawmaker calls on Gov. Beshear to act as foster children sleep in government buildings*. WHAS11. <https://www.whas11.com/article/news/local/foster-children-sleeping-government-buildings-beshear/417-91407538-35b0-49f5-9fc8-dd00a9de148d>;

Joe Sonka. (2023, July 13). *Beshear: Unplaced children sleeping in Kentucky cabinet’s offices not acceptable*. The Courier Journal. <https://www.courier-journal.com/story/news/politics/2023/07/13/beshear-unplaced-foster-children-sleeping-in-kentucky-cabinet-office-not-acceptable/70409508007/>;

Lauren Adams. (2023, July 14). *Some Kentucky foster kids are sleeping in offices; governor calls it ‘unacceptable’*. WLKY. <https://www.wlky.com/article/gov-beshear-kentucky-foster-kids-sleeping-offices/44536734>;

Monica Harkins. (2023, July 26). *Kentucky foster children sleeping on cots in state buildings is a ‘tragedy,’ cabinet secretary tells lawmakers*. WDRB. https://www.wdrb.com/news/politics/kentucky-foster-children-sleeping-on-cots-in-state-buildings-is-a-tragedy-cabinet-secretary-tells/article_914918fe-2be8-11ee-a196-f34c3bd4dad3.html

¹⁸ Wolfson, *supra*.

¹⁹ Wolfson, *supra*.

²⁰ Wolfson, *supra*.

²¹ Wolfson, *supra*.

²² McAlister, *supra*.



hearing involving one of the boys staying at the L&N Building.²³ That hearing revealed alarming facts.

Earlier, Judge Calvert had ordered CHFS to remove the boy from his home and place him in a treatment center or therapeutic foster home with no children under 16, both for the safety of the boy and others.²⁴ CHFS instead placed the boy at the L&N Building where he received no treatment for at least eight days.²⁵ Even worse, the hearing revealed that the office-stay situation extended far beyond that one boy. Testimony at the hearing revealed the following:

- The state has no specifically trained employees to watch the children staying at the L&N Building for a 24-hour period.
- There are significant time gaps where no one properly trained is available to give the children their medication, de-escalate arguments or fights, or restrain a child if necessary.
- No record is kept of the children housed at the L&N Building or of how long they stay.
- It is unclear if specific orders from judges are being passed along to the workers watching over children staying in office buildings.
- It is unknown whether fire departments have been made aware that children are living in office buildings.²⁶

All of this, and more, is what led Judge Calvert to conclude that a “very real crisis exists at the Cabinet, and that crisis threatens the safety of every child” in these office buildings.²⁷ She pointed out that “more than sufficient time” has passed “to put appropriate policies and procedures in place” to fix this issue,²⁸ but the issue remains.²⁹

The General Assembly has demanded a solution.

When reporting first broke, the General Assembly immediately demanded answers at two notable public hearings.

²³ Jason Riley. (2023, November 22). *Rare public view of family court case shows ‘crisis’ of kids housed in Louisville office building*. WDRB. https://www.wdrb.com/wdrb-investigates/rare-public-view-of-family-court-case-shows-crisis-of-kids-housed-in-louisville-office/article_863faa38-798e-11ee-bb84-6bdeb0e7febd.html.

²⁴ Riley, *supra*.

²⁵ Riley, *supra*.

²⁶ Riley, *supra*.

²⁷ Riley, *supra*.

²⁸ Riley, *supra*.

²⁹ William Battle. (2023, November 16). *Kentucky facing Foster Care crisis, children sleeping in government offices*.

WBKO. <https://www.wbko.com/2023/11/17/kentucky-facing-foster-care-crisis-children-sleeping-government-offices/>;

Jason Riley. (2024, April 4). *Kentucky continues to place children in state office buildings, fighting a Louisville judge’s ruling*. WDRB.

https://www.wdrb.com/in-depth/kentucky-continues-to-place-children-in-state-office-buildings-fighting-a-louisville-judges-ruling/article_319712c8-f1fc-11ee-83a6-f77ada67e215.html.



1. The first public hearing was held on July 24, 2023, by the Kentucky Health and Human Services Delivery System Task Force.³⁰ Then CHFS Secretary Eric Friedlander and DCBS Commissioner Lesa Dennis, among others, testified on behalf of CHFS.

Commissioner Dennis confirmed that the issue of children staying in office buildings started in the Spring of 2022 and that CHFS first started tracking the issue in July 2022.³¹ The data CHFS presented at this hearing showed the situation to be worse than originally thought by the public and media. Since the start of 2023, at least 87 children had been in not just an office building but potentially a hotel or a state park, as well.³² And at least 30 of those children had been sent to out-of-state facilities.³³

CHFS's proffered a solution centered around one thing—money.³⁴ But even Secretary Friedlander acknowledged that the real solution is not just about money and that CHFS simply had not found a solution yet.³⁵ Secretary Friedlander noted that one of those proposed solutions was a “state-run hospital.”³⁶ But this made Secretary Friedlander “nervous” and, in his words, “would take too long.”³⁷ At the time, Secretary Friedlander believed that CHFS was only “weeks away” from a solution;³⁸ yet, as outlined below, the issue remains unresolved years later.

Commissioner Dennis stated that most children only had to stay at an office building for one to two days and identified that “occasionally” a child had to stay longer.³⁹ As for services offered to the children, Commissioner Dennis replied that CHFS was “of course meeting all of their immediate needs.”⁴⁰

Director for the Division of Protection and Permanency (DPP) Melanie Taylor noted that therapeutic foster homes were only at 50% capacity but stated that these homes will not admit the children being housed at office buildings.⁴¹ Representative Samara Heavrin pointed out that these facilities are state contractors that should not be allowed to refuse to admit a child, but Secretary Friedlander stated that Kentucky's contracts with those facilities do not afford Kentucky that ability.⁴²

³⁰ Kentucky Health & Human Services Delivery System Task Force Hearing, 4:50–30:42. (2023, July 24). CHFS Secretary Eric Friedlander, et al. <https://www.youtube.com/watch?v=dCf7Tf33aY8>.

³¹ Task Force Hearing, *supra*. 6:20–7:00.

³² Task Force Hearing, *supra*. at 8:06–8:55; Harkins, *supra*

³³ Task Force Hearing, *supra*. at 8:06–8:55; Shay McAlister. (2023, July 7). *Some Kentucky foster children are sleeping in Louisville's L&N Building, state confirms*. WHAS11. <https://www.whas11.com/article/news/local/kentucky-foster-children-sleeping-downtown-l-and-n-building-louisville/417-71fcd42d-0fb2-4961-8dd1-75e53e0efc9b>.

³⁴ Task Force Hearing, *supra*. at 8:56–10:00.

³⁵ Task Force Hearing, *supra*. at 8:56–10:00.

³⁶ Task Force Hearing, *supra*. at 11:52–12:13.

³⁷ Task Force Hearing, *supra*. at 11:52–12:13.

³⁸ Task Force Hearing, *supra*. at 15:34–42.

³⁹ Task Force Hearing, *supra*. at 16:06–55.

⁴⁰ Task Force Hearing, *supra*. at 16:56–18:24.

⁴¹ Task Force Hearing, *supra*. at 23:24–26:30.

⁴² Task Force Hearing, *supra*. at 28:45–30:42.



2. The second public hearing was held on October 25, 2023, by the General Assembly’s Interim Joint Committee on Families and Children.⁴³ Secretary Friedlander and Commissioner Dennis, among others, testified on behalf of CHFS.

A solution still hadn’t been found. Secretary Friedlander stated that CHFS issued a request for proposals to contract with a facility that would be required to admit any child sent by CHFS to the facility.⁴⁴ CHFS received no responses.⁴⁵ Senator Danny Carroll asked if this was now the time for a state facility that could step in and fill the gaps to ensure these children receive the care they need.⁴⁶ To that, Secretary Friedlander stated, “I really don’t want to answer yes to that question. . . . But if we can’t figure out some way for these kids to get placed, I don’t know what else we’re going to be able to do.”⁴⁷ Commissioner Dennis noted that, at that time, 38 children had to be placed out-of-state, with Secretary Friedlander noting that number will be going up.⁴⁸ But in the end, Secretary Friedlander stated that CHFS “will pay what it takes” to get this issue solved.⁴⁹

Yet the issue persists.

Auditor Ball steps in to analyze the situation so a solution can be found.

Auditor Ball welcomed the Ombudsman’s arrival to APA by affirming her commitment to “shine a light on how CHFS’s practices, policies, and services can be improved for the benefit of all Kentuckians.” For decades, the Ombudsman’s function was structurally embedded within and overseen by the very agency it was charged with holding accountable. This prior alignment created significant challenges to true independence, which is a foundational principle for effective oversight and accountability work. The transition to APA on July 1, 2024, as mandated by 2023 SB 48, noticeably strengthened our independence and ensured that oversight of CHFS is truly impartial and free from any conflict of interest.

Upon transition, Auditor Ball tasked the Ombudsman with using its specialized expertise to expound on the work her office was performing as to disturbing reports it had received regarding children being housed at state office buildings. Regrettably, when the Ombudsman attempted to tap into its specialized expertise and ascertain the validity of the claims, CHFS impeded the investigation by revoking the Ombudsman’s existing access to iTWIST records.

iTWIST is the database where CHFS maintains all child protective services information. The General Assembly made clear in KRS 43.035 and Section 102 of 2023

⁴³ Interim Joint Committee on Families & Children, 59:32–. (2023, October 25). CHFS Secretary Eric Friedlander, et al. <https://ket.org/legislature/archives/2023/interim/interim-joint-committee-on-families-and-children-6218m4>.

⁴⁴ Families & Children, *supra*. 1:15:25–19:30.

⁴⁵ Families & Children, *supra*. 1:15:25–19:30.

⁴⁶ Families & Children, *supra*. 1:22:10–24:20.

⁴⁷ Families & Children, *supra*. 1:22:10–24:20.

⁴⁸ Families & Children, *supra*. 1:25:40–26:18.

⁴⁹ Families & Children, *supra*. 1:31:20–40.



Senate Bill 48 that the Ombudsman was to maintain its existing iTWIST access even after transition to the APA. CHFS didn't see it that way, however, and precluded the Ombudsman from maintaining its iTWIST access. For five months, the Ombudsman attempted to work with CHFS to have that access restored. But with Kentuckians suffering and the Ombudsman's ability to help those Kentuckians limited without iTWIST access, Auditor Ball had no choice but to bring suit for that access. Less than a month after filing that suit, the Ombudsman's iTWIST access was restored. Now armed with iTWIST access, on October 29, 2024, Auditor Ball formally announced an investigation into whether children were sleeping in office buildings. The Ombudsman found that to be true and released preliminary findings on this issue on January 28, 2025.⁵⁰

⁵⁰ Bryan Morrow. (2025, January 28). *Unplaced Foster Children House in Cabinet for Health and Family Services Department for Community Based Services Office Buildings*, Kentucky Auditor of Public Accounts, Commonwealth Office of the Ombudsman. <https://www.auditor.ky.gov/kyombud/Special%20Documents/2025-01-28%20COO%20-%20Preliminary%20Examination%20of%20Children%20Housed%20in%20State%20Office%20Buildings.pdf>.



A photograph of a hospital room, dimly lit with a dark blue overlay. In the foreground, a simple wooden stool with four legs stands on the left. To the right, a hospital bed with a metal frame is visible, covered with a white sheet and a patterned blanket. The bed has two pillows with the same pattern. The background shows a plain wall and the head of the bed.

PRELIMINARY ASSESSMENT

Preliminary Assessment

Was it true that Kentucky’s foster children were sleeping in state office buildings? If so, where was this occurring and how often was this occurring?

In short: Yes, children were, and continue to be, placed in state office buildings across the state.

The Ombudsman’s preliminary assessment of this issue was designed to test the nature, scope, and depth of the problem.

One issue sought to be addressed by the preliminary assessment was whether CHFS’s characterization of all the children in NTP as “high acuity” is accurate. (See Appendix A for additional context.). But this proved to be an impossible issue to resolve because no definition in law or policy was proffered by CHFS as to the meaning of “high acuity.” The Ombudsman, therefore, could only infer that when CHFS characterizes a child as “high acuity,” CHFS appears to mean that the child is extremely difficult to care for, beyond the ability of anyone apart from experienced professionals of the highest caliber.

Another issue addressed by the preliminary assessment was whether this issue was confined to Louisville or whether it was occurring statewide. The assessment revealed that this is, unfortunately, a statewide issue affecting children across the Commonwealth.

Auditor Ball presented these results of the preliminary assessment, and more, on February 11, 2025, at the General Assembly’s Senate Committee on Families and Children.⁵¹ Auditor Ball explained that the results of an assessment necessitate a more extensive evaluation of the situation.

CHFS also presented at that hearing.⁵² Notably, Secretary Friedlander stated that he “welcomes” a more extensive evaluation and “would be happy to work with the Auditor.”⁵³

Secretary Friedlander and Commissioner Dennis also spoke about national conferences they had attended, wherein NTP was identified as being “an issue across the country.”⁵⁴ Referencing a report by the American Public Human Services Association,⁵⁵ Commissioner Dennis stated characteristics of children experiencing high

⁵¹ Senate Committee on Families & Children, 22:40–35:49. (2025, February 11). Auditor Allison Ball, et al. <https://ket.org/legislature/archives/2025/regular/senate-families-and-children-committee-026avj>.

⁵² Senate Committee, *supra*. 35:50–59:00

⁵³ Senate Committee, *supra*. 58:18–32

⁵⁴ Families & Children, *supra*. 37:09-37:11

⁵⁵ American Public Human Services Association. (2025, January). *Addressing the Complex Needs of Youth: A Call to Action*. https://aphsa.org/wp-content/uploads/2025/01/2025-01_Address-the-Complex-Needs-of-Youth.pdf



acuity needs were identified and were allegedly very similar to what Kentucky was experiencing, alluding to those high acuity needs being causal factors of NTP. Secretary Friedlander testified that NTPs most often occurred while CHFS was securing a placement but then admitted that he knew about “a child who stayed in an office for 25 days.”⁵⁶

Commissioner Dennis went on to testify that CHFS data showed that, while there was still a lot of work to do regarding NTP, “we are moving in the right direction.”⁵⁷ Placement numbers in the data slides shown to the committee, however, differed from the placement numbers CHFS submitted to the U.S. Department of Health and Human Services Children’s Bureau in the July 31, 2024, Child and Family Services Reviews (CFSR) Statewide Assessment.⁵⁸ (See Appendix B for additional context.)



Data shows a discrepancy in reporting by CHFS.

Commissioner Dennis cited “aggression or risk-taking behavior, suicidal ideations, self-harm, [and] substance abuse,”⁵⁹ as behaviors affecting placement availability. She went on to state, “The most common diagnoses were depression, anxiety, Post-Traumatic Stress Disorder (PTSD), and other mood disorders, and followed by developmental or cognitive disabilities, autism spectrum disorder, etcetera.”⁶⁰ Despite CHFS admitting children were sleeping in office buildings as far back as 2022 and acknowledging the populations most affected, this issue persists. While in some areas of the state CHFS has reduced its reliance on NTPs, significant work remains before children are no longer sleeping in office buildings or other unsuitable settings.

⁵⁶ Families & Children, *supra*. 40:02-40:39

⁵⁷ Families & Children, *supra*. 42:06-42:09

⁵⁸ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

⁵⁹ Families & Children, *supra*. 39:33-39:37

⁶⁰ Families & Children, *supra*. 39:37-39:49



INVESTIGATION



Investigation

The Ombudsman initiated this investigation with the intent of collaborative engagement; however, CHFS did not participate in that process.

In many ways, CHFS has refused to honor the promise made by its Secretary for information access and collaboration.

Initially, CHFS was receptive to meeting on NTPs. In an email⁶¹ with our staff on February 10, 2025, Commissioner Dennis stated, “The Cabinet would welcome the opportunity to discuss this issue with the Commonwealth Office of the Ombudsman and provide additional information, if given an opportunity.” On March 18, 2025, about a month after Auditor Ball directed the Ombudsman to conduct a deeper investigation, our office invited CHFS leadership to sit down to discuss the scope of the ongoing assessment, proposed metrics, and next investigative steps. That correspondence emphasized our intent to collaborate and our desire to ensure that the investigation produced information most useful to CHFS. CHFS did not respond to that invitation.

Throughout the course of the investigation, our staff frequently sought clarification and information to make this report as accurate and complete as possible. At least in the beginning, when our office asked CHFS specific questions, CHFS did respond to those inquiries. That is, until we specifically asked for case management reports to be provided to us. CHFS ignored this request and, instead, provided us with numbers associated with rejections and refusals by providers.⁶² The case management reports were not uploaded in iTWIST; nor were they available in paper copy files that were reviewed during our site visits.

CHFS’s attempt to limit the Ombudsman’s access to pertinent information directly impacted this report’s search for answers. Despite our efforts to foster a more collaborative process, CHFS leadership chose not to meet with us to discuss NTP. And after months of more unacknowledged outreach, our office sent formal correspondence on August 29, 2025, to new CHFS Secretary Steven Stack, highlighting the necessity for CHFS participation in the investigation.⁶³

CHFS finally responded on September 9, 2025. But its response was a complete reversal from the invitation from former Secretary Friedlander. CHFS stated that further discussion “would not have been helpful,” asserting that the Ombudsman’s preliminary assessment

⁶¹ Email correspondence between CHFS staff and the Ombudsman. (2025, February 10). Copy on file with the Ombudsman.

⁶² Email correspondence between CHFS staff and the Ombudsman staff. (2026, January 5). Copy on file with the Ombudsman.

⁶³ Email correspondence between CHFS staff and the Ombudsman staff. (2025, August 29). Copy on file with the Ombudsman.



contained “numerous factual errors” without specifying any of them, and merely reiterated information already shared with the General Assembly and media. CHFS further stated that the Ombudsman, “does not have any specialized training in the investigation of suspected child abuse, dependency, and/or neglect,” a false assertion.⁶⁴

This unfortunate response, which completely ignores the Ombudsman’s statutory mandate to investigate CHFS and its staff of experts with the knowledge and experience to do so, is reflective of what one long-time and well-respected investigative reporter, John Cheeves, recently said about his experience asking the Beshear administration and CHFS for information:

[T]he biggest obstacle I ran into is that the state of Kentucky would not communicate with me. The state cabinet in Frankfort refused to grant interviews. I asked multiple times. Under the Open Records Acts, they did comply. They fought on a couple of things on a minor level, but they ultimately handed over the investigative records for the daycare facilities. So I had some idea who was getting in trouble and what for. It would have been so much better if the health cabinet officials had spoken about the problems that they are seeing, the stresses they’re facing. Unfortunately, Andy Beshear’s administration – and I’ve been covering Frankfort since the year 2000, since Paul Patton was governor – Andy Beshear’s administration is the least transparent of any administration I’ve covered in 25 years of covering state government in Kentucky. The officials just don’t want to talk to you. They don’t let you into the building. They don’t give interviews.⁶⁵

Obviously, more collaboration with CHFS would have strengthened this report for the benefit of Kentucky’s children suffering in this situation.

NTP use extends well beyond office buildings, hotels, and state parks.

CHFS uses the term “nontraditional placement” to describe situations where children have to sleep in, for example, an office building.⁶⁶ In practice, however, the use of the term “**NTP**” **functions as a euphemism for placement failure**. Describing a child’s placement as an “NTP” represents a situation in which the child welfare system has failed to identify a licensed, appropriate placement at the time a child requires care. A key investigative component for the Ombudsman was determining where NTP placements were occurring, how frequently these were used, and whether any governing standards existed to guide their use.

⁶⁴Email correspondence between CHFS staff and the Ombudsman staff. (2025, September 9). Copy on file with the Ombudsman.

⁶⁵Jacob Ryan. (2025, July 8). *Digging In: Herald Leader reporter talks Kentucky child care reporting*, Louisville Public Media. <https://www.lpm.org/investigate/2025-07-08/digging-in-herald-leader-reporter-talks-kentucky-child-care-reporting>.

⁶⁶CHFS. (2024, February 2). *Non-Traditional Placements Tip Sheet*. <https://tinyurl.com/yepvt6vy>.



During the course of the investigation, it became clear that the scope of NTP extended well beyond the public narrative of children sleeping in offices. CHFS data revealed that children were being housed in a wide range of settings that fall outside Kentucky’s licensed placement framework. These placements were not isolated incidents, but reflected a systemic practice used across service regions when no licensed placement was immediately available.

Our investigation identified children placed in the following nontraditional settings:

- CHFS Office
- Community Center
- Hospital (not admitted)
- Hotel
- Interim Caregiver
- Private Child Placing (PCP)/Private Child Caring (PCC) Office
- State Park

While media coverage largely focused on office placements, the breadth of locations identified underscores the absence of meaningful boundaries or guardrails around the placement of children in nontraditional settings.

Not all of these settings were formally defined by CHFS. The few, scarce definitions that do exist are set out below:⁶⁷

| DEFINITIONS | |
|----------------------------------|---|
| Hospital boarding (not admitted) | Hospital boarding refers to health facilities holding patients, typically in the emergency department (ED), while awaiting an inpatient bed. |
| Interim caregiver | Short-term care provided by an approved respite provider to a child in OOHC for whom a current placement search has not identified any placement options. To be considered a last resort option to prevent a child sleeping in an office setting while the search for appropriate placement continues with urgency. |
| Approved respite provider | A caregiver who has met requirements specified in Section 17 of 922 KAR 1:350. |
| Respite care | Temporary care provided by a caregiver who has met requirements specified in Section 17 of 922 KAR |

⁶⁷ CHFS. (2024, February 2). *Nontraditional Placement Tip Sheet*. https://manuals-sp-chfs.ky.gov/resources/Documents%20and%20Forms/Nontraditional%20Placement%20Tip%20Sheet_.pdf



| | |
|--|---|
| | 1:350 for the purpose of meeting the needs of the child or providing relief to the foster or adoptive parents with the expectation of a child's return to the current foster or adoptive home. Respite care provided out of the child's foster home is considered a temporary living condition not to exceed two (2) weeks. |
|--|---|

The investigation identified 412 NTP stays involving children and recommitted youth in the care of CHFS that occurred between January 1, 2023, and October 29, 2024. Four additional cases were identified but excluded from further analysis because the children were subsequently adopted and the records sealed. Additionally, interim caregiver placements were excluded from subsequent findings. Interim caregivers are approved, trained, and regulated respite providers who meet established safety, supervision, and caregiving standards. Unlike office buildings, hotels, parks, or other unlicensed environments, interim caregiver placements represent the most appropriate temporary option for children awaiting longer-term placement and should be prioritized whenever available.

After excluding interim caregiver placements, the analytic sample reflects 304 unique children who were placed in nontraditional settings during the review period. Because some children experienced more than one NTP episode, placement-level analyses in this report reflect 321 distinct NTP stays totaling 1,577 days.

These NTP stays included the following settings:

- 269 placements in CHFS Offices,
- 17 placements in Hotels,
- 16 placements in State Parks,
- 11 placements in Hospitals (not admitted),
- 7 placements in Community Centers, and
- 1 placement in a Private Child Placing/Private Child Caring Office.

15 children cycled between two or three NTP settings. This pattern reflects not only placement instability, but also repeated failure to secure an appropriate setting for these children even after an initial NTP stay.



CHFS has operated for years without any governing policies, procedures, or standards for what staff must do when a child cannot be placed.

CHFS has failed to produce regulations, policies, or procedures on how social workers are to respond when there is no viable placement that will accept and can meet a child's needs. This failure persists despite CHFS acknowledging the NTP crisis as early as 2022. The absence of guidance to its statewide workforce constitutes a critical breach of its duty to ensure lawful, consistent, and safe child welfare practice.

Instead of issuing policy and training to staff, CHFS created a Non-Traditional Placement Tip Sheet⁶⁸ that includes FAQs on how to record-keep on the children placed through NTP.

Even the most basic terms used to track NTPs are inconsistent, leaving no reliable way to measure how long children remain in these settings.

A fundamental deficiency identified during the investigation was the lack of a consistent definition of what constitutes an NTP “stay.” In a November 7, 2024, email to Commissioner Dennis, our office asked, “Is there a standard that has been established for documenting when a child should be noted in iTWIST OOHC placement screens as placed in a CHFS office? If so, is it when the child must remain overnight or a few hours?”⁶⁹ CHFS provided an answer on February 7, 2025, three months after the initial inquiry, indicating a “stay” is an NTP placement for more than 24 hours.⁷⁰ Indeed, at least one staff member with CHFS was instructed to refrain from characterizing a child who “came to the office for several hours but did not spend the night” as an NTP. But this directly conflicts with instructions found in the employee tip sheet referenced above that characterizes a “stay” as occurring when a child has stayed only “overnight.”

When compared with actual data, it appears that definitions were not followed, or multiple definitions were in place concurrently, leading to worker confusion. Case records reflect children labeled as NTPs for stays under 24 hours. This would, of course, be consistent with the employee tip sheet described above but inconsistent with the 24-hour definition CHFS provided and about which at least one CHFS employee was instructed.

Compounding this problem, iTWIST does not capture the precise time a child enters and exits NTP, only the date. This omission makes it impossible to accurately reconstruct the time spent in each placement. Compare this with the fact that CHFS requires more

⁶⁸ CHFS. (2024, February 2). *Nontraditional Placement Tip Sheet*. https://manuals-sp-chfs.ky.gov/resources/Documents%20and%20Forms/Nontraditional%20Placement%20Tip%20Sheet_.pdf

⁶⁹ Email correspondence between CHFS staff and the Ombudsman staff. (2024, November 7). Copy on file with the Ombudsman.

⁷⁰ Email correspondence between CHFS staff and the Ombudsman staff. (2025, February 7). Copy on file with the Ombudsman.



detailed documentation when a person enters and exits their administrative building in Frankfort than required when a child spends time in a CHFS office.

Throughout this investigation, CHFS has made assertions that case files were marked NTP erroneously and that cases have been “identified for iTWIST cleanup.” However, it has been over a year since our preliminary investigation began, and this cleanup has yet to occur. In a document provided by CHFS on January 5, 2026, CHFS admitted to inaccurate documentation in iTWIST in over 100 entries.⁷¹ These errors indicate CHFS weaknesses in data integrity and internal controls. However, the data can still provide useful insight into NTP utilization, highlighting areas for improvement, and support considerations of strategies successfully used elsewhere.

CHFS’s data practices and system access limits forced this investigation to rely on manual review rather than reliable, reportable statewide information.

Despite iTWIST being the central database for all child abuse and maltreatment data, the Ombudsman staff repeatedly asked CHFS for critical records necessary for this investigation. For example, Case Management Reports (CMRs), which contain the acceptance or rejection attempts and responses from each placement agency, are not uploaded in iTWIST despite their vital importance to placement decision making. When asked directly for CMRs, CHFS stated in part, “I will make sure you guys receive it,” by DCBS Director of Service Regions Marjorie Shular.⁷² Despite this assurance, we never received exactly what we asked for.

The Ombudsman has read-only access to the system, which does not allow for report generation, dataset extraction, or real-time snapshots of NTP activity. Despite repeated attempts to have report access restored to the Ombudsman staff, CHFS has delayed granting us access.⁷³ As a result, this investigation relied almost entirely on manual review of thousands of case documents.

This failure is not attributed solely to an inadequate data system. It is equally a failure of internal practice. DCBS SOP G1.4, entitled “Documentation,”⁷⁴ places responsibility on the assigned social worker to ensure that documentation of all ongoing casework and contacts is entered into iTWIST within defined timeframes. When critical case files, as mentioned above, are stored outside of iTWIST or never uploaded at all, the result is fragmented data that obstructs statutory oversight and compromises child safety.

⁷¹ Email correspondence between CHFS staff and the Ombudsman staff. (2026, January 24). Copy on file with the Ombudsman.

⁷² Email correspondence between CHFS staff and the Ombudsman staff. (2025, December 19). Copy on file with the Ombudsman.

⁷³ Email correspondence between CHFS staff and the Ombudsman staff. (2025, December – 2026, January). Copy on file with the Ombudsman.

⁷⁴ CHFS. (2024 October 15). *DCBS SOP online manual*. <https://manuals-sp-chfs.ky.gov/G1/Pages/1-4.aspx>



Because of CHFS's refusal to provide the Ombudsman with records and continued delay in providing access to the reporting system, CHFS's failure to provide all requested records, incomplete case documentation in iTWIST, inconsistent reporting practices, a lack of comprehensive public-facing data, and any internal policies on NTP, the Ombudsman dedicated multiple staff exclusively to this investigation for several months. In light of these obstacles created by CHFS, our staff relied solely on manual data collection that was available to them. Each of the 304 cases contains many thousands of pages of documentation, predominately in narrative form. Manually extracting data points and locating information embedded in lengthy narratives creates a process that is inherently time-consuming. Many case reviews produced more unanswered questions than verifiable answers, as not all records were available.

These documentation failures are not technical inconveniences; they create direct safety risks for children and prevent meaningful oversight and accountability.

CHFS's failure to maintain complete, centralized, and accessible documentation not only thwarts its efforts at service delivery to the foster care population but also undermines efforts at qualitative review and accountability for those service failures. 2023 SB 48 makes it unambiguously clear the Ombudsman must have access to all information necessary to carry out its duties. CHFS spent months blocking access to iTWIST, and even now the system represents, at best, fragmented storage of incomplete records, updated without consistent adherence to required timeframes.

The consequences of these documentation failures are not abstract. For example, under SOP C7.9,⁷⁵ the DPP-886A Application for Referral and Needs Assessment is required to be detailed, complete, and submitted within five working days of a child's entry into out-of-home care, because it directly determines the child's LOC assignment. A missing or incomplete DPP-886A, therefore, prevents timely LOC assignment and undermines placement stability. If required updates under SOP C7.3576 are missed, placements lack necessary information to accurately assess risk or determine whether their service level is appropriate for the child. This creates avoidable, foreseeable, and preventable risks. CHFS's lack of coordinated planning and data integrity deprives policymakers of the information necessary to address placement capacity and infrastructure needs.

⁷⁵ CHFS. (2024 October 15). *DCBS SOP online manual*. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-9.aspx>

⁷⁶ CHFS. (2024 October 15). *DCBS SOP online manual*. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-35.aspx>



In sum, four systemic failures repeatedly surfaced and form the framework for the findings that follow.

These failures are interrelated and recur throughout the investigation:

1. A lack of transparency by CHFS regarding NTP use;
2. Ineffective and unreliable CHFS documentation practices;
3. The complete absence within CHFS of governing policy or standards for NTPs;
and
4. A continuum of care in Kentucky that does not meet the needs of children for whom CHFS is legally responsible.

The findings that follow examine these themes through a series of targeted inquiries, assessing both the immediate impacts on children and the structural failures that have allowed NTPs to persist as a routine response rather than an emergency exception.





FINDINGS



Findings

Our office performed an in-depth, time-intensive review of the casefiles associated with the 304 children placed in a non-interim caregiver NTP between January 1, 2023, and October 29, 2024. The Ombudsman has received several inquiries and complaints from stakeholders and constituents since Auditor Ball's launch of the investigation. These communications, in part, directly informed the questions we pursued in our analysis and shaped the focus of this report.

Terminology Note: For consistency throughout this report, the words "child" or "children" will be used to refer to all individuals included in the review, including those between 18 and 20 years old who are recommitted youth, unless that population is specifically referenced separately.



Scope and Scale of the Problem

Inquiry 1

News coverage has consistently highlighted NTP use in Louisville. Is NTP use isolated to Louisville, or does available data confirm a systemic and widespread statewide issue?

Conclusion

Public reporting has largely focused on children placed in nontraditional settings in Louisville. However, the data reviewed for this examination confirms that the use of NTP is not isolated to Louisville and, instead, reflects a statewide practice affecting all service regions across the Commonwealth. The data reviewed by our office confirms NTP use is neither rare nor isolated, but rather a recurring response to systemic placement failures across Kentucky’s child welfare continuum.

Analysis

CHFS has the following nine service regions:

| Region | Counties |
|----------------------------------|---|
| Cumberland (CSR) | Adair, Bell, Casey, Clay, Clinton, Cumberland, Green, Harlan, Jackson, Knox, Laurel, McCreary, Pulaski, Rockcastle, Russell, Taylor, Wayne, and Whitley |
| Eastern Mountain (EMSR) | Breathitt, Floyd, Johnson, Knott, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, and Wolfe |
| Jefferson (JSR) | Jefferson |
| Northeastern (NESR) | Bath, Boyd, Bracken, Carter, Elliott, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Montgomery, Morgan, Robertson, and Rowan |
| Northern Bluegrass (NBSR) | Boone, Bourbon, Campbell, Carroll, Gallatin, Grant, Harrison, Kenton, Nicholas, Owen, Pendleton, and Scott |
| Salt River Trail (SRT) | Anderson, Breckinridge, Bullitt, Franklin, Grayson, Hardin, Henry, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington, and Woodford |



| | |
|----------------------------------|--|
| Southern Bluegrass (SBSR) | Boyle, Clark, Estill, Fayette, Garrard, Jessamine, Lincoln, Madison, Mercer, and Powell |
| The Lakes (TLSR) | Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, Muhlenberg, Trigg, and Todd |
| Two Rivers (TRSR) | Allen, Barren, Butler, Daviess, Edmonson, Hancock, Hart, Henderson, Logan, McLean, Metcalfe, Monroe, Ohio, Simpson, Union, Warren, and Webster |

While NTP use occurs statewide, the data reveals significant regional concentration. Three service regions account for over half of all NTP cases. Specifically, the TRSR accounts for 20.1% of the cases reviewed, the NBSR accounts for 19.1%, and the CSR accounts for 12.5%. Together, these three regions comprise 51.7% of all NTP cases in the dataset.

| Service Region | Percent | Count |
|---------------------------|----------------|--------------|
| Two Rivers (TRSR) | 20.1% | 61 |
| Northern Bluegrass (NBSR) | 19.1% | 58 |
| Cumberland (CSR) | 12.5% | 38 |
| Salt River Trail (SRT) | 10.5% | 32 |
| Northeastern (NESR) | 9.9% | 30 |
| Southern Bluegrass (SBSR) | 8.6% | 26 |
| Eastern Mountain (EMSR) | 6.9% | 21 |
| The Lakes (TLSR) | 6.2% | 19 |
| Jefferson (JSR) | 6.2% | 19 |
| TOTAL | 100% | 304 |

NTP Cases by Service Region (n=304)

Note: Highlighted rows represent the top 3 regions, comprising 51.7% of all NTP cases.

Importantly, Louisville’s prominence in media coverage appears to be driven by visibility rather than exclusivity. While JSR accounted for 19 cases, its use of NTPs mirrors a broader statewide pattern rather than a region-specific failure. Children across urban, suburban, and rural regions are entering NTPs when the placement system cannot meet their needs.



Notably, the only region-specific operational guidance identified during this review originated in the NBSR,⁷⁷ one of the three regions with the highest volume of NTP cases. The existence of region-level protocols indicates that, in the absence of cabinet-wide policy, service regions are left to operate on self-regulating islands, via informal frameworks, to manage NTP use. This regional adaptation further underscores that NTP reliance is not isolated to Louisville and that operational responses vary across the Commonwealth, contributing to inconsistent practices and oversight.

Taken together, the regional distribution of NTP cases points to structural issues stemming from poor leadership at the state level rather than isolated regional mismanagement. The data suggests:

- Statewide placement resource shortages
- Geographic concentration of crisis
- Potential regional practice variations

The evidence demonstrates that NTP use is a statewide systemic response to insufficient placement capacity, not a Louisville-specific phenomenon. Any effort to meaningfully reduce NTP reliance must therefore address statewide continuum-of-care gaps.

In addition to volume, the data reveals meaningful regional differences in the clinical and behavioral complexity of children placed in NTPs. The proportion of children in our NTP sample with documented criminal activity varies substantially by region.

| Service Region | % Criminal Activity | Count |
|---------------------------|---------------------|----------|
| The Lakes (TLSR) | 36.8% | 7 of 19 |
| Jefferson (JSR) | 36.8% | 7 of 19 |
| Two Rivers (TRSR) | 34.4% | 21 of 61 |
| Cumberland (CSR) | 34.2% | 13 of 38 |
| Northern Bluegrass (NBSR) | 27.6% | 16 of 58 |
| Southern Bluegrass (SBSR) | 23.1% | 6 of 26 |
| Salt River Trail (SRT) | 21.9% | 7 of 32 |
| Northeastern (NESR) | 20.0% | 6 of 30 |
| Eastern Mountain (EMSR) | 14.3% | 3 of 21 |

Criminal Activity by Service Region (n=304)

Note: Highlighted rows indicate regions with criminal activity rates above 30%.

⁷⁷ CHFS. (Revised 2025, February). *NBSR Basic Protocol for Youth Housed in Office*, unpublished. Copy on file with the Ombudsman.



Inquiry 2

***What specifics does the available data reveal about the use of NTP?
How long is each child remaining in NTP?***

Conclusion

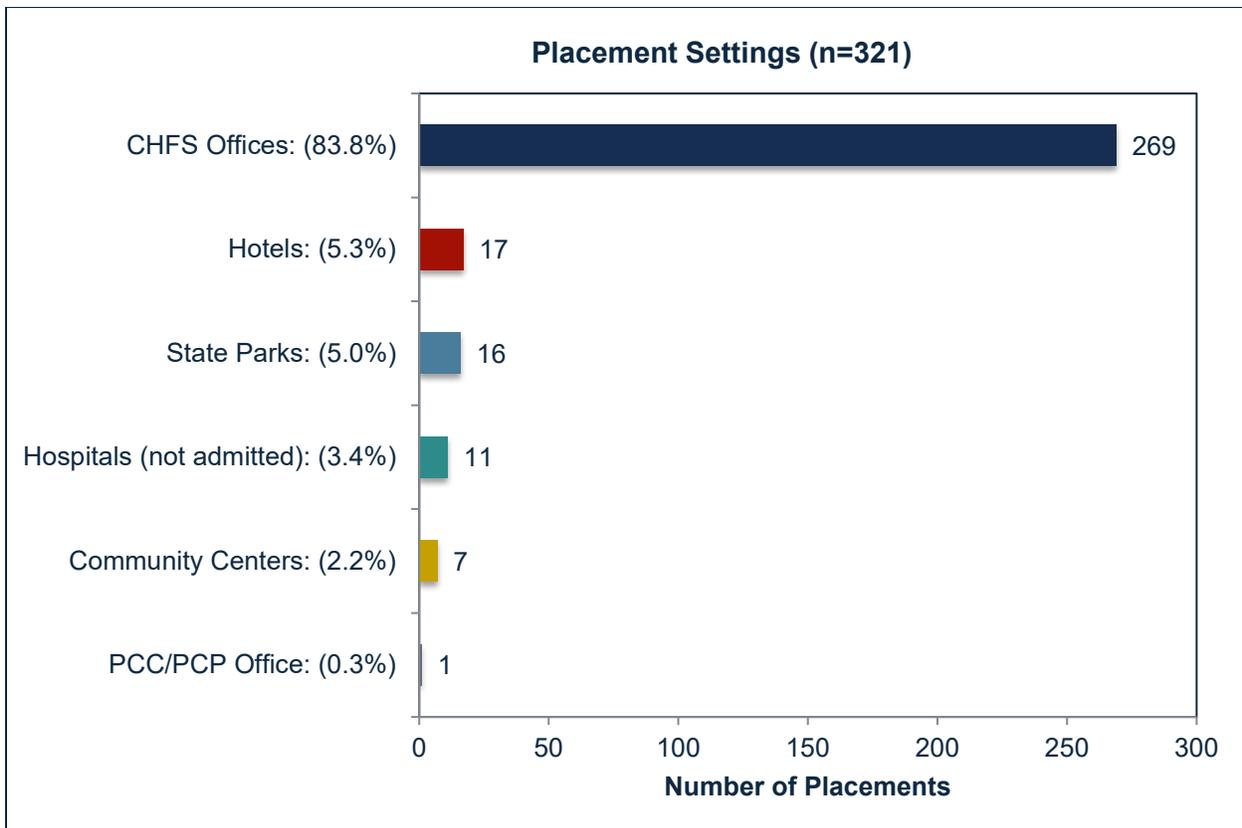
The data makes clear that NTPs are not an exception within Kentucky's placement system. They are a predictable outcome for children with complex needs who have exhausted traditional placement options. When children cycle repeatedly through offices, hospitals, hotels, and other settings that are not appropriately tailored to their needs (and some remain in these settings for weeks at a time), NTPs cease to be temporary stopgaps and instead become a parallel system of care that operates outside normal licensing, oversight, and therapeutic standards which exist to ensure safety and appropriate care for our Commonwealth's youth.

Analysis

After excluding interim caregiver placements, we examined the placement of 304 children who experienced 321 NTPs during the review period.

Type of NTP. These NTPs occurred in a wide range of settings that were never intended to serve as residential care environments for children. Of the placements identified, 269 occurred in CHFS office buildings, 7 in community centers, 11 in hospitals where the child was not admitted, 17 in hotels, 1 in a private child-placing or private child-caring office, and 16 in state parks. 15 children cycled between two or three different NTP settings. This pattern reflects not only significant placement instability, but also a repeated failure to secure an appropriate and sustainable placement even after an initial NTP had already occurred.





Length of NTP. CHFS has characterized NTPs as time limited options requiring urgent, ongoing placement searches rather than long-term care solutions. However, CHFS data shows that children in the analytic sample have experienced an average NTP stay of 5.2 days, with a significant subset remaining in NTPs far longer. 46 children spent 10 or more days cumulatively in NTP. Notably, one child accumulated a total of 55 days in NTP, demonstrating that NTPs have become holding environments when the placement system cannot absorb children with complex needs. While many children experienced short NTP stays, the overall pattern reveals NTPs function as a stopgap for children with complex needs rather than a rare or exceptional response.

The average length of time in OOHC for NTP cases was 24.3 months, compared to 23 months statewide. One child had been in care for more than 12.9 years (4,703 days). This demonstrates that NTPs are frequently used for children who have already cycled through multiple placements without achieving stability.



Inquiry 3

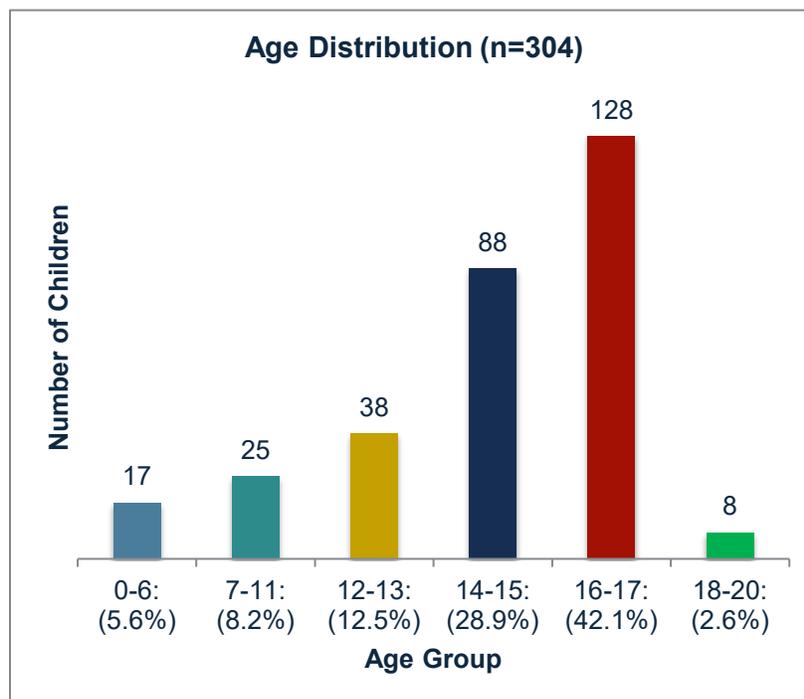
Does the demographic profile of children in NTPs (including age, gender, race, and prior placements) support the Governor’s claim that NTP youth are primarily male teens, or does iTWIST data indicate a broader and more complex population?

Conclusion

Our analysis establishes that, while adolescents, particularly male teenagers, are significantly overrepresented in NTPs, the overall population is more diverse than portrayed in the narrative often presented in public testimony and media statements. CHFS data confirms the existence of two distinct populations within NTP utilization: (1) one driven by short-term placement issues and (2) another reflecting a systemic failure to adequately place older youth with extensive clinical and behavioral needs. Conflating these populations obscures both the underlying drivers of NTP use and the policy responses required to address them effectively. This inquiry evaluates whether that characterization accurately reflects who is placed in NTPs, or whether demographic, placement, and system data reveals a more complex population and set of drivers.

Analysis

Age



The average age of children placed in NTPs is substantially older than the general out-of-home care population.⁷⁸ Adolescents between the ages of 12 and 17 account for approximately 83.6% (254) of NTP cases, compared to roughly 26% of children statewide at entry into out-of-home care. The average age of a child in an NTP is 14 years, compared to a statewide average current age of 10 years. Among children who enter OOHC statewide, approximately 73% do so before age 12, compared to only 13.8% (42) of children placed in NTP.

Younger children do appear in NTPs, including 4 infants during our dataset. Among children under six who entered an NTP, 94.1% (16) transitioned to a placement within twenty-four hours. However, one infant remained longer than one day. This data indicates that NTP use for very young children is largely driven by CHFS’s inability to effectively manage timing and capacity constraints rather than behavioral or psychiatric complexity.

Age Concentration of Behavioral and Mental Health Risk

Mental health conditions and high-risk behaviors are concentrated almost entirely within the adolescent population. These conditions include Attention Deficit/Hyperactivity Disorder (ADHD), physical aggression, substance abuse, left placement without authorization (LPWA) behavior, verbal aggression, PTSD, anxiety, criminal activity, suicidal thoughts and behaviors, and depression. LPWA behavior, in particular, renders children flight risks in any setting, increases vulnerability to trafficking and exploitation, and complicates placement, even in secure environments. These behaviors create significant safety and supervision challenges for caregivers, staff, and other children, regardless of placement type.

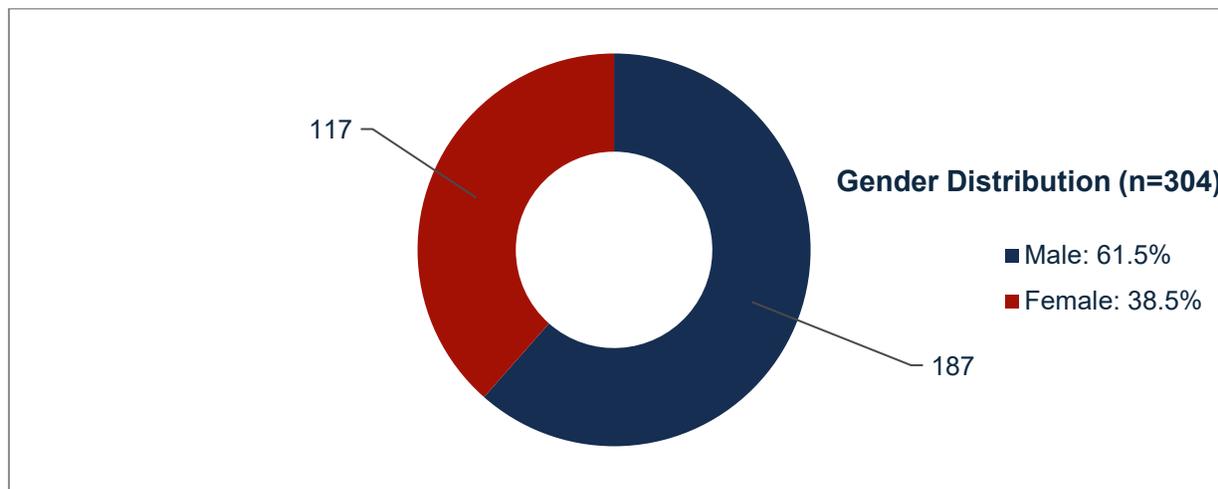
| Behavior/Mental Health | Age 12-17 |
|-------------------------------|------------------|
| ADHD | 56.7% |
| Physical Aggression | 50.8% |
| Substance Abuse | 39.8% |
| LPWA | 39.4% |
| Verbal Aggression | 39.4% |
| PTSD | 35% |
| Anxiety | 32.3% |
| Criminal Activity | 32.3% |
| Suicidal Thoughts/Behaviors | 28.3% |
| ODD | 26% |
| Depression | 21.3% |

Behavior/Mental Health for Ages 12-17 (n=254)

⁷⁸ CHFS. (2025, November 2). *Foster Care Facts*. DCBS, DPP. Copy on file with the Ombudsman.



Gender



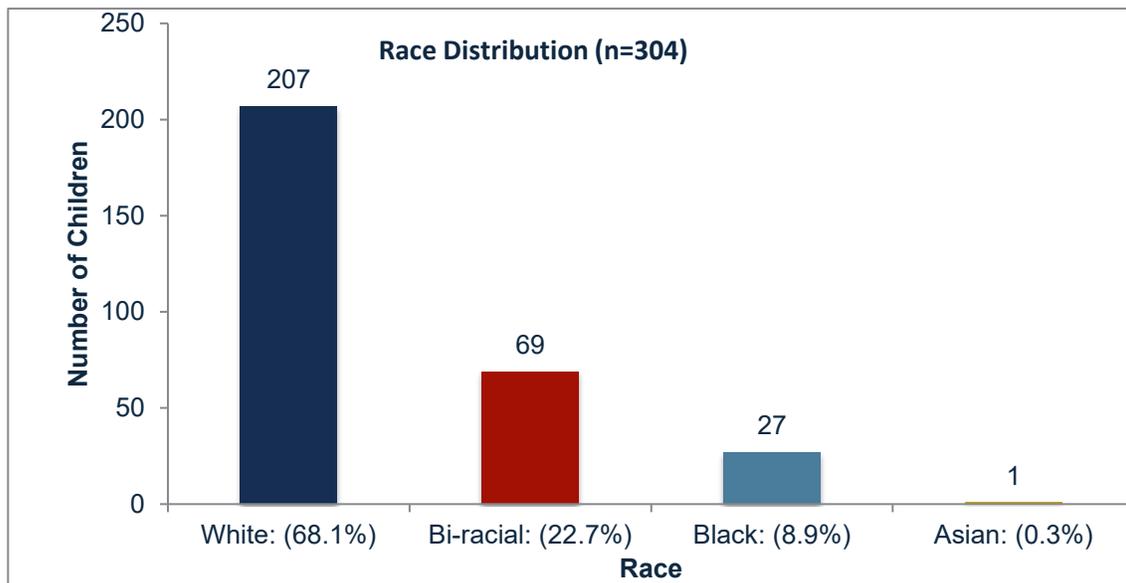
Gender patterns show that males account for 61.5% (187) of NTP placements, while females comprise 38.5% (117) of cases. Although this overrepresentation aligns in part with testimony describing challenges placing adolescent males with externalizing behaviors, extended NTP stays affect both genders. Among children who remained in NTPs for more than one day, males continued to be overrepresented at 64% (111), but females still accounted for more than one third of extended stays. Behavioral profiles differ by gender in ways that complicate placement rather than simplify it. Males show higher rates of externalizing disorders such as ADHD, Oppositional Defiant Disorder (ODD), and Conduct Disorder. Females, however, demonstrate substantially higher rates of internalizing conditions, including depression, anxiety, and PTSD. These differences underscore that placement challenges are not confined to one gender or behavioral profile but instead reflect varying clinical presentations that strain existing placement capacity across the system.

| Behavior/Mental Health | Percentage of Males | Percentage of Females |
|------------------------|---------------------|-----------------------|
| ADHD | 61.5% | 44.4% |
| ODD | 26.2% | 20.5% |
| Conduct Disorder | 8% | 4.3% |
| Anxiety | 25.7% | 39.3% |
| PTSD | 27.3% | 37.6% |
| Depression | 11.8% | 33.3% |

Behavior/Mental Health by Gender (n=304)



Race



Our dataset indicated that predominantly White children were housed in NTPs by CHFS. Yet the Ombudsman discovered racial disparities as to the length of time a child remained in NTP. 70.4% (19) of Black children in the sample remained in NTPs for more than one day, compared to 53.6% (111) of White children, representing a disparity exceeding 16 percentage points. Bi-racial children also experienced elevated rates of extended stays, with 62.3% (43) remaining in NTPs for more than one day. These patterns are further reflected in average length of stay: Black children averaged 7.6 days in NTPs and Bi-racial children averaged 7 days, compared to 4.3 days for White children. This gap raises urgent questions regarding differential placement rejection, provider bias, and access to appropriate placements. These disparities were not meaningfully addressed in CHFS’s testimony in legislative committees but warrant focused investigation given their implications for system accountability.

“...representing a disparity exceeding 16 percentage points.”

Placement Instability and Prior System Exposure

Children entering NTPs have also experienced significantly greater placement instability than the general foster care population. The average child in our NTP sample has experienced 7.5 prior placements, compared to a statewide average of approximately three, more than doubling the placement history before entering an NTP. 95% (229) of children had documented placement rejections, confirming that NTP use overwhelmingly follows failed placement attempts rather than initial removal from the home. Time in care further reflects systemic strain. Children who remained in NTPs for more than one day



averaged 29.7 months in out-of-home care, nearly 75% longer than children who experienced only a single day NTP stay, who averaged 17.1 months in care. These children are not new to the system. Rather, they reflect cumulative trauma, repeated disruption, and unmet needs that have intensified over years of placement instability ineffectively managed by CHFS.

Two Distinct Populations within NTPs

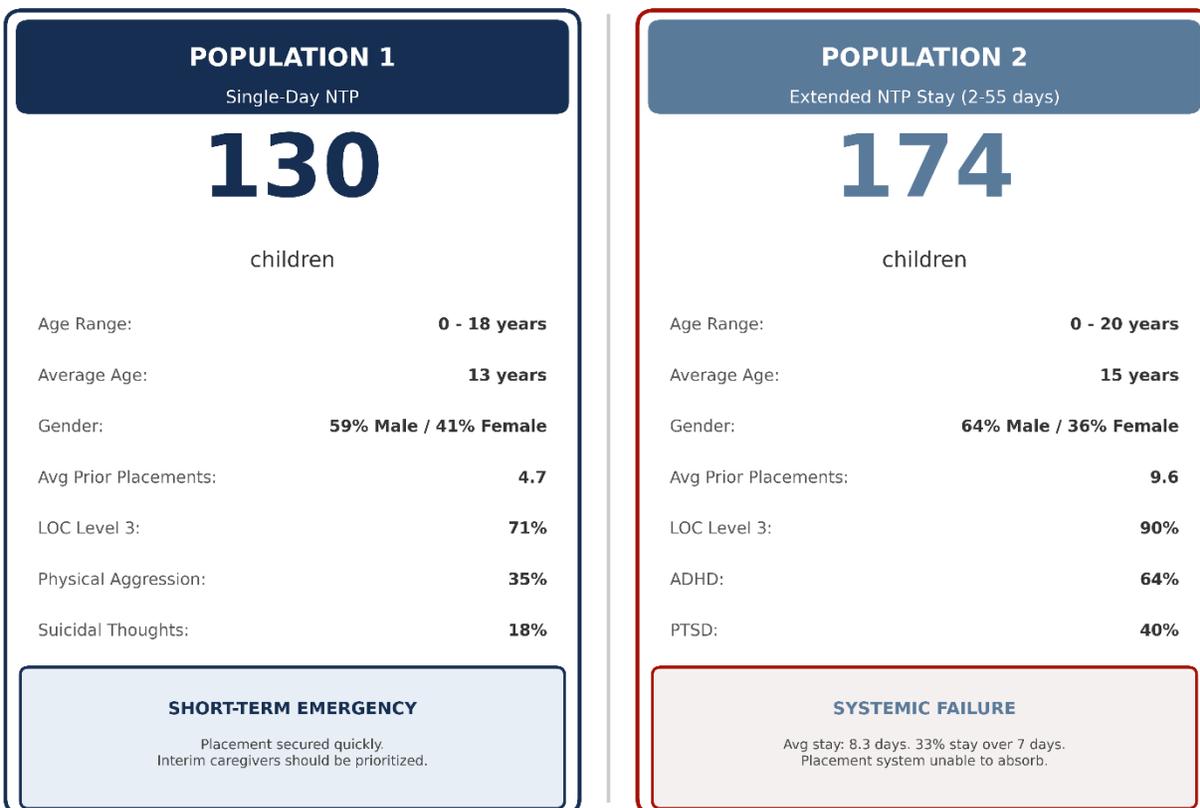
The data reveals two distinct populations being funneled into NTPs. The first consists of 130 children who spent a single day in an NTP. These cases generally involve fewer prior placements, lower clinical complexity, and situations where a placement is secured quickly. This group represents precisely the population for whom regulated interim caregiver placements should be prioritized.

The second population consists of 174 children who spent between two and 55 days in NTPs, averaging 8.3 days. This group represents a systemic failure to serve older, highly complex children who have exhausted traditional placement options. These children have significantly longer time in care, higher levels of behavioral and mental health needs, and disproportionately account for extended NTP stays. Their experiences reflect a vicious cycle in which complexity leads to rejection, rejection leads to prolonged NTP stays, and prolonged NTP stays exacerbate trauma and behavioral challenges, making placement even more difficult.



TWO DISTINCT POPULATIONS IN NTPs

Same setting, different drivers, different solutions needed



Treating these populations as interchangeable misdirects policy solutions.

Viewed together, these populations demonstrate that NTPs represent two fundamentally different failures within the system. For some children, NTPs operate as a jarring and harmful detour on the path to placement. For others, where placement is even more delayed, they function as prolonged, sterile non-therapeutic holding environments for adolescents with severe and overlapping needs, whom the placement system is unable or unwilling to absorb. Given gaps in documentation, inconsistent definitions, and limited public reporting, the true scope of NTP use is likely larger than reflected in available data. What is clear, however, is that NTPs have become a response to placement failures, placing children across multiple profiles into settings never designed to meet their developmental, therapeutic, or safety needs.



Implications for Public Narratives and Policy Framing

While the Governor's characterization of NTP youth as primarily male teenagers captures one dimension of the population, it does not fully reflect the demographic, clinical, and systemic realities documented in iTWIST. NTP use encompasses both short term emergency placements and prolonged system failures affecting older youth with extensive trauma, behavioral health needs, and placement histories. Treating these populations as interchangeable distorts fiscal analysis, misdirects policy solutions, and limits Kentucky's ability to address the true drivers of NTP utilization. Effective reform requires acknowledging these distinctions and designing targeted responses.



Inquiry 4

What high risk behaviors and other significant mental health issues and diagnoses are documented among children placed in NTPs? How consistently are these risks assessed, recorded, and reflected in placement decision making?

Conclusion

Our review reveals an exceptionally high level of documented mental health, behavioral, and medical needs as captured in the DPP-886A Child Needs Assessment and Out-Of-Home Care Referral form. This form contains critical information about a child's high-risk behaviors, mental health concerns and diagnoses, substance abuse issues, trauma history, medical needs, safety risks, and service requirements.⁷⁹ Importantly, the DPP-886A is CHFS's primary mechanism for documenting risk and need for future communication to placement providers and decision-makers, making its completeness and accuracy central to safe and appropriate placement decisions. Although not every entry reflects a formal clinical diagnosis, these data points collectively represent CHFS's own documentation of the child's needs at the time of placement or placement change.

Analysis

Clinical Complexity in NTPs

Across the NTP population, the prevalence of externalizing behaviors, trauma-related symptoms, and impaired impulse control is striking and has direct implications for supervision, safety, and placement stability. Many of these behaviors require trained staff, structured behavioral intervention, and environments designed to manage escalation safely. High-risk behaviors further compound placement instability, particularly LPWA related behaviors that expose children to heightened risks of exploitation, trafficking, and physical harm when they are placed in unsecured, non-clinical environments.

Fire-setting behaviors represent an especially dangerous risk factor not only to the child but to staff and others in shared spaces. As mentioned earlier in the report, this becomes particularly dangerous as it is not clear that local fire departments are notified when children are housed in non-residential buildings. These behavioral profiles underscore

⁷⁹ CHFS. (2022, August 16). *DCBS Standards of Practice online manual*. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-9.aspx>; CHFS. (2022, August 16). *DCBS Standards of Practice online manual*. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-35.aspx>



that NTPs are routinely used for children whose needs exceed what unlicensed settings can safely support.

The National Center for Missing and Exploited Children (NCMEC) states that “running away is one of the leading factors that puts children at risk of being targeted by traffickers.”⁸⁰ In 2025, NCMEC estimated that one in seven children who went missing were likely victims of sex trafficking.⁸¹ The Administration of Children and Families (ACF) drew Congress’ attention in 2019 that placement instability and setting impact runaway behavior in children.⁸² The report quoted a study from 2012 that stated, “the most important prevention [for running] is to stabilize foster care placements.”⁸³

| High-Risk Behavior | Percentage of Children | Number of Children |
|------------------------|------------------------|--------------------|
| Physical Aggression | 48.7% | 148 |
| Verbal Aggression | 37.5% | 114 |
| Substance Abuse | 33.9% | 103 |
| Running (LPWA) | 33.6% | 102 |
| Self-Abusive Behaviors | 19.7% | 61 |
| Sexualized Behaviors | 19.1% | 58 |
| Fire-Setting | 3.6% | 11 |

High-Risk Behaviors (n=304)

⁸⁰ Missingkids.org. (2025, January 9). *Traffickers Target Kids Who Run Away*. National Center for Missing and Exploited Children. <https://www.missingkids.org/blog/2025/traffickers-target-kids-who-run-away>

⁸¹ Missingkids.org. *Child Sex Trafficking* National Center for Missing and Exploited Children. <https://www.missingkids.org/theissues/trafficking>

⁸² Gibbs, D.A., Feinberg, R.K., Dolan, M., Lutzman, N.E., Misra, S., Domanico, R. (2018). *Report to Congress: The Child Welfare System Response to Sex Trafficking of Children*. U.S. Department of Health and Human Services, Administration for Children and Families. https://acf.gov/sites/default/files/documents/cb/report_congress_child_trafficking.pdf

⁸³ Id. At 2-18



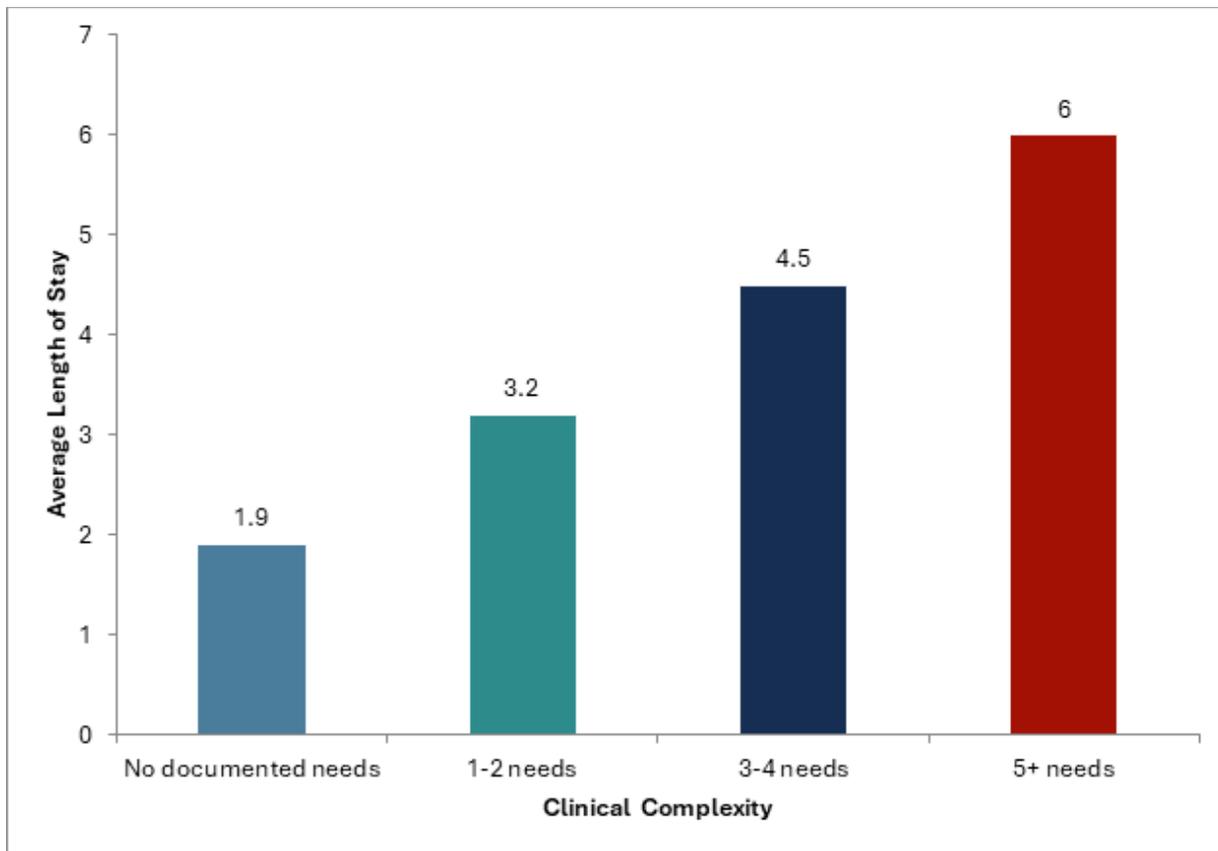
Mental health needs were equally prevalent across the NTP population, reinforcing that placement challenges are driven not only by behavior but also by significant clinical complexity. More than half of children placed in nontraditional settings had documented ADHD, reflecting substantial challenges with attention, impulsivity, and emotional regulation that complicate supervision. High rates of trauma-related conditions, including PTSD, anxiety, and suicidal thoughts or behaviors, further indicate that many children entering NTPs require environments with consistent monitoring and therapeutic support. The data also reveals substantial cognitive and developmental complexity, including low IQ, developmental delays, limited cognitive functioning, and intellectual disabilities. Children with these needs require predictability, structure, specialized supports, and trained caregivers, conditions that are not present in administrative offices or other unlicensed nonclinical settings.

| Mental Health Need | Percentage of Children | Number of Children |
|-----------------------------|-------------------------------|---------------------------|
| ADHD | 54.9% | 167 |
| PTSD | 31.2% | 95 |
| Anxiety | 30.9% | 94 |
| Suicidal Thoughts/Behaviors | 27.3% | 83 |
| ODD | 24% | 73 |
| Low IQ | 15.5% | 47 |
| Developmental Delays | 13.8% | 42 |
| Limited Cognitive Function | 11.5% | 35 |
| Autism | 11.2% | 34 |
| Intellectual Disability | 8.9% | 27 |
| Conduct Disorder | 6.6% | 20 |

Mental Health Needs (n=304)

The relationship between documented needs and time spent in NTPs is direct and concerning. Children with five or more documented needs spent an average of six days in NTPs, compared to 1.9 days for children with no documented needs, representing a 3.1x longer stay. Children with Conduct Disorder averaged 13 days in NTPs, 183% longer than those without the disorder.





Children with suicidal thoughts or behaviors averaged 7.5 days in NTPs compared to 4.3 days for those without, meaning those children spent more than a week without psychiatric evaluation, in environments with potential ligature⁸⁴ points, untrained supervision, and no therapeutic safeguards.

High-risk behaviors were consistently associated with extended NTP stays. Conduct Disorder extended stays by 8.4 days, suicidal thoughts and behaviors by 3.2 days, physical aggression by 1.9 days, and LPWA history by 1.9 days. In effect, the children who need specialized care the most are spending the longest periods in settings with no specialized care at all.

⁸⁴ physical features in an environment (like hooks, pipes, door hinges, or furniture gaps) that can be used to attach a cord, rope, or fabric (a ligature) to create a strangulation or hanging device, posing a severe self-harm or suicide risk, especially in mental health facilities, hospitals, and prisons.



Criminal Activity and Crossover Risk in NTPs

Children with documented criminal activity demonstrated markedly higher complexity, averaging 8.8 documented needs compared to 6.8 among children without criminal activity. 100% of children with criminal activity had at least three documented needs, and 34% had 11 or more needs. Certain behaviors were especially concentrated in this group, including defiance in 89.5%, ADHD in 65.1%, physical aggression in 60.5%, substance use in 57%, LPWA behaviors in 55.8%, and verbal aggression in 53.5%.

Notably, 9.2% (28) of the NTP population had been incarcerated in the juvenile justice system, compared to 1.74% of Kentucky children reported statewide by the Annie E. Casey Foundation's Kids Count website in 2021-2023,⁸⁵ representing a 5.3x higher rate. This highlights a population of crossover children for whom coordinated child welfare and juvenile justice services are essential and for whom office-based placements pose particularly acute safety risks.

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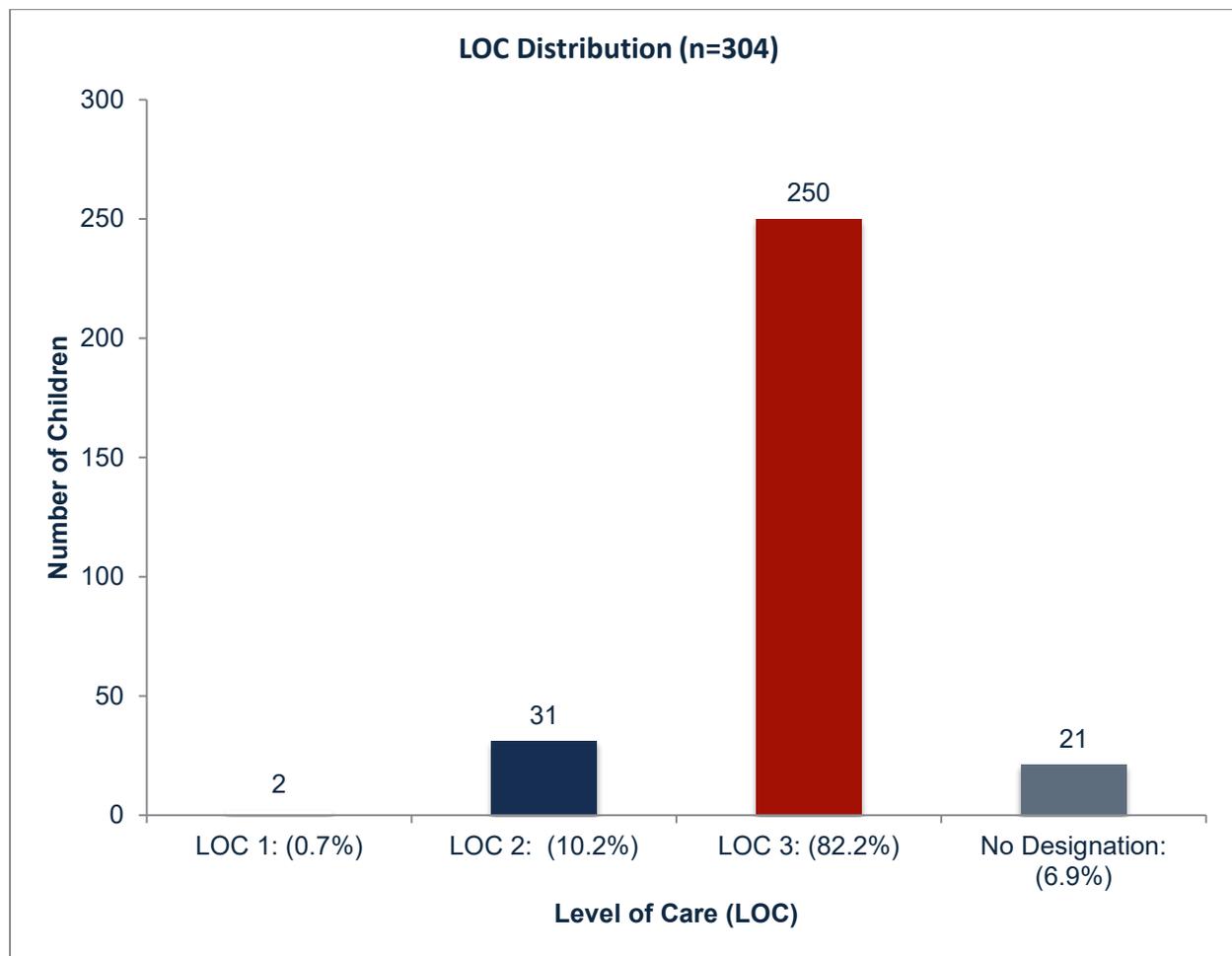
⁸⁵ The Annie E. Casey Foundation. *Youth Incarcerated in the Juvenile Justice System in Kentucky*. Kids Count Data Center. <https://datacenter.aecf.org/data/tables/7976-youth-incarcerated-in-the-juvenile-justice-system#detailed/2/any/false/2554,2479,2097,1985,1757,1687,1652/any/15340>



Level of Care Designation

LOC designation is a central mechanism by which CHFS is required to assess a child's needs and match those needs to an appropriate placement setting. Completion of an LOC packet is required for any child who is four years of age or above, any child under age four with an expired LOC, and any child designated medically complex regardless of age.⁸⁶ As a result, the absence of an LOC designation for some younger children does not necessarily reflect noncompliance with policy. However, for the majority of children in the NTP population, LOC designation should be both present and current.

The distribution of LOC indicates that most children placed in NTPs were classified as requiring high levels of structure, treatment, and supervision.



⁸⁶ CHFS. (2022, August 16). *DCBS SOP online manual*. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-9.aspx>



922 KAR 1:360 Section 4 defines LOC as follows: ⁸⁷

LOC 1 applies to children who require a routine home environment that meets basic needs, provides supervision, educational support, and routine medical care, and ensures emotional and physical well-being.

LOC 2 applies to children who, in addition to requiring a routine home environment, have identified treatment needs, histories of complex trauma, and require structured supervision with counseling, educational support, and services designed to improve physical and behavioral health.

LOC 3 applies to children with significant treatment needs, high degrees of behavioral or medical complexity, severe impairments or disabilities, or a combination of medical and behavioral health needs, and require highly structured settings with frequent therapy, twenty-four-hour supervision, or specialized medical or behavioral health care.

The relationship between LOC and time spent in NTPs is concerning. Children designated as LOC 3 averaged 5.7 days in NTPs, compared to 4.4 days for children with no LOC marked. Among children designated LOC 3, 24.3% (62) remained in NTPs for 7+ days. These patterns suggest that children identified as needing the highest levels of care are spending prolonged periods in environments that, by design, lack the structure, staffing, and therapeutic capacity required by their assessed needs.

Overall, the DPP-886A and LOC information make clear that NTPs are being used for children with extraordinarily complex and overlapping needs. These children require trauma-informed therapeutic environments, psychiatric oversight, behavioral specialists, structured routines, and safe living spaces. Instead, they are being placed in CHFS offices, hotels, state parks, and other non-therapeutic settings incapable of meeting even basic behavioral health or supervision requirements. The result is a structural mismatch between the needs CHFS itself has documented and the environments in which these children are placed.

⁸⁷ [922 KAR 1:360](#)





Child Spotlight #1

A 16-year-old White male was removed from a relative placement and placed in the custody of CHFS, where he remained until reaching the age of 18. During this time, the child experienced over 20 placements, ultimately spending a total of 55 days in NTP. The child entered NTP after the residential facility housing him released him due to continued high risk behaviors and minimal engagement in treatment. Recommendations upon his release were to continue intensive treatment in a residential placement or psychiatric residential treatment facility (PRTF).

The first and second NTPs were in hotels, but they were no longer an option after the child LPWA'd. Staff and the guard followed the child on foot to maintain a visual until law enforcement were able to arrive on scene, detain the child, and return him to CHFS's custody. Following a hospital evaluation, the child was placed in a CHFS office, a setting that staff felt they could control more easily than a hotel, despite limited environmental controls at the office.

The majority of placement disruptions were related to mental health and stabilization needs. When providers made treatment recommendations aligned with the child's clinical needs, subsequent placement efforts were unsuccessful based on those recommendations. For example, when a provider recommended juvenile sex offender treatment, it was reported on the DPP-886A and played a substantial part in statewide placement rejections. In many instances, placements were declined when behaviors were disclosed. As a result, the child spent extended periods in NTPs.

When highly trained and specialized facilities and programs deny placement, it further demonstrates how nontraditional settings are highly inappropriate and unsafe. The child's sexualized behaviors, homicidal ideation, suicidal ideation, aggression, assaultive behaviors, tendency to run away, and other diagnosed mental health needs resulted in placement rejections in order to keep the existing placement populations safe from being potentially victimized by the child and from their own treatment and placement being disrupted. This highlights the lack of available treatment options for all clinical needs in the Commonwealth.





Child Spotlight #2

A 14-year-old White female spent 37 days in NTP during the review period. Over the course of the case, the child experienced nearly 40 separate placement episodes, including foster homes, therapeutic foster homes, residential treatment facilities, hospitals, juvenile detention centers, CHFS offices, hotels, and state parks.

The documentation for this child presents a disjointed, fragmented, and incomplete account of her placement history. In the majority of entries, placement disruptions are not documented at all, leaving no record of why a placement ended or when and how a subsequent placement was secured. Instead, the documentation frequently reflects that the child simply appears in a new setting, or a different location is named, without any explanatory narrative or transition documentation. Compounding these concerns, documentation does not consistently exist for each placement episode. This lack of continuity makes it impossible to reconstruct the child's placement trajectory with confidence.

During the Ombudsman's original review of this case in the summer of 2025, the child was identified as having spent 37 days in NTP. On January 5, 2026, CHFS provided information asserting the child had spent only 16 days in NTP. In response, the Ombudsman re-reviewed the complete case. As of January 12, 2026, iTWIST reflected 22 days in NTP, further underscoring the unreliability and inconsistency of CHFS's own data.

Notably, this child was released directly from a juvenile justice detention facility into NTP on four separate occasions. In at least one instance, limited documentation indicates that the receiving residential placement was "not ready" to accept the child. As a result, the child was held in an NTP.

This case illustrates how children exiting juvenile justice custody are funneled into NTPs as interim holding locations, and how CHFS's deficient documentation practices mask the true length, frequency, and conditions of those placements, leaving children effectively invisible within the system charged with their care.



Child Spotlight #3

A 13-year-old male Bi-racial child was initially placed in foster care due to substantiated physical abuse. After four separate PCC foster home disruptions and two hospitalizations due to LPWA behaviors, defiant and aggressive behaviors, suicidal ideation, and self-harm, he was able to briefly return home to his parent. Tragically, he returned to CHFS custody around five months after reunification due to risk of physical abuse by the custodial parent and out of control behaviors of the child. The child was arrested within days of being placed in CHFS custody and placed in detention. Upon release from detention, he was placed directly in his first of two NTP placements in a CHFS office which lasted 10 days before the child was placed in a foster care home.

CHFS did not document the child's wellbeing during his first NTP stay. As a result, it is unknown if CHFS ensured the child's medication was provided as prescribed, he attended school, or other daily services were provided.

This child's foster home placement was disrupted because of extreme physical aggression resulting in the foster parent being hospitalized. This disruption led to the child's second NTP in a CHFS office lasting 15 days. On the fourth day of this NTP, notes were completed on the medication log and recording school attendance. Documentation for additional medical records, education, and ongoing therapeutic supports were not in the case file.

After the second NTP, CHFS returned the child to a parent for a trial home visit. This was just 15 days after the incident that resulted in the hospitalization of his foster parent. Within days of his return home, the child's sibling was removed by Emergency Custody Order through CHFS from the same parent and placed in foster care. Despite this, CHFS left this spotlighted child in the parent's care, eventually awarding custody back to the parent.

This child continued to struggle in the parent's home. While the case was still open, the parent abandoned the child with a caregiver who did not have custody of him and who was deemed to be an inappropriate caregiver by CHFS and the court. Documentation shows CHFS was aware of the child's whereabouts but chose to close the case, citing the child was no longer residing in the parent's home. Services were provided but closed out due to the family's failure to comply, and CHFS states the agency was unable to monitor progress or provide services to a child who no longer resided in the home. This is concerning, as CHFS knew where the child was residing, as documented in this child's case, and knew the environment was not safe or appropriate for this child. Soon after CHFS closed the case, this child obtained further criminal charges and was committed by the court to Department of Juvenile Justice (DJJ) and placed in detention.

Impact of NTP on Kentucky's Children

Inquiry 5

How safe and appropriate are the facilities being used as NTPs, including the type of setting, the physical condition of the space, access to necessities, and the risks posed by the surrounding environment?

Conclusion

CHFS offices utilized for NTP are neither appropriate nor safe. These offices do not meet the standards Kentucky applies to licensed childcare or residential placements, despite the Commonwealth owing the same duty of care to every child in its custody. Ombudsman staff visited several CHFS offices across Kentucky. At every office visited by Ombudsman staff, it was evident that frontline staff made reasonable and good-faith efforts to ensure child safety under difficult circumstances. However, these employees can only adequately complete tasks as they are trained and equipped to, and many are not trained in medication dispensation, behavioral intervention, and other necessary skills. The use of CHFS offices as placements reflects leadership failures leading to a lack of appropriate alternatives and poor systemic decision-making beyond the control or authority of local staff.

Analysis

CHFS has described NTPs as time-limited options. Despite this limited purpose, the data demonstrates that children are routinely remaining in these settings for multiple days, and in some cases weeks, while receiving none of the protections required in licensed childcare or residential facilities. This question must be evaluated against the licensing, inspection, and minimum care standards Kentucky requires for child caring facilities and approved foster or respite homes.

Regulatory Framework. Kentucky's regulatory framework imposes detailed, enforceable health, safety, and physical plant requirements on licensed child caring facilities and approved foster or respite homes. Kentucky requires formal licensure processes with inspection and fire and building approvals. Under 922 KAR 1:305, child caring facilities must be licensed for a specific location and are subject to unannounced inspections and



compliance reviews against the operational and physical standards in 922 KAR 1:300. Under 922 KAR 1:300, licensed child caring facilities must meet baseline physical plant and care standards including adequate bedrooms and beds, bathing and toileting access, sanitation, climate control, emergency planning and drills, staff presence and supervision requirements, staff training expectations, and nutrition and meal requirements. Similarly, 922 KAR 1:350 requires foster and respite homes to meet minimum home environment standards such as functioning bathroom and kitchen facilities, safe sleeping arrangements, hazard mitigation and safety equipment, and establishes additional requirements for medically complex and higher need placements.

Observations

In contrast to CHFS's regulatory framework, CHFS's NTP settings, particularly CHFS offices and other improvised locations, are not licensed or inspected as child caring facilities, are not approved under foster or respite home standards, and are not documented as meeting the same physical, supervision, hygiene, and safety baselines CHFS requires of external providers.

This creates a structural accountability gap.

To assess the real-world implications of this regulatory gap, our office conducted on-site observations at nine NTP locations across the Commonwealth:

- Boone County CHFS Office,
- Carter County CHFS Office,
- Fayette County CHFS Office,
- Grant County CHFS Office,
- Hart County CHFS Office,
- Jefferson County (L&N Building),
- Kenton County CHFS Office,
- Rowan County Regional Office, and
- Warren County CHFS Office.

These locations were selected due to their increased use of NTPs in our dataset. These locations were evaluated across seven categories: observation guidance, sleeping areas, bathrooms, activities, emergency planning, nutrition, and internal documentation.

General Site Issues. The majority of NTP placements occur in state offices. From urban multi-story office structures to a strip mall-style location next to the local probation and parole office, none of these office locations were acquired by the state with an eye toward the safety of abused children residing there overnight, for days on end. Moreover, the leases would not have had compliance with local zoning law or deed land use restrictions evaluated toward the allowability of such residential placements. For example, zoning



designations for the L&N building do not include “residential” status, thus it would not be readily apparent that individuals may be staying in this building in the case of an emergency.

The site visits confirmed that these locations routinely failed to meet even basic child safety expectations. Only two of the nine locations ensured children entered and exited through a separate entrance from the general public. Two locations reported children encountering members of the public, with additional uncertainty at other sites. While heating was adequate, none of the locations demonstrated comprehensive hazard mitigation: electrical outlets were inconsistently covered, window cords posed strangulation risks at multiple sites, and unsecured cleaning chemicals were accessible to children at several locations.

Critically, there has been no comprehensive review by CHFS, at least not publicly available, of the standards governing facilities used as NTPs. CHFS, however, is housing children in its own administrative offices and other ad hoc locations without meeting or documenting compliance with those same standards.

Sleeping Arrangements. Sleeping arrangements observed during site visits further illustrate CHFS’s failure to adhere to its own standards. While two counties now utilize off-site placements through faith-based foster home partnerships, most locations relied on improvised sleeping arrangements within office buildings.

Ombudsman staff observed that several facilities had converted one or two offices into a makeshift private bedroom. Some of the office spaces consisted of a twin bed and a dresser, while other offices had a bunk bed or full-size bed without a closet. Crib or playpen accommodations for infants were largely absent. When asked about the lack of accommodations for young children, staff stated that young children were not sleeping in the offices. However, these comments are in direct contradiction to data documented in iTWIST.

The case documentation reflected that, during our sample period, not all children were sleeping in a bed while in an NTP at a CHFS facility. The notations in those casefiles show that sleeping accommodations at these facilities have also changed over time, and, while bedrooms are present and utilized now, that has not always been the case for placements at CHFS office buildings. Listed below are a couple of the notations found within casefiles documenting the sleeping accommodations of children during our dataset:

- “child slept on couch in visitation room.”
- “child stayed in visitation room with an air mattress, sheets, pillows and blanket.”

Showers, Meals, and Other Amenities. The lack of compliance with minimum standards in other areas is further reflected in case documentation, as well. Five children had



specific notes describing placements that plainly failed to meet basic childcare or residential expectations, including:

- “showered at CAC in Rowan County” due to no shower facilities at the placement
- “fire department for shower”
- “no, taken to YMCA to shower”
- “showered at firehouse”
- “child took shower at family residence”

These accounts are corroborated by site visit findings. None of the nine locations had on-site shower facilities. In several counties, children were transported multiple miles to external locations, including fire departments, churches, private residences, or YMCAs, to meet basic hygiene needs. It was also relayed to our staff that a landlord offered to build a full bathroom in one CHFS office that was housing children but was denied by CHFS because this renovation “would make other CHFS offices inequitable.” If true, concern for equitable building amenities over the health and safety of Kentucky’s children shows a warped ranking of CHFS priorities.

While hygiene products were generally available, towels were not consistently stocked, and food preparation areas were limited or nonexistent. Meals included frozen food or fast-food gift cards rather than structured nutrition services.

CHFS offices, which account for 88% (269) of all NTPs, do not meet childcare facility or residential care standards.⁸⁸ These offices:

- Lack appropriate sleeping arrangements
- Lack basic hygiene facilities
- Were never designed, licensed, or equipped for residential childcare
- Lack kitchen or food preparation space
- Lack recreational space
- Lack educational space
- Lack a therapeutic environment
- Lack privacy
- Lack physical safety features
- Lack licensing for residential care

Security Risks. Security risks were also pervasive. Staff monitored children at all sites; however, in the absence of additional physical or procedural exit controls, staff observation alone was insufficient to prevent unauthorized exit from the building by the child. Additionally, most sites lacked controlled perimeter access. Several locations were situated near busy roads, interstates, unsecured bodies of water, or adjacent residential

⁸⁸ [922 KAR 1:300](#)



hazards such as swimming pools without fencing. At multiple locations, interior hazards were also identified. One county had sharp objects and choking hazards accessible to children.

Final Observations. The cumulative effect of these deficiencies is that NTP placement decisions are not driven by child need, clinical appropriateness, safety considerations, or level of care requirements.

The risks associated with NTP usage are not theoretical. Eighty-three children with suicidal thoughts and behaviors were housed in office buildings without psychiatric care, suicide-safe design, or trained clinical supervision. When combined with documented aggression, trauma histories, and medical complexity described elsewhere in this report, the physical environments used for NTPs represent a foreseeable and preventable threat to both children and staff.

Finally, public commentary by the current administration, from the Governor to CHFS officials, points toward NTP placements being used for dangerous children.⁸⁹ Yet site observations revealed furnishings, room layouts, and environmental controls wholly incompatible with managing behavioral risk, suicide prevention, or clinical containment. Taken together, CHFS's own placement choices reflect a de facto exemption from Kentucky's licensing and safety framework, leaving children without the baseline protections the Commonwealth requires in every other OOHC setting.

⁸⁹ Acquisto, Alex. (2025, January 29). *At least 49 children slept in Kentucky social services buildings last year, report finds*. Lexington Herald Leader. <https://www.kentucky.com/news/politics-government/article299318559.html>



Inquiry 6

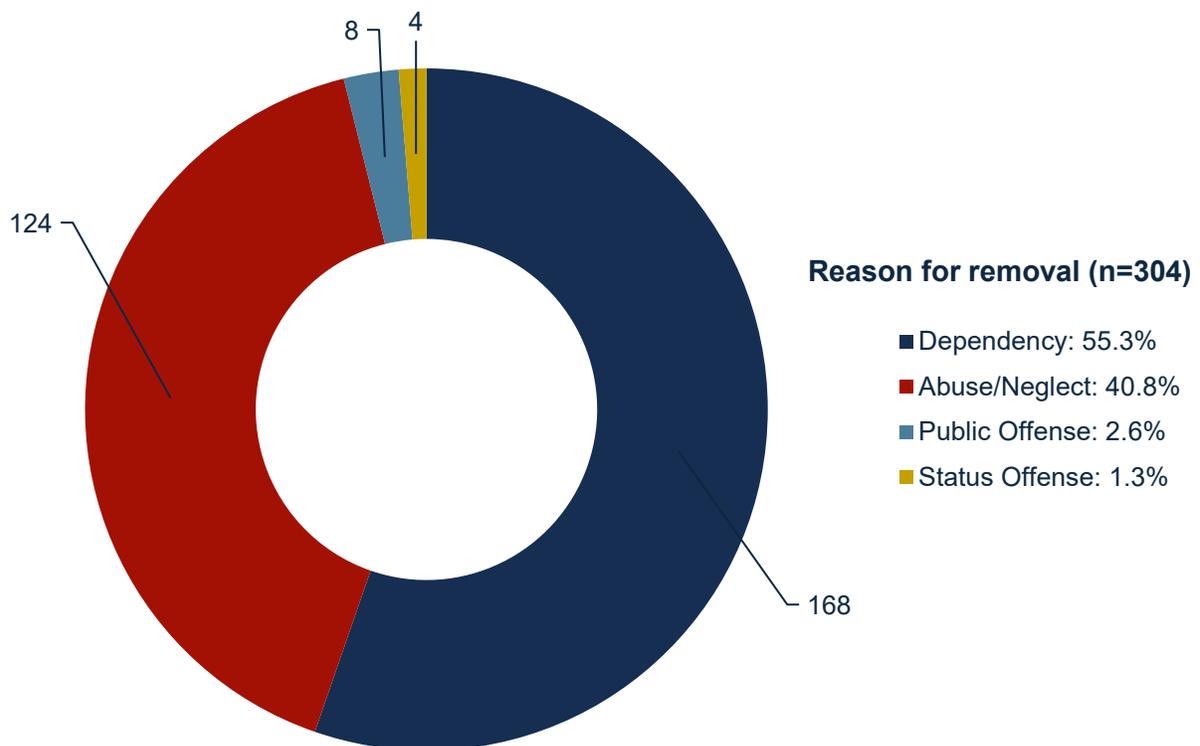
What are the risks to children placed in NTP settings? What protocols or measures exist to reduce harm to these children?

Conclusion

Kentucky faces a significant gap between the need and capacity for foster care homes. Kentucky's foster care system includes approximately 8,700 children, yet fewer than 4,600 approved foster homes are available.⁹⁰ This shortfall directly drives the use of NTPs for children in the state's care.

But how does this impact the child?

When a child is taken into state custody, it reflects a determination that remaining with a biological family member or other loved one presents an unacceptable risk of harm. In that moment, the state assumes the role of protector and caregiver.



⁹⁰ Graham Shelby. (2025, November). *Kentuckians work together for foster kids*. Kentuckyliving.com. <https://www.kentuckyliving.com/news/kentuckians-work-together-for-foster-kids>



However, when placement capacity is insufficient, is the child any better off?

Yes and no.

The state can remove a child from an immediately unsafe environment and provide protection from ongoing physical, emotional, or sexual abuse. What it cannot guarantee is stability, predictability, or consistent caregiving.

Analysis

Emotional Harm

NTPs can unintentionally expose children to additional harm. Frequent moves, temporary settings, and unclear timelines can reinforce feelings of abandonment and instability, compounding prior trauma rather than alleviating it. In one county visited, children placed in NTP receive a welcome packet stating, in part:

“Hello,

Unfortunately, we have been unable to secure a placement for you. We are continuing to look for a placement for you. Until we locate one, you will be spending time with DCBS staff. This is a tough situation for everyone. We need to acknowledge that up front. We have developed a set of expectations for you to follow while you are in our direct care, before you enter a placement. They are outlined below. Some things you will have a choice in; others there is no choice or negotiations. We set those expectations from the beginning to ensure that we are all on the same page.”⁹¹

For a child who has been removed from family and many times experienced repeated placement disruptions, being told no placement is available and that he or she has limited ability to make decisions is likely confusing and distressing. This experience is compounded by anxiety about why a placement cannot be found and the length of time for a placement to be found. While frontline staff work diligently to secure safe and appropriate placements, the broader issue remains: CHFS leadership has not provided policymakers and the public with a clear plan to close placement gaps or identify the resources necessary to do so.

Physical Harm

The risks associated with NTPs extend beyond emotional harm. Children placed in NTPs frequently present with known and documented safety risks that require heightened supervision, secure environments, and clear response protocols. Available data shows high rates of physical aggression, suicidal thoughts and behaviors, LPWA history, and other behaviors that increase the likelihood of safety incidents. Yet the environments in which NTPs occur and the documentation available in a child’s case record do not

⁹¹ CHFS. *NTP Welcome Packet*. Copy on file with the Ombudsman.



demonstrate the existence of standardized protocols, environmental safeguards, or consistent response mechanisms to prevent or manage these risks.

As noted previously, high risk behaviors were documented prior to or at the time of placement and represent foreseeable safety risks requiring structured supervision, environmental controls, and trained staff response.

Multiple children had documented incidents of violence during NTP stays. The documented incidents were severe and included fire-setting inside a CHFS office, assault of multiple staff members, threats of lethal violence accompanied by claimed gang affiliation/interest, and physical injury to law enforcement personnel, illustrating the potential severity of harm when risks materialize.

LPWA risk is further exacerbated by the physical characteristics of NTP settings. Among children with documented LPWA histories, 87% (89) were placed in CHFS office buildings and approximately 10% (10) were placed in hotels. These settings lack controlled access points, perimeter security, or design features intended to prevent unauthorized exit. Placement of children with known risk of LPWA into environments where fleeing is easily achievable reflects a structural vulnerability rather than a need for an individualized safety plan.

Exposure to Exploitation

Although CHFS staff attempted to mitigate children fleeing during NTP by having multiple eyes on the child, there were still instances in our sample where children ran away from the state's care while in an NTP. National studies indicate that children who go missing are disproportionately involved in foster care and are more likely to come from communities of color, experience homelessness, or face economic disadvantage.⁹² The NCMEC estimates that nationally, 19% of foster care children reported missing were likely victims of child sex trafficking.⁹³ Children who run away from care are therefore at a significantly heightened risk of trafficking. While human trafficking can affect individuals across all demographics, research consistently shows increased vulnerability among certain populations, including children involved in the child welfare and juvenile justice systems.⁹⁴

At least one child in our dataset reported to CHFS staff during an LPWA episode while in the state's custody that she was a victim of child sex trafficking. The child reported that

⁹² Administration on Children, Youth and Families and Office on Trafficking in Persons. (2025, January 16). *Strengthening the Response to Children Missing from Care: Key Insights from ACF Listening Session*. U.S Department of Health and Human Services. <https://acf.gov/otip/blog/2025/01/strengthening-response-children-missing-care-key-insights-acf-listening-sessions>; Amy J. Frontz. (2023, March). *State Agencies Did Not Always Ensure That Children Missing from Foster Care Were Reported to the National Center for Missing and Exploited Children In Accordance With Federal Requirements*. U.S. Department of Health and Human Services. <https://oig.hhs.gov/oas/reports/region7/72106102.pdf>

⁹³ Frontz, *supra*.

⁹⁴ Office to Monitor and Combat Trafficking in Persons. (2015). *Trafficking In Persons Report 2015*. U.S. Department of State. <https://2009-2017.state.gov/j/tip/rls/tiprpt/2015/>



she traded sexual favors for money and drugs with different adults. The alleged perpetrators included a male in his 30s and another male in his late 40s. Both of these instances were labeled in iTWIST as non-caretakers. A non-caretaker perpetrator includes parent paramours, family friends, traffickers, and buyers.⁹⁵ Case records document that it was difficult to conduct an investigation into the allegation “due to her running away from care or being high on Methamphetamine when located.” Subsequently, the allegation with the adult male in his late 40s was confirmed.

Notably, our investigation did not reveal the existence of any standardized safety protocols governing NTPs. Although entry into CHFS offices was controlled, the facilities lacked door alarms or other safeguards to deny or monitor unauthorized exit by a child. There was no consistent documentation of suicide prevention measures, response plans for when a child LPWAs, staff training requirements, incident reporting procedures, or post-incident review processes specific to NTP settings. Unlike licensed foster homes and residential facilities, NTPs are not governed by a set of safety protocols designed to reduce harm to children.

Instead, risk mitigation relies largely on ad hoc supervision and professional judgement. While increased staff presence is documented in some of the casefiles, supervision alone cannot substitute for environmental controls, formalized safety planning, or trauma-informed response protocols. The combination of high-risk behavioral profiles, unsecured environments, and the absence of standardized safety measures creates foreseeable and preventable risks to both children and staff.

⁹⁵ CHFS, DCBS. (2024, November 1). *Human Trafficking, Report to the Legislative Research Commission*. <https://www.chfs.ky.gov/agencies/dcbs/dpp/cpb/Documents/humantraffickingreport2024.pdf>



Inquiry 7

Are children placed in NTPs able to maintain consistent access to medical care, psychiatric services, prescribed medications, education, and therapeutic services? Who is responsible for ensuring these needs are met?

Conclusion

Children placed in NTPs often present with significant medical, psychiatric, and educational needs that require continuity of care and active service coordination. Consistent with concerns previously raised by Judge Gina Kay Calvert, the documentation reviewed in this inquiry reflects persistent gaps in supervision, medication administration, and continuity of care once children are placed in nontraditional settings. The available record demonstrates that children placed in NTPs are routinely housed in settings where access to essential services is either inconsistent, undocumented, or entirely absent, raising serious concerns regarding health, safety, and legal compliance. As CHFS leadership acknowledged in legislative testimony, “it’s difficult to provide services, therapeutic and clinical services in an office or temporary setting.”⁹⁶

“It’s difficult to provide services, therapeutic and clinical services in an office or temporary setting.”

Analysis

Overview of Conditions. Children placed in NTPs include children with serious and ongoing medical conditions such as asthma, diabetes, epilepsy and seizure disorders, and other chronic health needs. Additionally, 1% (3) of the population consisted of pregnant or parenting children, a group that requires heightened medical monitoring, prenatal or postnatal care, and coordinated support services.

Despite the significant medical and behavioral needs documented for children placed in NTPs, the case record reflects substantial gaps in medical oversight during NTP stays. In 81.2% (247) of cases, medical care, medication management, continuation of therapy, and school attendance were not readily apparent for the time period when the child was housed in a nontraditional setting.

Lack of Healthcare Documentation. Documentation of medical services during NTP stays was exceedingly rare. Only six cases reflected any recorded medical care during the NTP period. This absence of documentation is not merely a technical or clerical deficiency. It

⁹⁶ Kentucky Health & Human Services Delivery System Task Force Hearing, 17:00. (2023, July 24). CHFS Secretary Eric Friedlander, et al. <https://www.youtube.com/watch?v=dCf7Tf33aY8>.



creates a fundamental accountability gap in which CHFS cannot demonstrate that children received medically necessary care, nor can external reviewers determine whether basic health and safety obligations were met.

Medication continuity presents one of the most acute risks within this context. More than 41.1% (125) of children in the analytic sample were prescribed multiple medications, many requiring strict dosing schedules, monitoring for side effects, and coordination with medical or psychiatric providers. Psychotropic medications, in particular, pose well-documented risks when doses are missed, altered, or administered without appropriate supervision.⁹⁷

Upon entering OOHC, children must be issued a medical passport by their designated CHFS worker and given to the caregiver. The medical passport is to remain with the child throughout the duration of his or her time in OOHC. The medical passport serves as a comprehensive record regarding the child's medical history, immunizations, and prescribed treatment. If a child is prescribed medication(s), it is to include the medical administration forms which are to be maintained in the child's case file. Yet medication administration during NTP stays was clearly documented in only seven cases. For the remaining children, the record does not establish whether medications were administered as prescribed, delayed, interrupted, or omitted entirely. Given the clinical complexity of the population and the nonclinical environments in which NTPs occur, this lack of documentation represents a serious and foreseeable safety concern.

Medical passports are not entered into iTWIST, rendering meaningful oversight impossible. However, as reported by the General Assembly,⁹⁸ on October 11, 2012, CHFS staff voiced concerns that the current paper system "may not be the best way of ensuring that all necessary care is taking place, or of allowing team members, including physicians, necessary access to the child's medical history." Subsequently, the committee recommended, "The Cabinet for Health and Family Services should facilitate the creation of an electronic system that would replace all or part of the current paper medical passport." Well over a decade later, this has not changed.

In two cases, partial documentation was located in iTWIST. Unfortunately, both instances showed irregularly dispensed medication including missing doses, wrong doses, or the appearance of double dosing. Required initials documenting each administered dose

⁹⁷ U.S. Food and Drug Administration. (2004). *Suicidality in children and adolescents being treated with antidepressant medications*. FDA Public Health Advisory. <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/suicidality-children-and-adolescents-being-treated-antidepressant-medications>;

American Academy of Child and Adolescent Psychiatry. (2015). Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/AACAP_Psychotropic_Medication_Recommendations_2015_FINAL.pdf HYPERLINK

⁹⁸ Program Review and Investigations Committee. (2012, October 11). *Medically Fragile Foster Children Research Report No. 437, page 10. 437, page 10.* <https://apps.legislature.ky.gov/lrc/publications/ResearchReports/RR437.pdf>



were largely absent. This is extremely disturbing considering the known risks, side effects, and potential harm of incorrectly administering medication.

The risks are compounded for children experiencing mental health crises. Children identified as having suicidal thoughts or behaviors spent an average of 7.5 days in NTPs. This equates to more than a week in nonclinical, unlicensed environments without documented psychiatric evaluation, suicide safe design, or therapeutic intervention. Extended periods without psychiatric assessment or stabilization services increase the risk of self-harm and directly contradict best practices for crisis response. Children placed in NTPs often have significant trauma histories and behavioral health needs that require ongoing therapeutic support.

Despite this, therapy services during NTP were not easily identified in documentation. For a population characterized elsewhere in this report by high rates of behavioral complexity, placement instability, and clinical need, this lack of clear documentation of therapeutic engagement is striking.

Lack of Education Documentation. The limited documentation of school attendance in iTWIST is especially concerning given federal law. Foster children are entitled to educational stability and uninterrupted access to instruction, and prolonged absences during NTP stays may violate federal education protections, particularly when placements extend beyond a single day. The federal ESSA,⁹⁹ Title I requires state and local education agencies to collaborate with child welfare agencies to ensure school stability for students in foster care, including remaining in their school of origin when possible and immediate enrollment at a new school when a change is necessary. ESSA also provides procedural supports for transportation to minimize educational disruption for children in out-of-home care.¹⁰⁰ Again, the absence of clear documentation raises concerns that educational services are routinely interrupted during NTP placements.

Questionable Compliance. CHFS retains legal custody and responsibility for children placed in NTPs, including responsibility for ensuring access to medical care, psychiatric services, medications, education, and therapeutic supports. However, the use of unlicensed, medically unsupervised settings such as offices, hotels, state parks, and other ad hoc locations fundamentally limits CHFS's ability to meet these obligations.

Importantly, the same high-risk behaviors and clinical needs documented in the DPP-886A for children placed in NTPs closely mirror the criteria that trigger consideration for residential treatment under the Family First Prevention Services Act (FFPSA)¹⁰¹ and

⁹⁹ Every Student Succeeds Act, 20 U.S.C. § 6301 *et seq.* (2015). U.S. Department of Education. <https://www.congress.gov/bill/114th-congress/senate-bill/1177>

¹⁰⁰ U.S. Department of Education. (2023, November). *Frequently Asked Foster Care Education Stability Questions and Answers*. https://www.ed.gov/teaching-and-administration/supporting-students/special-populations/students-foster-care/frequently-asked-foster-care-education-stability-questions-and-answers?utm_source=chatgpt.com

¹⁰¹ Family First Prevention Services Act, Pub. L. No. 115-123, §§ 50711, 50741–50753, 132 Stat. 64. (2018). <https://www.congress.gov/bill/115th-congress/house-bill/253>



DCBS SOP C7.10 Placement in a Congregate Care (Residential Treatment) Setting.¹⁰² Under the FFPSA and corresponding CHFS policy, children whose documented needs indicate a level of behavioral health complexity or treatment intensity beyond what can be safely managed in a family-based setting are required to be evaluated through a structured, evidence-based assessment process. This process includes review by a qualified individual, input from a Family and Permanency Team, and judicial oversight to determine whether residential treatment is clinically appropriate and represents the least restrictive setting capable of meeting the child's needs. Yet the data in this review shows that children exhibiting these same risk profiles are being placed in nontraditional settings that, by design, cannot meet treatment-level needs, and for which the available record does not demonstrate how clinical assessments, treatment planning, or placement decision-making were translated into safe and appropriate care during the NTP period.

Housing children with serious medical conditions, psychiatric needs, or intellectual and developmental disabilities in nonclinical, unlicensed environments may implicate federal disability rights protections because the manner in which services are delivered becomes a question of program accessibility and nondiscrimination. Under Title II of the Americans with Disabilities Act (ADA), public entities must administer programs so that individuals with disabilities are not excluded from participation in, denied the benefits of, or subjected to discrimination by reason of disability.¹⁰³ Section 504 of the Rehabilitation Act requires recipients of federal funds to ensure individuals with disabilities have equal opportunity to benefit from services and prohibits methods of administration that have the effect of subjecting individuals to discrimination.¹⁰⁴

As Kentucky's state child welfare agency and a recipient of federal funds, CHFS is therefore obligated to ensure that children with disabilities in OOHC do not receive a materially diminished level of safety, medical care, educational continuity, or therapeutic support due to placement decisions.

The inability to consistently verify medical oversight, medication management, psychiatric services, and therapeutic continuity during NTP placements raises significant compliance concerns. Federal regulations require public entities to make reasonable modifications in policies, practices, or procedures when necessary to avoid disability-based discrimination,¹⁰⁵ and require services to be delivered in the most integrated setting

¹⁰² CHFS. (2024, July 5). *DCBS SOP online manual*. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-10.aspx>

¹⁰³ Americans with Disabilities Act. 42 U.S.C. § 12132; 28 C.F.R. § 35.130(a).
<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-84/subpart-A/section-84.4>

¹⁰⁴ Section 504 of the Rehabilitation Act. 29 U.S.C. § 794(a); 45 C.F.R. § 84.4(b).
<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-84/subpart-A/section-84.4>

¹⁰⁵ Title II of the Americans with Disabilities Act, 28 C.F.R. § 35.130(b)(7)(i) (1991).
<https://www.ecfr.gov/current/title-28/chapter-I/part-35/subpart-B/section-35.130>



appropriate to the child's needs.¹⁰⁶ Placing children with complex behavioral and mental health needs in unlicensed, nonclinical settings, without documentation demonstrating individualized accommodations or coordinated care, creates a substantial risk that services are not effectively accessible as required under the ADA and Section 504.

Final Observations. Taken together, the data shows that children placed in NTPs are not consistently able to maintain access to medical care, psychiatric services, prescribed medications, education, or therapeutic supports. For a population in which 41.1% (125) are on multiple medications, 27.3% (83) have suicidal thoughts and behaviors, and 1% (3) are pregnant or parenting children, the lack of documented service continuity is deeply concerning.

The core issue is not merely service disruption, but accountability. When children are placed in environments never designed to support caregiving or clinical needs, and when documentation fails to demonstrate how essential services are delivered, the Commonwealth cannot reasonably assure that children's health, safety, and legal rights are being protected while in state custody.

Although CHFS retains legal custody and ultimate responsibility for service continuity during NTP placements, the review identified no formal policy, standardized procedure, or documented assignment of responsibility governing how medical care, psychiatric services, medication administration, education, or therapy are to be delivered during an NTP stay. As a result, responsibility appears largely undocumented, leaving children without reliable access to required services and leaving the Commonwealth without a clear mechanism for accountability.

¹⁰⁶ Title II of the Americans with Disabilities Act, 28 C.F.R. § 35.130(d) (1981). <https://www.ecfr.gov/current/title-28/chapter-I/part-35/subpart-B/section-35.130>



Inquiry 8

To what extent is CHFS notifying a removed child's Guardian ad Litem when resorting to NTP use?

Conclusion

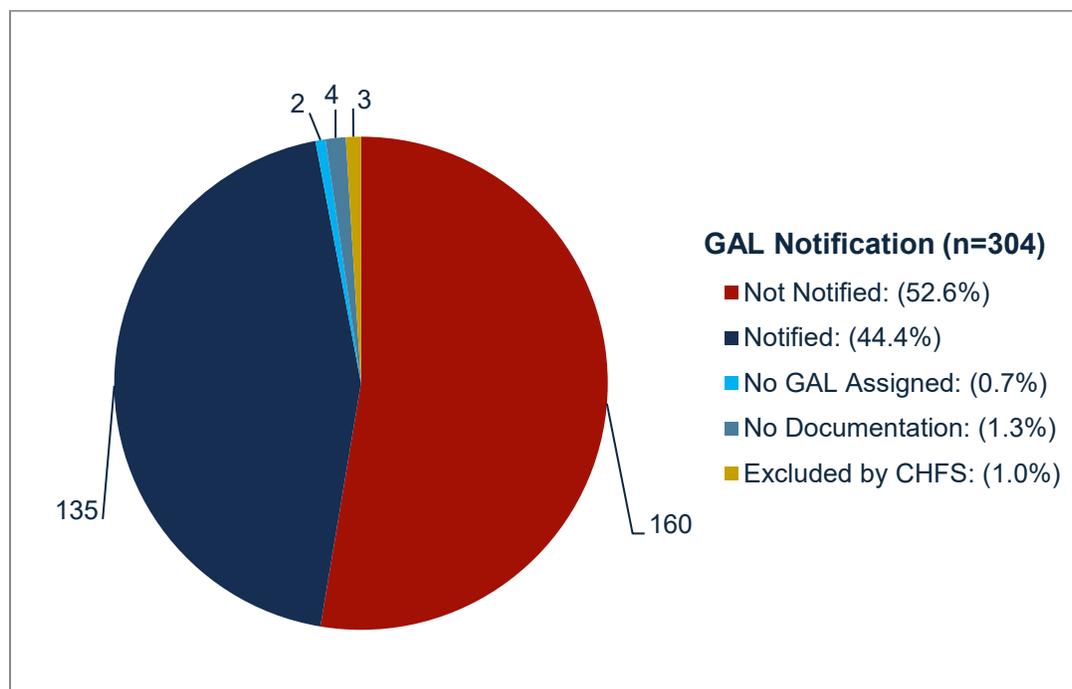
As an attorney, a Guardian ad Litem's (GAL) representation is governed by the Kentucky Rules of Professional Conduct and requires the GAL to,

"... act with commitment and dedication to the interests of the client and with zeal in advocacy upon the client's behalf." (emphasis added)
¹⁰⁷

GAL appointments form a foundational component in the child welfare system, where the focus of the work is not on the system itself, the state bureaucracy, or substantive or procedural due process rights of natural or foster parents, but solely on the interests of the child. As such, notification of a child's NTP should always occur. It does not.

Analysis

When queried, CHFS's review of its own data produced the following results, as reported by CHFS itself.¹⁰⁸



¹⁰⁷ Rules of the Supreme Court (SCR) Rule 3.130, Rules of Prof. Conduct Rule 3.130(1.3)(commentary)

¹⁰⁸ Copy on file with the Ombudsman.



More than half of children with assigned GALs were placed in nontraditional settings without their legal advocate being informed. This represents a significant failure to comply with notification requirements and deprives children of critical legal oversight during a vulnerable period.

The importance of timely GAL notification is not abstract. This interaction illustrates why GAL involvement is essential during NTP stays. The absence of consistent GAL notification removes a critical safeguard designed to ensure that children's wellbeing and safety remain central during periods of heightened instability.

In one instance, a GAL contacted the Auditor's Office to express concern after learning that a foster child housed overnight in a CHFS office had been given a Ouija board by a social worker to play despite this being in contradiction to her faith. When the GAL raised concerns about the appropriateness of this activity, the GAL reported that the assigned social worker didn't see anything wrong with it.



Inquiry 9

How and when are biological parents notified that their child has been placed in an NTP? What standards govern notification, rights of access, or required documentation?

Conclusion

A review of publicly available CHFS policy documents, guidance materials, and parent resources did not identify any policy or standard operating procedure that explicitly addresses how or when biological parents still maintaining their parental rights must be notified when their child is placed in a nontraditional setting, such as a CHFS office, state park, hotel, or other unlicensed environment.

Analysis

When Your Child Is Removed from Your Care: A Guide for Parents,¹⁰⁹ states that parents “will be notified anytime your child is moved to a different relative or foster home.” While this language establishes a general expectation of notification following placement changes, it does not reference NTPs and does not specify any timeframe, method of notification, or required documentation of parental contact. As written, the guidance presumes movement between licensed placement settings and does not contemplate NTP use.

DCBS SOP C7.12 Timeframes for OOHC Cases¹¹⁰ provides a timeframe for OOHC cases, but there is no reference to notifying the biological parents about the OOHC placement. Similarly, the publicly available Placement Change Tip Sheet¹¹¹ provides limited direction related to parental notification but does so only in the context of placement changes generally, not NTPs specifically. The tip sheet instructs staff to send a DPP-154A Notice of Intended Action ten days prior to a placement change when parental rights are intact and to “attempt to notify the parent of the placement change by the next working day in an emergency situation.”

Taken together, these documents demonstrate that, while CHFS policy recognizes a general obligation to notify parents still maintaining their parental rights when placements change, there is no clear, enforceable standard governing notification when a child is placed in an NTP. There is no defined timeframe for notification, no requirement for written

¹⁰⁹ CHFS. *When Your Child is Removed from Your Care*. DCBS, DPP. <https://www.chfs.ky.gov/agencies/dcbs/dpp/oohc/Documents/ChildRemovalHandbook2.pdf>

¹¹⁰ CHFS. (2023, March 1). *Timeframe for All Out-of-Home Care (OOHC)*. DCBS SOP online manual. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-12.aspx>

¹¹¹ CHFS. *Placement Change Tip Sheet*. DCBS SOP online manual. <https://manuals-sp-chfs.ky.gov/resources/Documents%20and%20Forms/Placement%20Change%20Tip%20Sheet.pdf>



documentation of parental contact, no clarification of whether parents are informed of the nature or location of the setting, and no guidance addressing parental access or involvement during the NTP stay.

This lack of clear policy is additionally concerning given the care that CHFS must apply in discerning the appropriateness of correspondence between a child and his or her parents. Clear policy is needed to guide workers on the level of correspondence, if any, between a child and his or her parents when there are allegations of abuse against the parents, depending on the legal relationship between the child and parents (i.e., whether parental rights have been terminated, etc.), and other relevant factors.

The absence of NTP-specific notification standards creates significant risk of inconsistent practice across regions and cases. This lack of clarity also complicates oversight, as there is no uniform documentation requirement in iTWIST to confirm whether and when parental notification occurred. As a result, CHFS cannot demonstrate consistent compliance with parental notification expectations when children are placed in nontraditional settings.

While CHFS policy recognizes a general obligation to notify parents when placements change, there is no clear, enforceable standard governing notification when a child is placed in an NTP.





Child Spotlight #4

A 17-year-old White female experienced an adoption disruption and remained in the care of CHFS until she turned 18. In the fall of 2024, after 17 prior placements including residential facilities, foster homes, respite homes, and emergency shelters, the youth was discharged from a residential facility after placing a 911 call for fun, which resulted in law enforcement response and the facility's decision to end the placement. Following that discharge, the child was taken to a CHFS office as an NTP. Within three days of arrival at the office, the child LPWA'd and remained missing for 51 days. Law enforcement later located the child sleeping in a tent with a middle-aged man who had an active warrant for murder.

Shockingly, little information was recorded in iTWIST. Two entries were made on the incident: one recording the incident where the child LPWA'd and had not been located, and one explaining why the home visit could not occur. There was no documentation or indication in the documentation that any missing from care protocol was followed in accordance with DCBS SOP C7.50 Locating Missing Children - Including Runaways.

The child had seven instances of LPWA or fleeing from placements prior to the first incident in the CHFS office. Five days after she was found by law enforcement in November 2024, she walked away from the CHFS office again.

In September of 2022, a provider opined that the child could not be safely kept with other children. The provider recommended a PRTF or locked facility for placement as that would afford the child more structure and presumably the structure best suited to keep the child safe. Instead, the level of care was drastically reduced when she ended up in an unlocked, unstructured, and unsafe office not intended for anyone to sleep in, much less a child with an extensive history of suicidal and homicidal ideation, self-harm, criminal and aggressive behaviors, which CHFS documentation notes requires extensive supervision.

The absence of alarms on doors to alert CHFS staff of a child exiting the facility and the proximity of exterior exits to sleeping areas also make office buildings highly susceptible to unauthorized departures by children.





Child Spotlight #5

A 13-year-old White female was placed in two NTP stays at a CHFS office for a total of 15 days. The child has a documented IQ of 76 and a history of significant cognitive and behavioral impairments, which require multiple prescribed medications to manage her mental health diagnoses and behavioral concerns. The child was removed from her biological family by CPS as a toddler and adopted. For most of the last 10 years she has been in institutionalized care, residential placements, and foster care placements. In addition, the child's adoptive parents terminated their rights. The child states she has been neglected and physically and sexually abused in her previous placements and that her concerns were not taken seriously by CHFS.

A disrupted foster care placement resulted in her first NTP at a CHFS office. There is limited documentation of the child's wellbeing during either NTP stay. By just reviewing the iTWIST records, it is unknown if CHFS ensured the child's medication was provided as prescribed, she attended school, or what other daily services were provided.

A 30-day emergency shelter placement was secured between her two NTP placements. Documentation provided by the emergency shelter placement states the child was physically restrained a total of 14 times in this 30-day period by emergency placement staff. At discharge from this emergency placement, the child was found by CHFS with bruising and swelling to the right side of her face and a black eye. The incident would normally result in an incident report detailing the child's facial injuries. However, this documentation was not uploaded in the iTWIST database. As a result of this incident, a CPS referral was accepted on a staff member at the emergency placement and substantiated for physical abuse. A video of the incident was also captured, revealing the child was forcefully slammed to the ground by staff during a verbal altercation, causing injury.

After CHFS picked up the child from her 30-day emergency shelter placement, she was directly placed back in NTP at a CHFS office. During this time, the child gained access to a computer cord and was able to wrap the cord around a CHFS social worker's throat and strangled the social worker. As a result, the child was criminally charged with Assault in the 2nd degree and Terroristic Threatening and was placed in detention for 12 days. This incident is not documented in CHFS records for this case, although it occurred at a CHFS office building. However, the incident was recorded in a court ordered CATS (Comprehensive Assessment and Training Services) assessment through the University of Kentucky CATS clinic.

Concerns regarding her safety, as well as the adequacy of staff training and policies related to restraint and emergency response, persist at her current placement, which is under investigation by CHFS. Despite these concerns, the child has had consistent advocacy. Her GAL has advocated on the child's behalf throughout the case. GALs serve as a vital component to the child welfare system ensuring that the best interests of the child are always the priority.



Child Spotlight #6

For a 17-year-old white male with a longstanding history of extreme aggression, homicidal ideation, fire-setting behavior, repeated assaults, and extensive LPWA incidents, whose needs repeatedly exceeded the capacity of both secure residential facilities and hospital settings, no licensed placement was immediately available due to statewide rejections for residential treatment facilities, qualified residential treatment facilities, and therapeutic foster care. The child also was not accepted by any emergency shelters due to physical aggression and fire setting. So, after the child signed himself out of the hospital, CHFS placed the child in a cabin at a state park for one day of NTP. The child was then placed in a traditional foster home, but that placement was disrupted after three days with no documentation as to why. A second state park NTP resulted, consisting of a two-day stay before another traditional foster placement was located for several weeks. That placement was also disrupted for a family vacation.

The child consistently disrupted secure residential and hospital placements due to escalating behaviors. Documentation reflects a pattern of severe incidents by the child across settings, including physical assaults, barricading staff, property destruction, and repeated LPWA episodes. In multiple instances, the child engaged in violent confrontations with peers and staff, resulting in injuries and requiring law enforcement intervention. Records also document episodes in which the child created improvised weapons from available materials and refused staff directives to surrender them.

The child exhibited repeated fire-setting behavior while in care. Documentation describes attempts to ignite fires using electronic devices and other materials, followed by destructive and assaultive behavior when staff intervened. These incidents led to criminal charges. At various points, the child was detained in juvenile justice custody.

Hospitalizations for aggression, homicidal ideation, suicidal behavior, and acute psychiatric instability occurred repeatedly. Following discharge, the child frequently returned to residential settings that were unable to safely manage his behaviors, resulting in further disruptions, refusals, and emergency responses.

Placing a child with such a history of violence and criminal activity in a state park that is not a secure environment, not a therapeutic setting, and is open to the general public, including children, presents a significant risk to the child, staff, and the public.

Process and Compliance Failures

Inquiry 10

How often are NTP placements reviewed, who conducts these reviews, and what supervisory or regional oversight exists to monitor NTP stays?

Conclusion

There is no evidence of formal supervisory or regional oversight mechanisms to ensure consistent review, escalation, or accountability for prolonged or repeated NTP across regions. The absence of written policies, defined roles, documentation requirements, and supervisory review limits both internal accountability and external transparency. Without a formalized structure, there is no clear mechanism to ensure consistent application across regions, to monitor trends in prolonged or repeated NTP stays, or to evaluate whether regional foster parent capacity constraints are contributing to NTP utilization by CHFS. Additionally, the lack of documented oversight limits CHFS's ability to provide reliable, consistent reporting regarding the scope, duration, and regional patterns of NTP placement. This deficiency hinders policymakers in evaluating resource needs to address the situation.

Analysis

According to a February 10, 2025, email from Commissioner Dennis to our staff, NTP reviews occur informally through daily morning calls in which children currently placed in NTP or at risk of NTP within the next 24–48 hours are discussed.¹¹² While these calls suggest frequent review, the process lacks documented structure and transparency. Specifically, CHFS did not identify standardized criteria governing these discussions, the roles or positions of required participants, the data elements reviewed, or how outcomes of these calls are documented and communicated to relevant staff. As a result, although reviews may occur daily, there is no evidence of a consistent, enforceable review framework.

¹¹² Email correspondence between CHFS staff and the Ombudsman staff. (2025, February 10). Record on file with the Ombudsman.



In the same correspondence, Commissioner Dennis reported that a high acuity statewide coordinator position and ten regional high acuity specialist positions had been established in response to the increased use of NTPs.¹¹³ These positions appear intended to provide regional oversight for high-acuity children, including those placed in NTP. The evaluation tasks for one high acuity specialist included the following:

- Provides regional oversight and coordination for youth identified as high acuity, including monitoring, documentation review, and placement support.
- Assists local offices with 886A requests, enhanced or supplemental rate approvals, and coordination for youth in NTPs.
- Participates in high-priority staffing and planning meetings and supports frontline staff in identifying and engaging biological and familial connections for youth with complex needs.¹¹⁴

Despite the creation of these positions, there is no evidence of a statewide policy defining how NTP reviews are to be conducted, how long a child may remain in NTP, or what escalation thresholds trigger executive-level intervention. Without specific data-driven insights established in a statewide policy, it remains unclear whether these daily morning calls and implementation of high acuity positions have effectively mitigated the need for NTP. NTP has persisted for multiple years without a defined exit strategy. Furthermore, it is uncertain whether staff from the Commissioner’s office or executive leadership are conducting site visits during NTPs to evaluate real time operations in person.

“There is no indication that CHFS has developed either a short-term or long-term comprehensive plan to eliminate reliance on NTP...”

In the absence of publicly available evidence and sufficient detail in communications given to us by CHFS leadership, there is no indication that CHFS has developed either a short-term or long-term comprehensive plan to eliminate reliance on NTP, nor has it established a set deadline for doing so.

The lack of documentation obscures the problem. When incidents are not consistently recorded, they cannot be fully understood, addressed, or corrected. As the agency responsible for child welfare, CHFS has a fiduciary and legal obligation to ensure that conditions, incidents, and risks are fully and accurately documented. Without a clear, solutions-oriented strategy, NTP will continue at the expense of the children in OOHC.

¹¹³ Email correspondence between CHFS staff and the Ombudsman staff. (2025, February 10). Record on file with the Ombudsman.

¹¹⁴ Email correspondence between CHFS staff and the Ombudsman staff. (2025, February 10). Record on file with the Ombudsman.



Inquiry 11

How do caseworkers and supervisors decide when and where to place a child in an NTP? Are current staffing levels, staff qualifications, and trauma-informed training adequate to provide necessary supervision, safety, and therapeutic oversight for children?

Conclusion

Based on the evidence reviewed, current staffing levels, staff qualifications, and contracted guard arrangements do not provide adequate therapeutic oversight and are insufficient to ensure consistent safety for children with complex needs.

As outlined previously, data from the analytic sample highlights the elevated risk profile of children placed in NTP, including instances of violence during the NTP stay. Despite these risks and not being trained or employed as direct-care or residential treatment providers, CHFS staff assumed primary responsibility for continuous supervision, ensuring prescribed medications were administered and documented, managing behavior, and responding to crises.

Though local CHFS workers are taking on roles far outside the requirements of their Personnel Cabinet defined job classifications, they remain acutely aware that NTPs are not ideal for any child and express concern when NTP becomes the only available option. They are working within a system that is failing them and the children in their care.

Analysis

CHFS has no written policy governing when NTP is initiated, resulting in case-by-case decisions. In practice, when resorting to NTP, CHFS frontline staff and local office supervisors may offer input regarding which NTP is the best given the circumstances. Per statements from CHFS frontline staff, the ultimate NTP decision, in practice, rests with the service region managers.

Based on our investigation, it does appear considerations are given to NTP options outside of CHFS offices that can provide a more normalized environment for children when traditional placements could not be located. Settings such as hotels and state parks offer private sleeping areas and access to basic amenities that more closely resemble daily living environments.

Providing insight on these decisions, during the July 24, 2023, Kentucky Health and Human Services Delivery System Taskforce meeting,¹¹⁵ Commissioner Dennis was

¹¹⁵ Kentucky Health & Human Services Delivery System Task Force, 4:50–30:42. (2023, July 24). CHFS Secretary Eric Friedlander, et al. <https://www.youtube.com/watch?v=dCf7Tf33aY8>



asked by Representative David Meade why the state didn't partner with a hotel. Commissioner Dennis said there was not always a hotel nearby, staff might have to travel long distances, some of the children's "behavioral health issues...can be a risk" and "there's safety concerns and we need to be in a setting, such as an office, where we can, have additional supports around that youth." In one instance from our dataset, a child was placed in a local hotel but subsequently fled, attempted to run into oncoming traffic, and was apprehended by law enforcement. Following this incident, the child was placed in a CHFS office rather than returning to the hotel. In totality and due to a persisting lack of policy, the rationale for selecting one NTP over another is unclear.

Staffing for NTP includes two CHFS staff and one contracted guard per child,¹¹⁶ with guards remaining present alongside CHFS staff. Guards are assigned only for staff safety and are not designated to provide direct supervision of the child.¹¹⁷ The Commonwealth's Master Agreement for Armed and Unarmed Security Services¹¹⁸ requires guards to complete training in "difficult and hostile situations," first aid, fire safety, and bloodborne pathogens. However, the contract contains no training requirements specific to working with children, trauma-informed care, mental health crisis intervention, or suicide prevention despite guards being stationed in CHFS office buildings where foster children with documented suicidal ideations, homicidal thoughts, and fire-setting behaviors are housed. Additionally, concerns were identified regarding inappropriate guard behaviors during NTP, including interactions that were inconsistent with trauma-informed practices or the child's behavioral needs, raising concerns about oversight and role clarity.¹¹⁹

"Sitter services" were reported to be available.¹²⁰ Our office conducted a comprehensive search to identify any master agreements, contracts, or procurement documents related to "sitter services" referenced in CHFS regional protocol for children in NTPs. Searches were conducted through the Kentucky Transparency Contract Search portal and the Spending Search portal, along with the Finance and Administration Cabinet's eProcurement system using various keyword combinations including "sitter services," "child supervision," "youth monitoring," "crisis staffing," and "1:1 supervision." CHFS spending data was analyzed to identify vendors potentially providing these services. Despite these efforts, no master agreement or formal contract specifically establishing sitter services for children in NTP was identified. The NBSR Basic Protocol for Youth Housed in Office references that "sitter services are available," yet the specific training

¹¹⁶ Email correspondence between CHFS staff and the Ombudsman staff. (2023, July 20). Copy on file with the Ombudsman.

¹¹⁷ Email correspondence between CHFS staff and the Ombudsman staff. (2023, July 20). Copy on file with the Ombudsman.

¹¹⁸ MA 758 2300001455. (2023).

<https://secure2.kentucky.gov/TransparencyWebApi/v1/Contract/ContractPDF?documentId=02AA3D42-B888-4FF9-8423-08754FEAC15D&docId=2300001455>

¹¹⁹ Email correspondence between CHFS staff and the Ombudsman staff. (2023, July 20). Copy on file with the Ombudsman.

¹²⁰ CHFS. (Revised 2025, February). *NBSR Basic Protocol for Youth Housed in Office*, unpublished. Copy on file with the Ombudsman;

Kelli Root. (2022, May 4). *Protection and Permanency Information Memorandum 22-06*. DCBS, DPP. [ppim 22-06 challenges surrounding placement stability and placement capacity.pdf](#)



requirements, qualifications, approval criteria, or contractual terms governing these services remain undefined in any publicly accessible procurement record. This absence of discernible documentation raises questions about the formal structure, oversight, and accountability measures in place for individuals providing direct supervision to some of Kentucky's most vulnerable children during NTP stays.





Child Spotlight #7

A 15-year-old White male was adopted through CHFS and later reentered CHFS involvement at the request of his adoptive parents through the 90-day Post Adoption Placement Stabilization Service (PAPSS) in an effort to prevent adoption disruption. When PAPSS failed to stabilize the placement, the child was returned to CHFS custody and placed in residential treatment. Following a 14-day notice for physical aggression, the child was moved to his first NTP.

A review of the child's iTWIST placement history compared to CHFS provided placement rejection numbers revealed significant internal data inconsistencies. iTWIST documents three NTP stays at a CHFS office, while CHFS rejection data provided to this office reflects six NTP stays, including four hotel stays omitted from iTWIST. These omissions materially understate the child's placement instability.

Additionally, case documentation indicates the child was placed in a foster home during the same dates iTWIST lists him as housed in a CHFS office. A child cannot be in two placements simultaneously; one of these records is factually inaccurate. This failure in documentation protocol is alarming.

This child experienced an exceptionally high number of placement rejections. CHFS case management report data indicates 394 rejections occurred during hotel stays that were not documented in iTWIST. Each rejection evidences the child's need for a higher level of care or specialized residential placement that CHFS failed to provide. The omission of these hotel stays from iTWIST effectively obscures the extent of the state's inability to secure appropriate placement.

Of additional concern, multiple DPP-886As were submitted for this child while in NTP. Conversations our staff had with local CHFS staff confirmed that, if the child had a "good day" while in NTP, the DPP-886A was completed again and resubmitted in hopes of securing a placement. Our office found the last DPP-886A provided prior to finding placement omitted key behaviors from the child's history over the last six months. In the recent behavior section, LPWA was omitted despite being documented in the child's prior behavioral history and occurring within six months of the DPP-886A. CHFS acknowledged multiple LPWA incidents during that period but minimized the behavior by suggesting the child may have simply walked away while upset. Leaving supervised care without permission constitutes as LPWA. Minimizing these behaviors reflects a prioritization of placement speed over placement stability.



Child Spotlight #8

A 13-year-old Black female began her CHFS involvement when she was born with both drugs and alcohol in her system, resulting in immediate removal from her parents' care, never to be placed with them again. After a few years, the child was placed with a grandparent who kept the child and her siblings for several years until the grandparent's own health issues forced the grandparent to turn the children over to CHFS. Over the next several years, the child encountered eight placements, mostly therapeutic foster care, before being placed in NTP after her aggressive and sexualized behaviors had become more than the therapeutic foster home could handle.

The child was housed in a CHFS office for 12 days after a foster parent placement disruption. CHFS had a 14-day notice from the foster parent that they were surrendering placement. Case documentation noted that 13 days after the NTP began, the social worker first visited the child and advised that a permanent placement had been secured but could not begin for another few days. Notes, however, did not indicate the cause of the delay, nor did they explain why a more appropriate "waiting" placement such as respite care was not utilized.

Our office requested copies of the Case Management Reports (CMRs) for all children reviewed for this investigation. Instead of CHFS turning over the requested documents, a spreadsheet showing only the placement dates and the number of referral rejections was provided. Without the requested information, we were unable to determine if CHFS followed proper procedures or if errors or delays on its part led to this NTP as a stopgap for appropriate placement.



Transparency and Accountability Failures

Inquiry 12

How frequently does CHFS publish NTP related data? In what formats is this data made available? Does the current level of transparency allow policymakers and the public to monitor progress and identify trends requiring intervention?

Conclusion

CHFS does not publish NTP specific data in a routine, standardized, or publicly accessible manner sufficient to allow policymakers, courts, or the public to evaluate the frequency, duration, or drivers of NTP use. There is no publicly available dashboard, dataset, or regularly published report dedicated to NTP utilization, nor is there a clearly identified NTP category embedded within CHFS's standard OOHC reporting. As a result, meaningful external monitoring of NTP trends, progress toward reduction goals, or identification of populations and regions at heightened risk are not currently available.

Analysis

CHFS does publish a monthly Foster Care Fact sheet¹²¹ on the Protection and Permanency webpage. This fact sheet reports the total number of children in care and disaggregates placements across numerous categories, including foster homes, residential placements, kinship care, detention, psychiatric hospitals, LPWA status, trial home visits, and medical or skilled care settings.

Notably absent from this reporting structure, however, is any category explicitly identifying NTPs. The omission of NTPs from the standard placement taxonomy makes it impossible for readers to determine whether children in administrative offices or other unlicensed settings are embedded within other categories, excluded altogether, or inconsistently classified.

Outside of these generalized monthly fact sheets, the most visible source of NTP related information has been legislative testimony. In particular, CHFS presented a

¹²¹ CHFS. *Foster Care Facts*. DCBS, DPP.
<https://www.chfs.ky.gov/agencies/dcbs/dpp/Pages/fostercarefacts.aspx>



PowerPoint¹²² to the Senate Standing Committee on Families and Children on February 11, 2025, which included limited summary data regarding the number of children in NTPs, average length of stay, gender distribution, and a narrative emphasis on high acuity children. While informative in context, this presentation functioned as a snapshot rather than a systematic disclosure. It did not include longitudinal trend data, standardized definitions, regional breakdowns, race, or placement history. Additional updates regarding NTP use have largely occurred through verbal testimony during committee hearings, which does not substitute for consistent written reporting or publicly verifiable datasets.

Internally, NTP related information likely exists within iTWIST's Private Child Care (PCC) Tracking Module, which is designed to electronically store a child's physical placement location and improve tracking of placement moves. However, this information is not publicly accessible, and access limitations prevent external reviewers from independently validating placement classification, duration, or movement patterns. As a result, policymakers and oversight entities are reliant on selectively disclosed summaries rather than direct, standardized data.

The absence of routine NTP reporting is notable when compared to at least one established state's practice. The state of Washington publishes an annual Placement Exceptions Report¹²³ that provides consistent, publicly accessible data on emergency and exception placements, including facility type, region, demographics, and placement frequency per child. Although not a real time dashboard, the report establishes a baseline of transparency that enables legislators and the public to monitor trends, evaluate reforms, and identify areas requiring intervention. Kentucky has no comparable reporting mechanism for NTPs. Additionally, the Washington report is updated monthly reflecting the usage of NTP in the previous month.

Without standardized, publicly available NTP data, decision makers cannot assess whether administrative changes, increased funding, provider rate enhancements, or proposed legislation have reduced reliance on NTPs or merely shifted classification practices. This lack of transparency also limits accountability and constrains coordination among courts, schools, health systems, advocates, and community partners who depend on accurate information to design preventive and stabilizing interventions. In the absence of clear, consistent reporting, NTP use remains largely opaque outside of CHFS, hindering informed oversight and evidence-based reform.

¹²² CHFS. (2025, February 11). *Out-of-Home Care Trends PowerPoint*. <https://apps.legislature.ky.gov/CommitteeDocuments/362/34721/02%2011%202025%203.%20CHFS%20Presentation%20-%20Placement%20challenges.pdf>

¹²³ WA Office of the Family and Children's Ombuds. (updated 2025, August 14). *DCYF Placement Exceptions*. https://ofco.wa.gov/sites/default/files/2025-08/Placement_Exceptions_Dashboard_July_2025.pdf



Inquiry 13

What internal policies, procedures, and approval authorities govern the use of NTPs? Has the absence of a formal policy contributed to inconsistent classification and documentation in iTWIST?

Conclusion

CHFS does not have a formal, cabinet-wide policy governing the use of NTPs. Once a child enters an NTP, CHFS remains responsible for locating a traditional placement.¹²⁴ However, no written policy defines when an NTP may be used, who has authority to approve it, what minimum standards the temporary setting must meet, or how the placement is to be reviewed, monitored, or documented. As a result, NTPs function as an operational practice rather than a formally governed placement type.

Analysis

Lack of Guidance. The absence of a formal policy framework has been explicitly raised by members of the General Assembly. During the February 11, 2025, meeting of the Senate Standing Committee on Families and Children, Senator Matthew Deneen expressed concern regarding CHFS's failure to establish internal guidance, stating, "I'm really concerned that the Cabinet itself, knowing all these things, has not worked diligently in that arena to establish some type of guidance or regs internally, that we have to come now and do that, provide that oversight..."¹²⁵



"I'm really concerned that the Cabinet itself, knowing all these things, has not worked diligently in that arena to establish some type of guidance or regs internally, that we have to come now and do that, provide that oversight..."

- Senator Matthew Deneen



¹²⁴ CHFS. (2025, April 22). *Initial Placement Considerations*. DCBS SOP online manual. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-4.aspx>

¹²⁵ Senate Standing Committee on Families and Children, approximately 1:16:04 – 1:16:23. (2025, February 11). Senator Matthew Deneen. <https://ket.org/legislature/archives/2025/regular/senate-families-and-children-committee-026avj>



This concern reflects a broader governance gap. Although CHFS began experiencing overnight housing of children in unlicensed settings as early as 2022, CHFS has not promulgated binding statewide standards governing the practice. No cabinet-wide policy establishes approval thresholds, duration limits, escalation requirements, or minimum safety and supervision standards for NTPs.

The only statewide guidance identified is a Nontraditional Placement Tip Sheet¹²⁶ distributed in February 2024, accompanied by Protection and Permanency Memorandum 24-02.¹²⁷ That memorandum acknowledges that internal review of 2023 data revealed discrepancies between manual tracking and iTWIST documentation and identified a need for clearer definitions and guidance. Rather than issuing a formal policy or administrative directive, CHFS responded with nonbinding guidance that includes definitions, frequently asked questions, and documentation suggestions, but does not establish enforceable requirements, approval authority, or oversight mechanisms.

Service Regions Operating on Islands. As noted in Inquiry #1, in the absence of formal statewide policy, service regions have developed internal protocols to manage children housed in offices and other nontraditional settings. These protocols assign responsibilities related to supervision, medication handling, staffing rotations, safety response, and escalation to alternative settings. While these procedures demonstrate efforts to manage risk at the regional level, they also underscore the consequences of CHFS's failure to issue uniform, cabinet-approved standards. This policy gap has directly contributed to inconsistent classification and documentation in iTWIST.

More critically, the absence of a formal policy leaves fundamental safeguards unresolved. There are no statewide standards governing approval authority, supervisory review frequency, parent or GAL notification, staff qualifications, or minimum trauma-informed and suicide-prevention practices for children housed in nontraditional settings. Taken together, the evidence demonstrates that CHFS has retained administrative control over NTP governance but has relied on informal audience and regional discretion rather than enforceable statewide policy. This approach has contributed to inconsistent practice, unreliable data, and diminished transparency in one of the highest-risk areas of Kentucky's child welfare system.

¹²⁶ CHFS. (2024, February 2, 2024). *Non-Traditional Placements Tip Sheet*. <https://tinyurl.com/yepvt6vy>.

¹²⁷ Kelli Root. (2024, February 14). *Protection and Permanency Memorandum 24-02*. DCBS. <https://manuals-sp-chfs.ky.gov/resources/Documents%20and%20Forms/PPM%2024-02%20Nontraditional%20Placement.pdf>





Child Spotlight #9

A 13-year-old White male became involved with CHFS after exposure to the extreme violence and criminal activity of his parents. Placement was originally secured through a family member. When the family failed to meet the child's needs, however, he was moved to a series of therapeutic foster homes over the following two years, followed by multiple hospitalization placements during the subsequent year and a half.

Records indicate that the child experienced 14 foster care placements including residential facilities, therapeutic foster homes, and hospitals before being placed in an NTP at a CHFS office for a period of two nights. Prior to NTP, the child had been housed in a residential facility and, while documentation didn't indicate the reason for the disruption, it was noted that NTP occurred awaiting a more permanent placement at a therapeutic foster home.

Once at the therapeutic foster placement, the child LPWA'd multiple times and began exhibiting aggression toward facility staff and peers, destroyed property, and showed no signs of progress in his program. So, he was, again, moved to a different facility.

In one placement, providers expressed concern over escalating behavior and the fear of a drastic outcome after he was caught with a shank and tried to hit staff with a brick while they were attempting to return him from LPWA. After 94 placement rejections, placement was eventually accepted at an out-of-state PRTF.

Unfortunately, episodes of physical aggression intensified, resulting in the child having to be physically restrained for periods of time. The child struggled with the program and verbal aggression, defiance, and a negative mindset developed. The episodes of physical aggression and restraints continued and became more frequent, and there were additional attempts at self-harm.

The Ombudsman made CHFS aware of an investigative report, which identified deficiencies with the facility. Most discrepancies were centered around documentation, treatment planning, physical restraints, and psychotropic medication. When notified, CHFS felt it concerning that it appeared there was "very little to no oversight of licensing requirements from the licensing agency." CHFS's DPP Director Melanie Taylor then ordered the child be removed from the facility. Regrettably, the child somehow remained in the facility for what would be nearly four more tumultuous months of aggression, destructive behavior, and LPWA attempts mixed with bouts of sadness, anxiety, and low self-esteem before a new placement was secured.



Child Spotlight #10

A developmentally delayed 14-year-old Bi-racial male, also diagnosed with ADHD and Autism, had a history of exposure to violence, physical abuse, alcohol and substance abuse as well as incidents of inappropriate sexual encounters with his mother's paramour. He had a lengthy history of involvement with both in-state and out-of-state Child Protective Services (CPS). The child encountered 31 total foster care placements while in Kentucky, including five NTPs in two separate CHFS office buildings lasting a total of 42 days (41 days during this investigation period), and an out-of-state placement lasting a total of 242 days. After disruption from a residential facility, due to sexual perpetration on other children in the facility, the child entered his first NTP.

Much documentation was included in iTWIST regarding the child's aggressive and progressing sexual behaviors toward others. After twenty prior placements, including hospitals, residential facilities, foster homes, emergency shelters, and the prior NTP, the child was, once again, moved to a CHFS office.

Although the child's behaviors improved while at the facility and he was discharged to return to care in Kentucky, his behaviors still existed. Placement was secured, but the child quickly began exhibiting paranoid behavior, resulting in admission to the hospital for assessment. The placement was then terminated due to safety concerns. So, the quest for an appropriate placement, once again, ensued and resulted in the child, again, having to be boarded at a CHFS office. While at the CHFS office, it was noted the child's sexual behaviors had intensified.

Sadly, during this NTP, the child displayed "negative and aggressive behaviors toward staff" wherein, he began slamming doors, was defiant, and took the office phone, refusing to give it back. On another occasion the following week, the child became agitated over food and sprayed an office security guard in the eyes with a bottle of cleaner and shut the door on another guard's hand. This episode resulted in the child being admitted to the hospital for observation and then an emergency shelter until a permanent placement was able to be secured, lasting until the child's 18th birthday.



Systemic Failures

Inquiry 14

Does Kentucky’s continuum of care (including foster homes, residential treatment facilities, psychiatric hospitals, and therapeutic placements) adequately meet the needs of children in custody? Has the absence of a secure therapeutic facility contributed to repeated provider refusals, prolonged NTP stays, and reliance on inappropriate emergency settings such as offices, state parks, and hotels?

Conclusion

Kentucky’s continuum of care does not adequately meet the needs of children in CHFS custody, particularly children with complex behavioral and mental health needs, and the absence of a secure therapeutic placement option has directly contributed to prolonged NTPs and reliance on inappropriate emergency settings.

What was described as an unavoidable short-term limitation in 2023 has become a sustained structural failure by 2026.

Analysis

During the Kentucky Health and Human Services Delivery System Task Force on July 24, 2023,¹²⁸ Secretary Friedlander and CHFS leadership described multiple efforts underway to address placement shortages, including expansion of therapeutic foster care, development of individualized Medicaid “single case rates,” exploration of higher reimbursement rates for PRTFs, and discussions with hospitals and provider systems regarding additional capacity.

CHFS Actions Since 2023

More recently, in a correspondence dated February 10, 2025, and updated December 9, 2025, DCBS Commissioner Dennis outlined a series of actions CHFS reports having

¹²⁸ Kentucky Health & Human Services Delivery System Task Force Hearing, (2023, July 24). CHFS Secretary Eric Friedlander, et al. <https://www.youtube.com/watch?v=dCf7Tf33aY8>



taken to address NTP utilization.¹²⁹ These actions are summarized below to assess their scope, intent, and relevance to the ongoing NTP crisis.

1. CHFS reported making “major financial investments” including “enhanced rates” intended to increase provider capacity and stabilize placements. While rate adjustments may improve provider participation at the margins, CHFS testimony indicates that rate flexibility alone has not resolved placement refusal for children with the highest behavioral and clinical needs.

2. Commissioner Dennis reported the implementation of daily morning coordination calls to review children currently in NTP or at risk of entering NTP within 24 to 48 hours, alongside the creation and staffing of a high acuity statewide coordinator and 10 regional high acuity specialists. Collectively, these measures appear designed to strengthen internal communication and short-term crisis response. However, they function as operational triage. While they may improve coordination around individual cases, they do not create additional placement capacity and must therefore be evaluated on whether they meaningfully reduce NTP utilization or shorten the duration of NTP stays.

3. CHFS reported it convened six “data-driven” meetings with providers since 2022. While ongoing provider dialogue is important, the limited number of meetings over a three-year period raises concerns about whether this level of engagement is sufficient to address placement failure of this magnitude. Additionally, the acknowledgement of meetings unaccompanied by an explanation of substance, strategy, or outcomes provides lip service to solutions.

4. Commissioner Dennis noted the implementation of several intensive therapeutic supports but again noted this includes enhanced rates. Additionally, these include in-home services to prevent foster placement disruptions, coordination of mental health services to children in NTP, and pilot programs featuring smaller milieus with increased staffing and clinical supports to facilitate transitions from residential settings to foster homes. These initiatives reflect thoughtful service design, but CHFS acknowledged that many of these pilot projects are recent and have not been in place long enough to permit outcome evaluation.

5. New emergency contract services have been established, under which licensed emergency shelters were paid to reserve beds even when unoccupied. In exchange, providers agreed not to deny placements without departmental discussion and approval. These placements were intended to be short-term, generally not exceeding 30 days, and designed to provide CHFS time to locate an appropriate longer-term placement. The increase of licensed emergency shelter facilities will appropriately reduce the reliance on office placements and is a positive step toward meaningful change.

¹²⁹ Email correspondence between CHFS staff and the Ombudsman staff. (2025, December 9). Record on file with the Ombudsman.



6. CHFS is contracting with RiverValley Behavioral Health to provide dedicated psychiatric beds for CHFS children, though no data was provided regarding bed availability, utilization rates, admission criteria, or whether these beds serve children previously placed in NTPs.

Continuum of Care and Out-of-State Placements

The findings in this investigation, coupled with CHFS's own testimony, demonstrate Kentucky's continuum of care lacks sufficient options for the populations of children housed in NTPs. This is not a result of a sudden increase in need alone, but a substantial erosion of placement capacity across multiple levels of care.

Between July 2023 and January 2026, Kentucky lost more than 1,500 total licensed placement beds statewide, an 11% reduction in capacity during the very period when the NTP crisis was publicly identified.¹³⁰ Residential care experienced the most severe decline, losing more than one-quarter of its capacity. This erosion of the continuum reflects, in part, the closure of residential facilities over recent years, including 15 facilities that ceased operations since 2020.¹³¹ Emergency shelters have similarly declined, from 15 in 2006 to only five operating at the time of this report. Psychiatric Residential Treatment Facility (PRTF) capacity has also been reduced. Level 1 PRTF beds decreased from 207 in 2019¹³² to 189 by 2024,¹³³ with occupancy dropping from 82.4% to 42%, while Level 2 beds doubled from 24 to 48 but operated at only 57% occupancy.

As significant portions of the licensed continuum have disappeared or become misaligned with the needs of children in care, children have increasingly been relegated to unlicensed and inappropriate settings. Expanding reimbursement rates in isolation, without a long-term sustainability strategy tied to inflation, cost reporting, or service intensity, has proven insufficient. Rebuilding the state's network of residential, therapeutic, and transitional placements is necessary to prevent continued reliance on NTPs.

¹³⁰ Email correspondence between CHFS staff and the Ombudsman staff. (2026, January 20). Copy on file with the Ombudsman.

¹³¹ Michelle Sanborn, President of the Children's Alliance, email correspondence with the Ombudsman staff. (2026, January 15). Copy on file with the Ombudsman.

¹³² CHFS. (2020, December). *2019 Kentucky Annual Psychiatric Residential Treatment Facility Report*.

<https://www.chfs.ky.gov/agencies/os/oig/dcn/surveyreports/2019PsychiatricTreatmentFacilitiesReport.pdf>

¹³³ CHFS. (2025, April). *2024 Kentucky Annual Psychiatric Residential Treatment Facility Report*.

<https://www.chfs.ky.gov/agencies/os/oig/dcn/surveyreports/2024KENTUCKYANNUALPRTFReport.pdf>



KENTUCKY'S PLACEMENT CAPACITY CRISIS

The safety net is shrinking while children wait in offices

-1,500

licensed placement beds lost statewide

July 2023 - January 2026



While beds disappeared, children were placed in offices, hotels, and state parks.

Source: CHFS testimony, PRTF Annual Reports, COO Analysis

In response to an inquiry from this Office on January 9, 2026,¹³⁴ Commissioner Dennis stated that residential and independent living providers “have partnered more closely with the Cabinet to serve children with increasingly complex behavior and clinical needs, which has helped reduce the need for NTP for certain populations.” Even though this is true, it does not negate the issue that we are in this crisis because placement capacity was allowed to dwindle in the first place. Commissioner Dennis also stated that “ongoing capacity constraints and the intensity of needs continue to contribute to NTP utilization.”

In effect, CHFS acknowledges that capacity constraints exist but offers no analysis of why capacity has declined over time, despite data showing the loss of residential, PRTF, foster, and therapeutic foster placements, and instead characterizes its response primarily as improved collaboration with providers.

Our investigation uncovered that, at Piney Ridge Treatment Center (now Yellow Rock Behavioral Health), one out-of-state PRTF facility being used by CHFS as recently as 2023, years’ long issues had befallen the facility directly impacting residential care. The facility’s checkered history resulted in a 2019 investigation by state regulators on 14 allegations of patient neglect, sexual misconduct by staff against residents, and the

¹³⁴ Email correspondence between CHFS staff and the Ombudsman staff. (2026, January 20). Copy on file with the Ombudsman.



practice of using chemical injections as restraints, among others.¹³⁵ The investigation cited 110 instances of restraints, seclusion, or chemical restraints on children within a 30-day period, educational neglect, children living in dirty conditions, meals used as punishment (cold meals consisting of a sandwich, carrots, and pretzels for several days to several weeks), failure of adequate staff training, housing large populations of high acuity children together, high rates of Staph infections resulting from the uncleanliness of the facility,¹³⁶ and the list goes on. Even though the investigation into this facility and these issues had been widely publicized for years, CHFS chose to house one of its vulnerable children in those conditions for over 240 days.

Out-of-state placements function as a pressure release valve. The Commonwealth lacks the in-state resources necessary to care for all of Kentucky's kids. Fifty-six children from our sample were placed out-of-state before or after their NTP, with 12 children having multiple out-of-state placements. The lack of suitable placements forced children to be sent to Alabama, Arkansas, Illinois, Missouri, Tennessee, Texas, and Utah, to name only a few. One child was placed in Little Creek Behavioral Health in Conway, Arkansas, the subject of a report¹³⁷ by Disability Rights Arkansas detailing significant deficiencies, including concerns related to the use of restraint and seclusion; the development, implementation, and review of treatment plans; and the medical oversight of prescription medications. After 11 months at Little Creek Behavioral Health, CHFS relocated the child to a foster home placement in Kentucky. However, this incident highlights an increased danger to Kentucky's children when they are placed far from the oversight of CHFS.

Therapeutic Foster Care as the Primary Placement Outcome

During the July 2023 hearing, CHFS officials reported that, of 87 children placed in nontraditional settings earlier that year, "a little more than half" ultimately transitioned into therapeutic foster care.¹³⁸ Approximately 30 of those 87 children were placed out of state. Based on this testimony, expanding therapeutic foster care capacity would be an extremely effective way to reduce the reliance on NTPs.

When asked whether therapeutic foster homes or additional PRTF beds had come online in the preceding year, CHFS leadership responded that none had been added. At the same time, officials stated that therapeutic foster care capacity was only approximately 50% filled. According to these officials, the limiting factor was not physical bed availability, but the complex needs of the children and provider's determinations that they could not safely accept those placements. Empty beds alongside children sleeping in offices do

¹³⁵ Monk, Ginny. 2019, November 10). "Monitors report neglect, sex, dirt at kids facility in Northwest Arkansas." Northwest Arkansas Democrat Gazette. <https://www.nwaonline.com/news/2019/nov/10/monitors-report-neglect-sex-dirt-kids-facility/>

¹³⁶ AR Department of Human Services. (accessed 2026, January 22). https://media.arkansasonline.com/news/documents/2019/11/08/AFMC_REPORT_TO_DHS.pdf

¹³⁷ Disability Rights Arkansas. (2024, December). *Oversight and Compliance Failures at Little Creek Behavioral Health*. https://disabilityrightsar.org/wp-content/uploads/2024/12/Little_Creek-Expansion_Letter-ALQ-05Dec2024.pdf.

¹³⁸ Kentucky Health & Human Services Delivery System Task Force Hearing, 8:11 – 8:23. (2023, July 24). <https://www.youtube.com/watch?v=dCf7Tf33aY8>.



not reflect a lack of capacity but a mismatch between the needs of children in the state’s custody and the types of placements providers are willing or able to accept due to staffing or the care that they can offer the child.

Provider Rejection and the Absence of Placement Authority

Due to the absence of CMRs in iTWIST, our office requested rejection information directly from CHFS twice during the course of our investigation.¹³⁹ The responses were concerning. While we never were provided with CMRs, CHFS did provide rejection numbers. The second response from CHFS reported vastly different rejection numbers on the same children. For example, one child was originally reported to have 196 rejections, but the second spreadsheet reported 98. The number of records that differed between CHFS’s first response and second made our office question the veracity of any conclusions we could draw about rejections.

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Our office was not provided with the actual CMR documents, nor do we have electronic access to those documents, which would have provided insight into how rejections are tabulated, and which providers are repeatedly not accepting placements. We are unsure whether each placement request was targeted to the providers best suited for the child or if there were blanket requests sent out, guaranteeing rejections from providers whose services and admissions requirements did not meet the profile of the child.

Our concerns were heightened when one Ombudsman staff member noticed large rejection numbers recorded on back-to-back days. Upon further investigation, a CHFS staff member said if a child had “a good day” in NTP they would update the DPP-886A and resubmit to providers. Meaning the same providers that were not able to accommodate the placement said “no” a second time without a material change in the child’s profile or situation. This child had one of the highest rejection numbers in the entire investigation.

Though CHFS’s data and methodology is concerning, Secretary Friedlander testified that CHFS made “hundreds of attempted placements for tens of kids,” often experiencing rejection “across the board.”¹⁴⁰ When asked why contracted providers could refuse

¹³⁹ Email correspondence between CHFS staff and the Ombudsman staff. Copy on file with the Ombudsman.

¹⁴⁰ Kentucky Health & Human Services Delivery System Task Force Hearing, 24:25–24:50. (2023, July 24). CHFS Secretary Eric Friedlander, et al. <https://www.youtube.com/watch?v=dCf7Tf33aY8>.



placements, CHFS officials confirmed residential facilities and therapeutic foster care agencies retain control over admission decisions, even under state contracts.

According to CHFS,¹⁴¹ it has explored no eject/no reject approaches through limited pilot initiatives. Two emergency shelter programs that incorporated no eject/no reject language ultimately discontinued their contracts, citing the increasing complexity of children's needs and challenges related to staffing and workforce sustainability.

At the time of CHFS's response, DCBS was operating a small-scale pilot with a therapeutic foster care provider that includes no eject language across five foster homes. CHFS leadership reported that this pilot has produced positive stabilization outcomes for participating children; however, the provider lacks the workforce and resources necessary to expand the model. CHFS indicated that while these efforts are promising, broader implementation of no eject/no reject policies would require significant additional supports to be sustainable and effective at scale.

As part of this review, our office examined procurement activity, executed contracts, and enacted and proposed budgets from 2019 forward to determine whether CHFS pursued procurement strategies to address NTP scenarios where traditional foster care, therapeutic foster care, or congregate care placements were unavailable. This review included analysis of both Governor-introduced and legislatively enacted budget bills; a search of the Finance and Administration Cabinet procurement portal for Request for Proposal (RFPs), Request for Quotation (RFQs), and Request for Information (RFIs) related to high-acuity child placement, emergency placement, and lodging-based solutions; and a review of contracts awarded to CHFS through the Kentucky Transparency web portal. Aside from a RFI related to Intensive Therapeutic Foster Care, which focused on a long-term, family-based therapeutic model and reportedly received no responses, our office was unable to identify a subsequent or alternative RFP, RFQ, or RFI aimed at securing structured NTP options. While existing private child-placing agreements authorize certain providers to offer emergency shelter services, those contracts are provider-specific and capacity-limited and do not constitute a comprehensive procurement-based solution for NTP needs. Additionally, no budget line items or capital investments were identified that would support development of such a solution.

Even after several years and the Auditor's Office preliminary report on NTPs, Governor Beshear's proposed budget for the upcoming biennium, HB 304,¹⁴² does not contain any funding for a needs assessment, procurement strategy, or capital investment to address NTP scenarios. There is a line item for a DJJ high-acuity facility

¹⁴¹ Email correspondence between CHFS staff and the Ombudsman staff.. (2026, January 20). Copy on file with the Ombudsman.

¹⁴² 26-RS HB 304. (accessed 2026, January 16). https://apps.legislature.ky.gov/recorddocuments/bill/26RS/hb304/orig_bill.pdf



investment but that is for a different population and does not constitute a solution for the CHFS child welfare placement crisis.

“Even after several years and the Auditor’s Office preliminary report on NTPs, Governor Beshear’s proposed budget for the upcoming biennium, HB 304, does not contain any funding for a needs assessment, procurement strategy, or capital investment to address NTP scenarios.”

State-Run Facility Discussions and the Passage of Time

Kentucky currently lacks any in-state secure therapeutic facility with mandatory acceptance authority for children whose needs exceed the scope of foster care, therapeutic foster care, or existing residential programs.

During the July 2023 hearing, CHFS leadership addressed recommendations that Kentucky consider development of a state-run treatment facility to serve children with complex behavior and mental health needs. Secretary Friedlander expressed concern about this option, stating that it would “take too long” and that Kentucky needed faster solutions.

While these concerns may have sounded reasonable at the time, there is a continued absence of effective solutions almost three years later. What was framed in 2023 as a timing constraint has, by 2026, become a sustained policy position with measurable consequences. During this period, NTP use has continued, children remain in administrative office buildings and other inappropriate settings, and out-of-state placements have persisted as a routine response for children whose needs cannot be met in Kentucky.

“What was framed in 2023 as a timing constraint has, by 2026, become a sustained policy position with measurable consequences.”

The passage of time matters. Multiple budget cycles have passed since CHFS first acknowledged this issue, yet CHFS has not provided a publicly available, comprehensive plan to address the gaps in the state’s continuum of care.

Simply Identifying the Problem Does Little Without Solutions

Our investigation reveals CHFS has accurately identified many of the barriers contributing to NTP use. These include provider rejections, insufficient therapeutic foster care



acceptance, limited residential capacity, and lack of admissions oversight. However, identification of barriers without a resolution does not reduce the harm to children.

More than two years after the July 2023 testimony, and, notwithstanding CHFS's reported actions, the continued use of NTPs and the persistent reliance on out-of-state placements demonstrate that these strategies have not materially closed the gaps in Kentucky's continuum of care. Absent a secure therapeutic placement option capable of accepting children with the highest levels of need, provider refusals will continue, NTP will persist, and emergency settings will remain a routine response rather than an exception.



Inquiry 15

How do foster parent recruitment, retention, and training programs prepare caregivers to meet the needs of children who are most likely to enter NTPs (those with significant behavioral or mental health needs)? What gaps contribute to capacity shortages?

Conclusion

While Kentucky has established recruitment, retention, and training structures that meet baseline federal expectations, these systems do not adequately prepare or support caregivers to accept and sustain placements for children with the highest behavioral and mental health needs. This gap directly contributes to placement refusals, foster home attrition, and capacity shortages for the population of children most likely to enter NTP.

Analysis

Recruitment and Retention

Kentucky assesses its Diligent Recruitment of Foster and Adoptive Homes strategy to be a strength in the Child and Family Services Plan (CFSP).¹⁴³ Twice yearly, all nine service regions prepare “regional diligent recruitment plans,” collaborating with partners and foster/adoptive parents to do so. Data used includes the number of children in care, the number of foster homes (both CHFS and private), and the need for additional homes, especially for targeted recruitment for teens, siblings, African American, Hispanic, and medically complex children in care.

Recruitment plans receive ongoing feedback from CHFS’s child welfare partners during quarterly Targeted Recruitment and Retention Subcommittee meetings. Regions frequently implement new ideas for recruitment and retention from the discussions and feedback of these committees. Feedback includes lessons learned across other regions and guidance for additional targeted recruitment in that area.

CHFS partners with Murray State University and The Kentucky Foster and Adoptive Parent Training and Support Network to develop regional diligent recruitment plans.¹⁴⁴ The Network is comprised of fifteen regional teams of experienced foster/adoptive parents who work to provide support and training to current foster/adoptive parents and to recruit new homes for Kentucky’s waiting children. Teams

¹⁴³ CHFS. *Kentucky Child and Family Services Plan, 2025-2029*. DCBS, DPP.

https://www.chfs.ky.gov/agencies/dcbs/dpp/qapdb/Documents/kentuckys2025_2029cfsp.pdf

¹⁴⁴ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*.

<https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>



provide peer support in times of crisis and stress, training to improve skills in coping with the unique issues encountered in fostering and adopting children.

According to data provided by CHFS,¹⁴⁵ CHFS also partnered with an advertising group, BCH Agency, to launch a multi-phase social media campaign targeting homes for teens, siblings, and children within minority populations. The partnership began in 2021 and, since inception, yielded 141,000 clicks to the KYFACES website to encourage exploration of becoming a foster parent.¹⁴⁶ While CHFS is investing in a marketing strategy to drive prospective foster parents to their KYFACES website, it is unclear how successful this approach is to placement of kids in the state's care. Additionally, while CHFS representatives have stated that children consent to having their picture on the website, this practice has been disparaged by youth with lived foster care experience per Selfless Love Foundation.¹⁴⁷ Florida recently passed legislation requiring photos of adoptable children in foster care to be removed from public websites due to safety concerns of having this information accessible to the public.¹⁴⁸

Needed Analytical Placement Framework

CHFS's frontline staff do not utilize an analytical platform to assist in placing a child with a non-relative foster home. Current placement processes rely heavily on manual, outdated methods that require caseworkers to shoulder most recruitment, engagement, and tracking responsibilities.¹⁴⁹ This slows decision-making and increases the risk of placement disruptions for children who urgently need stable, appropriate care while CHFS works toward reunification. A modern matching system would reduce time to placement, ease caseworker workload, and strengthen accountability through automated reporting and performance tracking. Most importantly, it would help children experience fewer placement moves and receive care aligned with their needs.

¹⁴⁵ CHFS. *Kentucky Child and Family Services Plan, 2025-2029*. DCBS, DPP. https://www.chfs.ky.gov/agencies/dcbs/dpp/gapdb/Documents/kentuckys2025_2029cfsp.pdf

¹⁴⁶ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁴⁷ Selfless Love Foundation. (2024). *Selfless Love Foundation, Fostering Dreams for Foster Children, Rising, 2024 Annual Report*, page 15. https://issuu.com/selflesslovefoundation/docs/2024_annual_report_-_rising_6

¹⁴⁸ Wilkine Brutus. (2024, June 27). *New Florida law will limit public access to images of children up for adoption*. WLRN South Florida. <https://www.wlrn.org/government-politics/2024-06-27/images-children-adoption-florida-law-privacy>

¹⁴⁹ CHFS. (2025, April 22). *Initial Placement Considerations*. DCBS SOP online manual. <https://manuals-sp-chfs.ky.gov/C7/Pages/C7-4.aspx>



Auditor Ball and members of her staff met with Thea Ramirez, MSW, Founder and Chief Executive Officer of Adoption-Share, Inc., to review existing infrastructure available to CHFS. Adoption-Share's partnership with the State of Florida has demonstrated measurable success in quickly connecting children with families able to meet their needs. While reunification remains the ideal outcome, it is essential that children entering care are matched successfully the first time to minimize trauma and promote stability. Adoption-Share illustrates the type of analytic infrastructure Kentucky currently lacks, demonstrating that real-time matching and placement support is achievable when states invest in modern decision-support platforms.

Based on the August 10, 2023, Statewide Diligent Recruitment Report, Kentucky at that time needed an estimated 809 homes for African American sibling groups, yet only 576 homes were available. For Hispanic children, 228 homes were needed, while only 38 were available.¹⁵⁰

A data-driven placement model would position Kentucky among national leaders in child welfare innovation by transforming emergency and ongoing placement decisions into a proactive, efficient system that gives every child the best possible outcome in care.

Kinship Care

Kin/relative placements positively impact length of stays, stability, ability to maintain connections, and wellbeing of children as these placements provide emotional security, preserve identity and culture, provide individualized care, and often limit systemic trauma from lack of stability. However, according to July 31, 2024, CFSR data, only 14% of Kentucky children were placed with fictive kin, compared to a national average of 35%, indicating an underutilized placement resource that could reduce NTP risk if appropriately recruited and supported.¹⁵¹

Foster and Adoptive Parent Unsatisfaction

In 2021, Kentucky began distributing an annual satisfaction survey to all CHFS foster/adoptive parents.¹⁵² Of the 577 responses received in 2023, 16.55% cited they would not recommend the state's foster care program to others and 13% indicated they were not informed of the child's placement needs during the approval process.¹⁵³

¹⁵⁰ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁵¹ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁵² CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁵³ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>



Regrettably, by 2023, approximately 1,400 foster parents chose to voluntarily leave the Kentucky foster care program.¹⁵⁴

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In 2024, Kentucky distributed annual satisfaction surveys to private agency foster parents.¹⁵⁵

An additional exit survey was completed for those foster homes who chose to close their homes voluntarily, inquiring as to the specific factors leading to the exit of the program. Eighty-four exit survey responses were received with 17% citing “inadequate support.”¹⁵⁶ Survey participants were allowed to elaborate, and explanations for the response included lack of communication, unresponsiveness of workers, inability to obtain therapy for the child, and the process being rushed/sending the child home when the foster parent had concerns.¹⁵⁷ One foster parent with extensive experience in Kentucky’s child welfare system described the widespread attrition among caregivers within their peer network as follows: “Every person to a person has closed their home. And every person has blamed the government. It’s too hard.”

High attrition among foster parents, particularly when combined with inadequate support for high-need placements, directly erodes system capacity and increases the likelihood that children will enter NTPs.

Foster and Adoptive Parent Training

Effective preparation and sustained support of foster families are critical to placement stability. CHFS-approved foster homes are required by 922 KAR 1:495¹⁵⁸ and DCBS SOPs to complete a minimum of 15 hours of training prior to a child being placed in the home. DCBS SOP C9.16 Ongoing Training¹⁵⁹ also provides additional ongoing training requirements for foster parents, adoptive parents, and respite care providers.

Training requirements are the same for all CHFS approved foster homes and, in Kentucky, foster/adoptive parents may receive credentialing approval through

¹⁵⁴ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁵⁵ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁵⁶ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁵⁷ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁵⁸ 922 KAR 1:495 *Training requirements for foster parents, adoptive parents, and respite care providers for children in the custody of the cabinet*. <https://apps.legislature.ky.gov/law/kar/titles/922/001/495/>

¹⁵⁹ CHFS. (2024, July 2). *Ongoing Training*. DCBS SOP standards of Practice C7.16 (7/02/2024), <https://manuals-sp-chfs.ky.gov/C9/Pages/C9-16.aspx>



either CHFS or a PCP. Compliance for initial and ongoing training for CHFS-approved, PCP, and private agencies is tracked and maintained in Eastern Kentucky University's (EKU) Training Records Information System (TRIS) and a family's training needs are assessed annually.

Since March 2020, Kentucky has used the Just in Time (JIT) online training platform. The University of Kentucky (UK) College of Social Work provides numerous additional trainings and supports through its Training Resource Center.¹⁶⁰ The Foster Parent Training Program (FPTP), which uses a collaborative approach to provide an array of training and support services for foster parents in Kentucky, teaches behavior management, effective communication, trauma, internet safety, child development, foster care and child welfare system, self-care, the effects of substance abuse and more. Adoption Support for Kentucky (ASK) works to strengthen families by reducing caregiver stress and increasing parental competence through support groups and trainings from facilitators and trainers with lived experiences with foster care and adoption.¹⁶¹

In 2023, the National Training and Development Curriculum (NTDC) was launched, which is a comprehensive curriculum designed to train and prepare foster and adoptive parents with the information needed to successfully foster and/or adopt children. Through 2023, private agencies could choose to utilize the NTDC curriculum or submit their own curriculum for preapproval by the OOHCB Branch within CHFS. By the end of 2023, only six private agencies utilized an outside preservice curriculum.¹⁶²

While these training resources are substantial, they are largely generalized and do not differentiate preparation based on child acuity. Training alone does not equip caregivers to manage extreme behavioral or psychiatric needs without access to intensive therapeutic supports, crisis response, and ongoing clinical collaboration.

At the federal level, the ACF announced a national initiative, A Home for Every Child.¹⁶³ This initiative addresses the foster home shortage by increasing caregiver recruitment, prioritizing kinship care, and improving retention of existing foster families. ACF estimates that “for every 100 children entering foster care, only 57 licensed foster homes are available nationwide.” ACF’s goal is to achieve a foster home-to-child ratio greater than 1:1 in every state. Per a recent article from Kentucky Living magazine,

¹⁶⁰ University of Kentucky, College of Social Work, Training Resource Center <https://socialwork.uky.edu/centers-labs/training-resource-center/>

¹⁶¹ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁶² CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁶³ U.S. Department of Health & Human Services, Administration for Children & Families. (2025, November 24). *ACF Unveils New Initiative to Strengthen American Families – A Home For Every Child*. <https://acf.gov/media/press/2025/acf-unveils-new-initiative-strengthen-american-families-home-every-child>

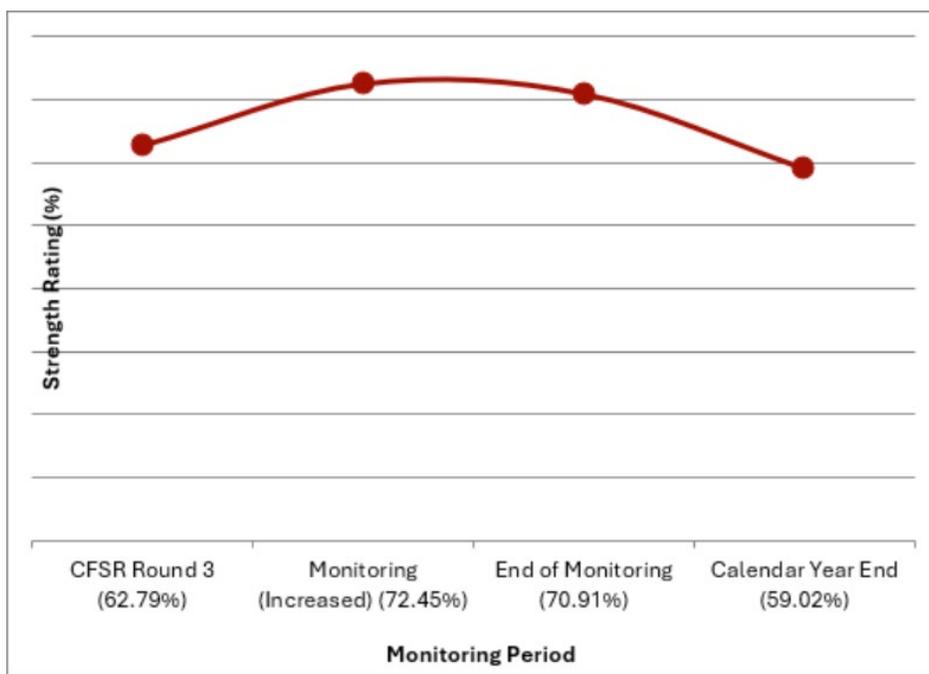


Kentucky’s ratio is approximately 1:1.8, which is nearly twice the ratio ACF recommends and represents a foster care home shortage.¹⁶⁴

Gaps and Capacity Shortages

The 2025-2029 CFSP indicated stakeholders reported gaps in available services, including mental health services and services to address intellectual and developmental disabilities, among others.¹⁶⁵ The report stated, “Although some of these services were available in parts of the state, waitlists were extensive.” Array of Services, therefore, was assessed as an area needing improvement for Kentucky, and the report noted that “improvements are needed to proactively assess gaps in services and quality of services.”¹⁶⁶

Likewise, the July 31, 2024, CFSR report lists Item 18: Mental Health of the Child as an area needing improvement. During CFSR Round 3, Kentucky showed strength ratings in 62.79% of cases reviewed and increased to a strength rating of 72.45% but finished the monitoring period with a strength rating of 70.91% and the calendar year with a strength rating of 59.02%,¹⁶⁷ demonstrating the system’s inability to consistently meet children’s behavioral health needs.



¹⁶⁴ Shelby, Graham. (2025, November 30). *Kentuckians work together for foster kids*. Kentucky Living. <https://www.kentuckyliving.com/news/kentuckians-work-together-for-foster-kids#:~:text=Granting%20that%20wish%2C%20and%20keeping,approved%20foster%20homes%20in%20Kentucky>.

¹⁶⁵ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*.

¹⁶⁶ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*.

¹⁶⁷ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*.

¹⁶⁷ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*.

¹⁶⁷ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*.

¹⁶⁷ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*.



Based on available data, although recruitment, retention, and training resources for foster and adoptive parents exist at a basic level, both as required and voluntary supports, children with the most critical needs remain underserved. According to the CHFS 2025-2029 CFSP, under the plan's Wellbeing Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs, "During CFSR Round 3, Wellbeing Outcome 3 was not in substantial conformity."¹⁶⁸ The most recent CFSR data (October 2022-March 2023) reflected a substantially achieved rating of 64.29% of 403 cases reviewed,¹⁶⁹ and an April 2024 CFSP Stakeholder survey indicated that only 23 of the 45 people surveyed agreed or strongly agreed that Kentucky's foster care system was meeting the goals for Wellbeing Outcome 3.¹⁷⁰ That survey measured a 51.10% favorable rating from stakeholders, yet CHFS finds a favorability rating of barely over 50 percent to be adequate, which this office finds incomprehensible.

Kentucky's recruitment, retention, and training systems provide foundational support for foster caregiving but do not adequately prepare or sustain caregivers for children with the most complex behavioral and mental health needs. The resulting mismatch between child acuity and placement readiness contributes directly to foster home attrition, placement refusals, and capacity shortages. These systemic gaps increase the likelihood that high-need children will enter NTPs rather than stable, therapeutic family-based care.

¹⁶⁸ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁶⁹ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>

¹⁷⁰ CHFS. (2024, July 31). *Child and Family Services Reviews, Statewide Assessment*. <https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf>



Strategies and Path Forward

Inquiry 16

What lessons can Kentucky learn from states that have reduced NTP reliance?

Conclusion

Children sleeping in unsuitable transient locations is an issue not singular to Kentucky. Washington reported 1,073 children placed in NTPs in 2025.¹⁷¹ While a staggering number, this is a significant decrease in NTPs from three years earlier when Washington reported 4,682 NTPs. Closer to home, Tennessee reported 172 children spent at least one night in a Department of Children’s Services office between March and September of 2025.¹⁷² Indiana reported 168 children spent at least 24 hours in Department of Child Services’ offices during the first six months of the year in 2024.¹⁷³ In some states, data on foster children sleeping in offices or hotels is publicly reported; in many others, the practice is acknowledged by officials, but numbers are not consistently disclosed or published, despite indications that it is likely tracked internally.

These examples demonstrate that NTPs are not inevitable features of child welfare systems, but rather reflect policy choices, capacity planning, and accountability mechanisms. Reducing or eliminating NTP reliance will require Kentucky to deploy a broad array of strategies because, as other states are recognizing, there is not one single solution to eliminate this crisis.

¹⁷¹ WA Office of the Family and Children’s Ombuds. (2025). *DCYF Placement Exceptions*.

https://ofco.wa.gov/sites/default/files/2025-10/Placement_Exceptions_Dashboard_August_2025.pdf

¹⁷² Cameron Smith. (2025, December 21). *Why Tennessee keeps failing children in state custody | Opinion*.

<https://www.tennessean.com/story/opinion/columnists/2025/12/21/dcs-foster-children-tennessee-comptroller-audit/87855303007/>

¹⁷³ Tony Cook. (accessed 2025, December 31). *Kids could be sleeping in your local DCS office. Here’s how often it happens in Indiana*. IndyStar. <https://www.indystar.com/story/news/investigations/2024/10/08/kids-are-sleeping-in-local-dcs-office-heres-how-often-it-happens/75553852007/>



Analysis

Recruitment of Foster Families and Transitional Capacity

Our investigation identified two distinct populations of children placed in nontraditional settings. The first population is children who enter state custody potentially during late-night hours, when it is difficult to contact next of kin or arrange immediate placement. In some cases, relatives must travel long distances to assume care, and those logistics take time. As a result, children may require very short-term, temporary placement while appropriate arrangements are made.

These timing challenges are compounded by the declining availability of foster homes. When no foster placement is available, social workers are sometimes forced to keep children in nontraditional settings until suitable arrangements can be made. States that have reduced NTP reliance have addressed this population by expanding foster recruitment and traditional placement options, rather than defaulting to an administrative office.

Tennessee's Every Child TN initiative, led by the Governor's Faith-Based and Community Initiative, works with hundreds of faith organizations to connect children with families, reducing the need for office placements.

Put simply, Kentucky needs more foster parents.

Several states have partnered with faith-based organizations to provide transitional housing and safe homes for children in state custody. Tennessee's Every Child TN initiative, led by the Governor's Faith-Based and Community Initiative, works with hundreds of faith organizations to connect children with families, reducing the need for office placements.¹⁷⁴ In Georgia, FaithBridge Foster Care recruits, trains, and supports foster families through local churches. Michigan's faith community similarly plays an active role in recruiting and supporting foster families.¹⁷⁵ Faith-based organizations are uniquely positioned for this work because they offer extensive networks and built-in support systems that state agencies alone cannot replicate.

Strengthening Kinship Care as a Placement Strategy

Alongside investments in child abuse prevention and expanded wraparound services that support families before crises escalate, Kentucky must also strengthen its foster and kinship care infrastructure. States that have reduced reliance on NTPs have made targeted investments in kinship care. Kinship care represents a critical option for older children entering the foster care system, as relatives are more likely than non-

¹⁷⁴ Every Child TN. (2024, August 26). The Tennessee Governor's Faith-Based and Community Initiative. <https://governorsinitiative.org/initiatives-and-special-projects/every-child-tn>

¹⁷⁵ FaithBridge Foster Care. (2009). <https://faithbridgefostercare.org/>



relative caregivers to accept placement of adolescents. Strengthening kinship supports can reduce the need for more restrictive NTPs while improving stability and outcomes for children. Tennessee’s legislature allocated approximately \$32 million¹⁷⁶ to help place more children with families or relatives. In 2020, Virginia prioritized kinship diversion to prevent kids from being shuttled around the foster care system.¹⁷⁷

The national average shows 4%¹⁷⁸ of children in kinship care settings. An estimated 55,000 Kentucky children are currently being raised by kinship caregivers. Stated differently, 6% of the Commonwealth’s children are being cared for by a kinship caregiver. However, that number has declined since 2017 when approximately 8% of Kentucky’s caregivers were kinship families.

**6% of the Commonwealth’s children are being
cared for by a kinship caregiver**

Kentucky law already provides mechanisms for kinship placement under KRS 620.140. Expanding financial support to kinship care homes is a critical component to reducing the state’s reliance on NTP. During its 2024 Regular Session,¹⁷⁹ the General Assembly unanimously recognized the need to expand financial support for kinship caregivers by unanimously passing Senate Bill 151, which was later signed by Governor Beshear into law. Senate Bill 151 expanded the definition of kinship caregiver to include close family friends and allowed kinship caregivers to change their designation to a foster parent within 120 days of a placement. In carrying out that mandate, the General Assembly also instructed CHFS to “if necessary, seek any state or federal waivers to implement” that provision.¹⁸⁰

Governor Beshear has directed CHFS to refuse to conform with a law that would help Kentucky’s most vulnerable children. While other states are embracing the kinship caregiver community, Kentucky continues to fall short in implementing legislative directives intended to strengthen and grow its kinship care program.

Retention of Foster and Kinship Families through Supports

Recruitment alone is insufficient without retention. Washington launched the Foster Family Constellation Project in 2004 to promote stable, nurturing family relationships for

¹⁷⁶ Anita Wadhvani. (2025, October 29). *Department of Children's Services faces sharp questions about kids continuing to sleep in offices*. Tennessee Lookout. <https://tennesseelookout.com/2025/10/29/department-of-childrens-services-faces-sharp-questions-about-kids-continuing-to-sleep-in-offices/>

¹⁷⁷ MO 100th General Assembly. (2020). House Bill No. 1414. <https://house.mo.gov/billtracking/bills201/hrbillspdf/3201S.08T.pdf> accessed on 12.31.25

¹⁷⁸ The Annie E. Casey Foundation. (accessed 2025, December 31). *Children in kinship care in Kentucky*. Kids Count Data Center. <https://datacenter.aecf.org/data/line/10455-children-in-kinship-care?loc=1&loct=2#2/19/true/2683,2638,2554,2479,2097,1985,1757/asc/any/20161>

¹⁷⁹ 24RS SB 151

¹⁸⁰ KRS 620.142(6).



children in foster and kinship care.¹⁸¹ The project was predicated in response to identified needs within the foster care system, particularly in the areas of caregiver training, support, encouragement, and respite. Families participating in the initial pilot were recruited from interested foster families, with five foster families selected in the first phase.

The project was based on a “hub home” model of licensed foster care delivery. In this model, an experienced foster family served as a hub home that supported a group, or “constellation,” of six to ten foster homes located in close geographic proximity. The hub home provided peer support, assistance navigating the child welfare system, social and community-building activities, and respite care.¹⁸² Foster homes within the constellation continued to be supervised by the state child welfare agency or a private child-placing agency, which designated at least one staff member to serve as a project liaison.

One of the primary goals of the hub home model was to improve placement stability for children in OOHC, while also enhancing foster caregiver recruitment and retention. In 2016, the Washington State Legislature directed the Washington State Institute for Public Policy to evaluate the program’s impact and cost effectiveness.¹⁸³

An analysis of data from 2004 to 2017 found that children placed within constellations experienced greater placement stability compared to children in traditional foster care settings.¹⁸⁴ Additionally, 92% of foster families participating in constellations continued fostering after two years, compared to only 25% of foster families in non-constellation settings.

“Additionally, 92% of foster families participating in constellations continued fostering after two years, compared to only 25% of foster families in non-constellation settings.”

The hub home model has since been piloted internationally, including in the United Kingdom, Japan, Nova Scotia, and other regions of Canada. Evaluation reports released in 2017¹⁸⁵ and 2020¹⁸⁶ found that participants perceived the model as bringing greater normalcy to children in care and their foster families, including kinship caregivers. Reported benefits included strengthened relationships, increased sense of community, and reduced bureaucratic burden. Data showed strong evidence of improved foster

¹⁸¹ WA State Department of Children, Youth & Families. (2004). *Mockingbird Family*. <https://faithbridgefostercare.org/>

¹⁸² Washington State Department of Children, Youth & Families. (1995, September 27). *4510. Respite for Licensed Foster Parents, Unlicensed relative Caregivers and Other Suitable Persons*. <https://dcyf.wa.gov/policies-and-procedures/4510-respite-licensed-foster-parents-unlicensed-relative-caregivers-and>

¹⁸³ Second Engrossed Substitute House Bill 2376 Chapter 36 Laws of 2016, 1st Special Session. <https://fiscal.wa.gov/statebudgets/EnactedBudgetBills/2016Omni2376-S.SL.pdf>

¹⁸⁴ [WSIPP 2017 Mockingbird FamilyOutcome Evaluation.pdf](#)

¹⁸⁵ [WSIPP 2017 Mockingbird FamilyOutcome Evaluation.pdf](#)

¹⁸⁶ https://assets.publishing.service.gov.uk/media/5fa412dfd3bf7f03a40fe598/Fostering_Network_Mockingbird.pdf



caregiver retention. While the hub home model demonstrates promise, this is one of many efforts the state should consider. However, the lesson is clear; retaining foster families requires intentionally investing in and supporting existing families.

Expanding Capacity Through Planning and Transparency

When a child is removed from an unsafe home environment, the Commonwealth has an immediate obligation to ensure a safe and appropriate placement. CHFS officials have repeatedly testified to a shortage of foster care placements sufficient to meet the needs of children in Kentucky's system. Despite this acknowledgment, CHFS lacks a publicly available, data-driven plan.

Currently, too much of CHFS's work remains inaccessible to the public. Even publicly posted data is replaced monthly without historical retention, making it impossible for the general public to track trends over time, unless the information is independently archived or requested through an open records request.

While Kentucky is not alone in needing to expand its placement capacity, other states are actively engaged in addressing the issue. In 2024, Ohio launched¹⁸⁷ a treatment foster care program designed to “connect foster children facing significant behavioral health challenges with foster families who are equipped to support children with complex needs in their homes.” In 2025, Ohio transitioned to a continuous certification process for foster and adoption agencies and homes to reduce governmental paperwork and improve efficiency in maintaining active foster homes.¹⁸⁸ In Maryland, \$465 million was authorized¹⁸⁹ to fund a total of 2,013 placement beds. Kansas and North Carolina awarded \$4.7 million¹⁹⁰ and \$11 million¹⁹¹ respectively, to increase availability for therapeutic family foster homes. All of these investments are addressing a critical gap in those states' obligation to foster children. States that reduce NTP reliance treat placement capacity as infrastructure requiring assessment, planning, legislative partnership, and sustained investment.

¹⁸⁷ Ohio Office of the Governor. (2024, May 17). Governor DeWine Announces \$2 Million to Launch Pilot Program Placing More Foster Children in Homes. <https://governor.ohio.gov/media/news-and-media/governor-dewine-announces-2-million-to-launch-pilot-program-placing-more-foster-children-in-homes#:~:text=Immediately%20after%20being%20sworn%20into,can%20have%20a%20lasting%20impact>

¹⁸⁸ Ohio Department of Children & Youth. (2024, October 18). *Continuous Certification and OCAF Transition*. https://dam.assets.ohio.gov/image/upload/childrenandyouth.ohio.gov/Tuesday%20Times/10%20October%202024/DCY_Update-Continuous_Certification_Transition.pdf

¹⁸⁹ Nicole Pilsbury. (2025, September 10). *State OKs \$465 million contract to expand placement of foster children*. Maryland Matters. https://marylandmatters.org/2025/09/10/state-oks-465-million-contract-to-expand-placement-of-foster-children/?utm_source=chatgpt.com

¹⁹⁰ Kansas Department for Children and Families. (2024, March 26). *DCF Announces Innovative Capacity Building Grants for Therapeutic Family Foster Homes*. https://www.dcf.ks.gov/Newsroom/Pages/ICB_Grants-TherapeuticFamilyFosterHomes.aspx

¹⁹¹ The Richmond Observer. (2024, July 17). *NCDHHS announces \$11M investment in family-based behavioral health services for children with complex needs*. NewsBreak. <https://www.newsbreak.com/the-richmond-observer-513357/3531771923069-ncdhhs-announces-11m-investment-in-family-based-behavioral-health-services-for-children-with-complex-needs>



Inquiry 17

What role can local faith-based or civic organizations play in prevention, emergency support, or stabilization for children at risk of entering NTPs? How can Kentucky use these partnerships safely and effectively?

Conclusion

Kentucky boasts over 5,800 churches,¹⁹² and represents one of the strongest faith-based networks in the nation. For years, the Executive Branch has recognized the value of this network through the Faith-Based & Community Initiatives Office housed within the Governor’s Office. According to its website, the office’s goal includes “leveraging the power of grassroots partnerships with faith-based and community organizations to address essential human and social service needs.”¹⁹³ There could be no greater human and social service need than addressing the needs of foster children in Kentucky. Regrettably, this remains absent from Governor Beshear’s priorities.¹⁹⁴

Analysis

Other States. In other jurisdictions, faith-based and community initiatives prioritize foster care at the center of their work. Oklahoma’s Office of Faith Based and Community Initiatives is built upon four pillars, one of which is Foster Care and Adoption.¹⁹⁵ Tennessee’s Every Child TN initiative, led by the Governor’s Faith-Based and Community Initiative, works with hundreds of faith organizations to connect children with families, reducing the need for office placements.

In the winter of 2024, our office met with Senator Page Walley from Tennessee and representatives from Kentucky Youth Advocates to learn more about Tennessee’s approach. Tennessee developed a network of transitional homes equipped with beds, kitchens, and home-like amenities, supported through higher provider reimbursement rates and partnerships with the faith-based community. The result is a more child-centered alternative to placing children in government office buildings. While Tennessee has not eliminated its use of state office buildings for foster placements, they are reducing the extent to which they are utilized.

¹⁹² PoiData. [List of Churches in Kentucky, United States in 2026](#)

¹⁹³ Kentucky Governor Andy Beshear. (n.d.). *Office of Faith-Based & Community Initiatives*. <https://governor.ky.gov/services/faith-based-and-community-initiatives>

¹⁹⁴ Kentucky Governor Andy Beshear. (n.d.). *Issues and Priorities*. <https://governor.ky.gov/priorities>

¹⁹⁵ OK Office of Faith-Based & Community Initiatives. (n.d.). *About*. <https://www.oklahoma.gov/faithandcommunity/about.html>



Kentucky Has Untapped Options. An in-person visit to the Warren County CHFS office in Bowling Green illustrated the potential for community-driven solutions. Children are no longer being placed at the Warren County CHFS office. In fact, in this building, we found that the residential quarters had been removed. As a result of the Living Hope Church and community partners, an alternate solution has come to fruition.

“Children are no longer sleeping at the Warren County CHFS Office.”

Living Hope commissioned a team to identify ways the church could support the foster care community. As a result, the church established a charity that opened a temporary home for children who were awaiting placement called the Foster House. Community partners donated furniture, household supplies, toys, and other essentials to help make the children’s stay as comfortable as possible. The way this faith-based community stepped in and collaborated with local partners offers a model that CHFS could use to build similar partnerships across Kentucky.

In addition to this example of collaborating with the faith-based community, CHFS should develop Kentucky-based short-term, home-like stabilization settings, drawing from Tennessee’s faith-based, transitional home, and emergency shelter resource utilizations, where children can safely await permanent placement. These efforts alone won’t eliminate the shortage of adequate placement. However, Kentucky should lean on its strong faith-based community to assist with increasing short-term foster care placements, and recruitment and retention of foster parents.





Child Spotlight #11

An 18-year-old White female was a recommitted youth. The youth had a documented IQ of 67 and a history of significant cognitive and behavioral impairments. All known family members were evaluated for guardianship and declined involvement. Following her 18th birthday, she remained in a Supports for Community Living (SCL) placement; however, she did not have an approved waiver to support long-term stability.

Service documentation reflects that the youth expressed ongoing self-harm behaviors and experienced a psychiatric hospitalization due to escalating mental health needs. Ultimately, after being discharged from the hospital and declining voluntary re-admission, the youth was transported by a CHFS worker to a CHFS office. The youth slept on a couch in a visitation room of the office.

The initial office stay was documented; however, subsequent NTP episodes were not fully captured. The documentation reflects a foster placement and an additional office stay, but the absence of corresponding service records prevents determination of why the second NTP occurred or what decision-making led to that outcome.

In total, the youth spent 11 days in NTP. This case illustrates the heightened risks faced by cognitively impaired young adults who lack guardianship or appropriate waiver supports. It also underscores how gaps in documentation and the absence of appropriate transitional or adult placements can result in highly vulnerable individuals being housed overnight in office settings.





Child Spotlight #12

A 17-year-old White male, with a history of educational and medical neglect by his mother and her paramour, was placed in the custody of CHFS due to prolonged truancy issues and familial drug use. Within the first two months of placement with CHFS, LPWA behavior began. On four separate documented occasions, LPWA occurred. The last occurrence lasted for months and ended with the child's emancipation.

Before being placed in NTP, the child had been committed to CHFS for a year and a half. During that time, the child experienced eight separate placements and three LPWA occurrences, one lasting more than a month. Documentation of why placement disrupted prior to NTP was not located in the case file. The NTP lasted one day before the child LPWA'd for a fourth and final time.

During this LPWA occurrence, more than a month lapsed before CHFS contacted a family member to gain information on the child's possible whereabouts. It was nearly a month more before the child's mother was contacted. Both the family member and the parent acknowledged having spoken with the child, even though the mother had a "No Contact" order for the child, but both denied they had any knowledge of the child's location.

While the child was reported as missing to the National Center for Missing and Exploited Children (NCMEC), there were only three documented occasions where CHFS staff took action to locate the child. Documentation did not show the child was ever reported as missing to local law enforcement or the Kentucky State Police. More could have been done to locate this child, but he remained missing for 232 days, until his 18th birthday. In total, while in the custody of CHFS, this child was missing for 264 days with little action documented to locate him.

Sadly, this story ended with the child's death, a mere three-weeks to the day of his 18th birthday and release from CHFS custody.

Operational Response and Fiscal Impact

Inquiry 18

Has CHFS fulfilled its public commitment to “pay what it takes” and end the use of NTPs?

Conclusion

No. CHFS has not fulfilled its public commitment to “pay what it takes” to end the use of NTPs. Two and a half years after that promise, the practice continues throughout the Commonwealth. Our investigation and findings prove that despite repeated assurances from CHFS, children remain housed in numerous temporary, non-therapeutic settings.

Analysis

Former Secretary Friedlander pledged during the October 25, 2023, Interim Joint Committee on Families and Children¹⁹⁶ hearing that CHFS would “pay what it takes” to build the continuum of care needed to end the use of NTPs. During his February 11, 2025, testimony before the Senate Standing Committee on Families and Children,¹⁹⁷ he reiterated this position, stating that “we did say we would spend whatever it takes and we have been spending whatever it takes, but even whatever it takes, there are some of these beds that we probably pay close to a million dollars a year and still have facilities that will refuse to take the child.”

This evolution in testimony underscores that while significant funds are being expended, those expenditures are increasingly absorbed by reactive NTP responses, raising questions about whether public dollars are being effectively used to resolve the underlying capacity crisis or merely to manage its consequences.

¹⁹⁶ Interim Joint Committee on Families & Children, 1:32:15-1:33:04. (2023, October 25). CHFS Secretary Eric Friedlander. <https://ket.org/legislature/archives/2023/interim/interim-joint-committee-on-families-and-children-6218m4>

¹⁹⁷ Senate Committee on Families & Children, 49:24-49:42. (2025, February 11). CHFS Secretary Eric Friedlander. <https://ket.org/legislature/archives/2025/regular/senate-families-and-children-committee-026avj>.



When office buildings or hotels are used as temporary sleeping accommodations, the child welfare system absorbs significant costs, including staffing, overtime, security, utilities, meals, transportation, and incidental needs.

Other states have attempted to quantify these costs:

- Maryland officials estimated emergency hotel placements cost approximately \$1,400 per child per day, including food, shelter, caregiving, and related needs.¹⁹⁸
- Georgia's Division of Family and Children Services reported spending an average of \$1,500 per night per child, covering hotel rooms, contracted behavioral aides, food, transportation, and property damage.¹⁹⁹

Commissioner Dennis outlined CHFS's responsibilities for children in NTPs, which include:

- Creation of bedroom spaces within offices (no youth sleeping on floors)
- Continuation or initiation of therapeutic services
- Provision of food, clothing, and hygiene items
- Addressing educational needs
- Medication management with nursing oversight
- Staffing at a minimum ratio of 2 staff to 1 child, plus a security guard
- Additional staff training and supports
- Extracurricular and recreational activities²⁰⁰

As part of this investigation, we examined CHFS's operational response to NTPs. Earlier in this report, we detailed the experience of a child who spent 55 days (cumulatively during our sample) in NTP in a rural region of the state, split between a CHFS office building and a hotel.

To establish a conservative baseline estimate, our office calculated the minimum daily cost to the state for caring for a child in an NTP. This estimate intentionally excludes several known cost drivers, and therefore reflects a floor, not a ceiling.

Staffing. Because staffing assignments during NTPs varied and often included supervisory personnel, the Ombudsman calculated staffing costs using the hourly wage of a Family Services Office Supervisor. This classification was selected as a midpoint between frontline staff and higher-level management who were also involved, ensuring the estimate reflects actual practice while maintaining a conservative baseline. Based on Commissioner Dennis's response, two staff members were utilized

¹⁹⁸ Arrow. *Child welfare advocates 'cautiously optimistic' about new legislation.* <https://arrow.org/child-welfare-advocates-cautiously-optimistic-about-new-legislation/>

¹⁹⁹ Heidi Paxon Garcia. (2023, February 17). *Lawmakers push to end foster care 'hoteling' in Georgia.* WALB News. <https://www.walb.com/2023/02/18/lawmakers-push-end-foster-care-hoteling-georgia/>

²⁰⁰ Email correspondence between CHFS staff and the Ombudsman staff. (2025, February 10). On file with the Ombudsman.



in our calculation. Our calculation for the two staff members includes salary,²⁰¹ FICA,²⁰² and retirement²⁰³ at the rate incurred during our sample period.

Security. During the sample period, CHFS utilized more than one security company to provide coverage for children placed in NTPs. The use of multiple vendors varied by region, availability, and operational need.

For purposes of this calculation, our office utilized the security contractor for which documented evidence confirmed direct involvement in NTPs during the sample period. This contractor's services and rates were identified through a State Master Agreement negotiated by the Finance and Administration Cabinet on behalf of CHFS and other state agencies.

Our office utilized the lowest hourly rate available under the applicable Master Agreement for a security guard. This approach establishes a minimum daily security cost associated with NTP. As a result, the security cost included in this estimate likely understates the actual cost incurred by the state.

Food. During our investigation, CHFS staff reported that meals were at times purchased from local restaurants in proximity to the CHFS offices where the child slept. In at least one county, an employee who cared for a child during our sample shared that an open tab was charged at local restaurants and paid every week or twice a week by CHFS management. Because meal costs vary widely, we used the state employee meal reimbursement per diem as a baseline. We chose the meal reimbursement per diem at its lowest rate as only one city in Kentucky qualified for the high-rate reimbursement level. The state government meal reimbursement increased²⁰⁴ during our dataset, but we utilized the lower amount for our baseline cost²⁰⁵ estimation. Additionally, we only factored in the cost of the child instead of meal reimbursements for staff even though the staff may also have been eligible.

Transportation. CHFS leadership and staff stated that efforts are made to prevent disruption to a child's education and services. Transportation needs vary by child. In the case of the child who spent a collective 55 days in NTP, the records reflected that the child attended school online and CHFS staff transported the child to medical appointments, therapy, and evaluation. To derive a baseline estimate, we assumed 20

²⁰¹ Kentucky Personnel Cabinet. (Revised, 2023, September 16). *Commonwealth Of Kentucky Job Class Specification, Family Services Office Supervisor*. <https://personnel.ky.gov/class%20spec%20documents/20001140.pdf>

²⁰² Internal Revenue Service. (2023). Publication 80, Circular SS: *Federal Tax Guide for Employers in the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands* [For 2023 Wages]. [https://www.irs.gov/forms-](https://www.irs.gov/forms-pubs/about-publication-80)

²⁰³ John T. Hicks. (2023, May 10). *2023 State Budget Director Contribution Rate Memo*. Office of State Budget Director. <https://www.kyret.ky.gov/Employers/Contribution%20Rate%20Memos/2023%20State%20Budget%20Director%20Contribution%20Rate%20Memo.pdf>.

²⁰⁴ Secretary Holly M. Johnson. (2024, July 3). *Secretary's Order No. 24-101*. KY Finance and Administration Cabinet. [https://finance.ky.gov/office-of-the-controller/office-of-statewide-accounting-](https://finance.ky.gov/office-of-the-controller/office-of-statewide-accounting-services/Documents/Secretarys%20Order%2021_103.pdf)

²⁰⁵ Copy on file with the Ombudsman.



miles of travel per day. We used the state vehicle reimbursement rate at the lowest amount per mile during our sample period.²⁰⁶

Estimated Minimum Daily Cost of NTP in Kentucky

| | Calculation | Daily Cost |
|-------------------------|----------------------------------|-------------------|
| Staffing (Gross Salary) | \$40.89 * 24 hours * 2 employees | \$1,962.72 |
| FICA | \$1,962.72 * 7.65% | \$150.15 |
| Retirement | \$1,962.72 * 66.17% | \$1,298.73 |
| Security | \$19.50 * 24 hours | \$468.00 |
| Food | \$36 * 1 child | \$36.00 |
| Transportation | 20 miles * 0.43/mile | \$8.60 |
| Total Daily Cost | | \$3,924.20 |

Aggregate Cost of NTP in Kentucky in Sample Period

| Daily Cost | Number of NTP Days in Sample | Aggregate Baseline Cost of NTP in Sample |
|------------|------------------------------|--|
| \$3,924.20 | 1,577 days | \$6,188,463.40 |

Costs Not Included in the Baseline Estimate

This estimate does not include several significant cost factors, such as

1. Hotel or state park room boarding costs
2. Costs to convert office space into sleeping accommodations
3. Overtime and shift differentials associated with 24-hour staffing
4. Incidental expenses (clothing, toiletries, personal items)
5. Property damage or staff injuries

²⁰⁶ KY Finance and Administration Cabinet, Office of the Controller. (Revised 2025, December 19). *Regulation on Travel Expense and Reimbursement*. <https://finance.ky.gov/office-of-the-controller/office-of-statewide-accounting-services/Documents/MileageRate.pdf>



Other Boarding Costs. Our investigation revealed CHFS utilized hotels and state parks in addition to CHFS office buildings for NTP during the sample period. At least 21 children were placed only in hotels and/or state parks. These 21 children spent a total of 172 nights in a hotel or state park placement. CHFS staff gave us the names of at least one hotel utilized in an NTP case. We contacted the hotel to obtain an estimated daily room cost of \$103 per night during the sample period. This amount does not include taxes since a state agency is exempt from paying taxes. The hotel was located in a rural Kentucky community, meaning hotel costs in more populated areas would likely be higher. Using this base hotel rate and applying it to the number of hotel and state park stays only in our sample, we estimate \$17,716 in additional costs were not captured in our baseline calculation.

Overtime. Our review revealed that one staff member who supervised the child who spent 55 days in NTP received over \$7,000 in overtime or “Block 50” payments, in addition to second and third shift differentials during the 2023 calendar year. Kentucky law requires a state agency to pay 50 hours of an employee’s regularly hour rate of pay upon accumulation of 240 hours of compensatory leave at the end of a pay period.²⁰⁷ This is commonly referred to in the Executive Branch as a “Block 50.” Compensatory leave is a type of leave time that can be utilized for paid time off at a later date. Compensatory leave is earned when an employee works hours beyond their salaried rate (i.e. for a 40-hour work week, if an employee works 45 hours, they accrue 5 hours of compensatory leave). Agencies are required to pay employees equal wages for comparable work.²⁰⁸ An exception to that rule is in the form of shift differentials if the state needs staffing to cover a particular time period that is outside of their normal work schedule (such as evenings or nights), as would be the case for NTP staffing.

Delving into the review of how much money was spent, it became exceedingly difficult to extract this information since the record reviewed of the relevant CHFS employee failed to delineate NTP on their timesheet. The staff member was one of, at least, a dozen CHFS employees who supervised the child during NTP. CHFS staff informed us that they received no instruction to code their time in KHRIS to reflect what time was spent staffing a child during NTP. As such, we were unable to ascertain how many Block 50s, compensatory time hours, or overtime hours were paid out for NTP alone, or even for a particular NTP case.

Property Damage. Our review indicated several incidences of violence during NTPs resulting in staff injury or facility damage. While outside of our data pull range, on March 5, 2025, the Lexington Herald Leader reported nearly \$28,000 in property damage from

²⁰⁷ 101 KAR 2:102(6)(2)(d).

²⁰⁸ 803 KAR 1:026(6).



a single child at a CHFS office building.²⁰⁹ Despite the information reported on publicly, CHFS did not identify that particular incident in iTWIST as occurring as the result of an NTP stay, further underscoring reporting failures and inadequacies.

Federal Reimbursement. Additionally, we have not factored into our baseline opportunities that CHFS missed to recoup expenses. Title IV-E Foster Care Program provides financial assistance for children removed from out-of-home placement if certain parameters are met.²¹⁰ Importantly, the child must be placed in a licensed or approved foster care setting.

CHFS offices, hotels, and other NTP settings are not licensed foster care placements. For every child in an NTP, Kentucky cannot claim the federal match for foster care maintenance payments while the child is in the NTP setting. This means Kentucky is absorbing 100% of the NTP costs.

Further, CHFS is unable to recoup administrative costs (case management, supervision) for children in unlicensed placements. Since children in our dataset rotated in and out of NTP settings, it is unclear if the state sought federal reimbursement for the children while in placement.

The Children's Bureau conducts Title IV-E foster care eligibility reviews in accordance with 45 C.F.R. § 1356.71 to monitor an agency's substantial compliance with requirements. If the Children's Bureau determines that CHFS received a Title IV-E foster care maintenance payment incorrectly, the bureau will claw back the allowance.²¹¹ Due to the poor and inconsistent documentation found in iTWIST, it is unclear if CHFS is in violation of this federal requirement.

Final Observations. At an estimated minimum cost of \$3,924 per child, per day, and a conservative aggregate cost exceeding \$6.1 million during our sample period, CHFS is spending a substantial amount of public resources to sustain a practice that is not in the best interest of Kentucky's children. Our investigation shows no evidence that CHFS's efforts have meaningfully reduced or corrected its reliance on illegal placements. Instead, funds are being used to prop up reactive, costly measures that sustain NTP rather than end it. These funds, if redirected toward residential capacity, therapeutic foster care, or provider rate increases, could finance new placement beds annually. Until CHFS can demonstrate that its expenditures are reducing NTP reliance rather than enabling it, the Beshear administration's promise to "pay what it takes" remains unfulfilled.

²⁰⁹ Alex Acquisto. (Updated 2025, March 5). *Teen in KY foster care office causes \$27K in damage. Auditor says it's a 'systemic failure'*. Lexington Herald Leader. <https://www.kentucky.com/news/politics-government/article301180354.html>

²¹⁰ U.S. Department of Health & Human Services, Children's Bureau. (2012, May 17). *Title IV-E Foster Care*. <https://acf.gov/cb/grant-funding/title-iv-e-foster-care>

²¹¹ U.S. Department of Health & Human Services, Children's Bureau. *Title IV-E | Child Welfare Policy Manual*. <https://cwpm.acf.gov/citations/title-iv-e>





Hope House Spotlight

Nestled in Hopkinsville, Kentucky, this inviting and calming facility provides a safe place for children to stay while awaiting placement. It was created in response to a widely recognized need to better support children in foster care and to assist the social workers serving the community.²¹² What began as a simple closet offering clothing and essential items for families in need has since grown to meet a much greater community need. Below is an excerpt from a pamphlet on the Hope House showcasing the potential impact of Hope House:

“When I consider all the ways Hope House could impact us, I am reminded of my first DCBS challenge several years ago. I worked in a county that was often referred to as the ‘resource desert.’ It was after business hours, and I had removed nine children from their home after their parents were arrested. There were no open stores within a 30-minute drive. Of those nine children, six of them were in diapers. One was an infant with a soiled diaper, no clothes, and covered in vomit. I cried, as did he, as I bathed him in the bathroom sink, while my co-worker made calls, begging community partners to buy us products to make them comfortable while we cared for them in our office. There were no clothes, no bottles, formula, etc. Two of the children had autism and were non-verbal.

There were only four DCBS social service workers employed by my office. The most tenured staff had worked there for three years. None of us knew how to parent nine children with minimal items. After eight years of employment and now a higher education, I can reflect on that situation with a different perspective. Those children experienced a significant disruption from their strongest human connection. They experienced abandonment in that moment. While that likely continues to impact them today, we could have minimized that impact by having an appropriate and equipped environment to transition them to. Every child deserves to have their needs met. – DCBS Worker”²¹³

²¹² Christian County Now. <https://christiancountynow.com/news/267762-hope-house-opens-as-transitional-housing-for-foster-youth-we-want-a-child-to-feel-hope/>

²¹³ Brochure on file with the Ombudsman.



Foster House, Inc. and the Living Hope Baptist Church

Living Hope Baptist Church in Bowling Green, Kentucky recognized an urgent need facing children in state care and, guided by its faith and mission, organized an effort to assist directly. The church established a 501c(3) charity and donated a house to that entity, creating a framework that allows the community to serve children without entanglement in state bureaucracy.

The charity, with the help of congregants and other community partners, transformed the house into a clean, furnished stand-alone home, properly rezoned and insured, fully equipped and stocked, ready to house one or more children from the same family, as well as temporary office space for the CHFS workers supervising the children. It is a turn-key operation, as no church or other community members supervise or care for the children; they simply provide, care for, and restock the premises itself.

Foster House, Inc. comes complete with a garage full of donated supplies, from food, to toiletries, to suitcases for kids carrying belongings in garbage bags. There are three bedrooms within the facility, in addition to living room quarters, a kitchen, and multiple bathrooms. A visit from our office showed that it was clean, in excellent repair, and a resource in which the community could take pride. The charity's president, Daniel Super, explained that the model allowed for God's providence to be evident, where a large number of people could contribute directly to a critical human need, without entanglement in state bureaucratic rules. Contributions range from supplies and upkeep to full HVAC system replacement.

From a state perspective, the worker simply calls to let the charity know the house is needed, and again when the house is no longer needed. During child residency, it is staffed with CHFS workers and a contracted security guard. Importantly, there is no charge for the use of the home.

While we note this solution does not create a permanent solution to the need for foster care beds, it does allow these children a bridge to such eventual placement on an emergency basis, avoiding the need for living in a state office building.



YMCA Safe Place (Louisville)

In response to foster children sleeping in state office buildings, YMCA and Jefferson County CHFS Service Region Administrators collaborated on a response to foster children sleeping in the L&N Building. Originally designed as a short-term crisis intervention resource for children experiencing homelessness or family conflict, Safe Place, in practice, has become a temporary solution for children entering state custody who would, otherwise, sleep in CHFS office buildings or other NTPs.

Foster care children arriving at YMCA Safe Place are provided with a bed, access to a shower, clean clothing, meals, and a supervised environment staffed by trained child-serving professionals. The setting is intentionally child-centered, calm, and structured; qualities often absent in emergency placements improvised within government buildings. For children who have just been removed from their homes, the difference between sleeping on an office couch and resting in a space designed for young people is significant.

YMCA Safe Place demonstrates what is possible when existing community infrastructure is leveraged thoughtfully. It shows that children do not have to sleep in office buildings while the system searches for placements. With adequate support, clear parameters, and intentional collaboration, community-based emergency shelters can serve as a bridge for children entering foster care. While iTWIST records still show that the L&N building is being utilized today as an NTP, the efforts by this region to work with community partners to reduce the usage of such placements is commendable.





Isaiah 1:17 House

Isaiah 117 House²¹⁴ was created in direct response to a systemic gap long acknowledged within child welfare: when children are removed from their homes, they are often brought to child welfare offices to wait for placement. As its founder and executive director, Ronda Paulson, observed, these office settings are sterile and cold environments and ill-suited to meet the needs of traumatized children at one of the most destabilizing moments of their lives. The organization was built around a simple but transformative question: *What if there were a home?*

Rather than cubicles, Isaiah 117 House provides a residential, child-centered environment designed specifically for short-term placement immediately following removal. Children are welcomed into a home setting with clean clothes, bathing supplies, snacks, toys, books, and beds. The environment is intentionally designed to reduce trauma, provide dignity, and preserve a sense of normalcy during an otherwise disorienting experience.

The mission of Isaiah 117 House is threefold: to reduce trauma for children awaiting placement, to lighten the load for child welfare agencies, and to ease the transition for foster families. By providing a safe and supportive interim setting, the model allows frontline staff to focus on placement decision-making without simultaneously managing overnight supervision, meals, and basic care needs in office settings.

Founded in Tennessee in June 2018, Isaiah 117 House has expanded rapidly and now operates in thirteen states. In Kentucky, the Logan, Simpson, and Butler County Isaiah 117 House opened its doors on August 15, 2025. The location is staffed by a location leader, care coordinator, and support coordinator and is operated with the assistance of volunteers. The Kentucky site represents a functioning, community-based alternative to office-based NTPs, demonstrating that safe, trauma-informed, short-term care settings can exist when intentionally designed and supported.

²¹⁴ Isaiah 117 House, changing the way foster care begins. <https://isaiah117house.com/>



The Agape House

"We desire to be the hands and feet of Jesus by equipping and empowering foster families in our community and by helping grow the village that will embrace and support these families." That's one of the missions of Borrowed Hearts in Owensboro, Kentucky. What started at a dining room table with a small group of community members led by Amanda Van Bussum evolved into a community supported nonprofit to serve foster families.

This nonprofit is devoted to serving children in foster care and their placement providers, be it licensed foster families, fictive kin or relatives. Guided by compassion, dignity, community, generosity and hope, Borrowed Hearts is dedicated to serving children in care every single day.

Borrowed Hearts receives donations that are sorted by volunteers and arranged in a store like setting. Foster families and foster children come in and shop at no cost to them. Items in the shop include clothing, shoes, coats, pajamas, teen items, ethnic hair care, hygiene products, baby gear and gently used toys and books.

With NTP becoming an ever-present gap for children in care, Borrowed Hearts founding partner, New Life Church Owensboro saw a need and rose to the occasion, donating a building while also covering utility costs.²¹⁵ The Agape House provides "a safe landing place for children in the gap" a vision for the future.

Instead of children having to wait out a traditional placement while being housed in office buildings, the Agape House offers a safe, comfortable alternative. Inside the house one can find emergency suites, a family kitchen, and all the amenities of a true home with immediate access to the Borrowed Hearts shop.

²¹⁵ <https://borrowedheartsobky.org/Agape>



CALL TO ACTION

Call To Action

Housing children in state offices is a terrible solution to a solvable problem. Yet, to the detriment of Kentucky's children, CHFS's promised solution remains undelivered.

The problem itself is not insurmountable. Experience in other states, including those bordering Kentucky, demonstrates that reliance on NTPs can be reduced through deliberate policy and system changes. Solutions clearly exist in the Commonwealth today, as evidenced by the efforts of the faith-based community in Bowling Green and other servant leader-created resources, such as Isaiah 117 House, together with the YMCA Safe Place program in Louisville. Our border is not impermeable, with solutions existing today in neighboring states and across the nation. We simply need focused leadership to implement those and other models across the Commonwealth, and a bureaucracy willing to adapt, ask for, and receive such help.

We call upon CHFS leadership to look to those solutions and bring to finality the promise it made years ago to stop housing vulnerable abused, neglected, and dependent children in state office buildings. This report brings additional, implementable solutions to the table.

The Ombudsman is charged by statute with monitoring the agency's response in remediation of this issue, and this we will do.

Moreover, given the critical need to ensure uninterrupted services for this population of children, we suggest the General Assembly call for CHFS to produce an annual report on NTP to be submitted to the Interim Joint Committee on Families and Children with an accounting of specific measurables, including:

- The number, length, and housing types of NTPs;
- Core demographics on the NTP population;
- An ongoing assessment of the number of placements and capacity available statewide;
- Specific outreach efforts and collaborative planning efforts in each service region with the faith-based community and other community service providers to develop alternatives to NTPs;
- Contracting efforts with willing service providers, both profit and non-profit;
- Efforts at growing the number of available foster family placements; and
- Implementation of the specific recommendations contained in this report.



Appendix A

Use and Definition of “High Acuity” in NTPs

Throughout legislative testimony, public presentations, and media statements, CHFS has repeatedly characterized children placed in NTPs as “high acuity” or having “complex needs.” However, review of statutes, administrative regulations, and internal documentation reveals no formal, standardized definition of either term as it relates to NTP use.

Specifically, there is no statutory definition of “high acuity” in Kentucky law governing child welfare or out-of-home care. As a result, “high acuity” functions not as a defined classification, but as an informal descriptor applied across testimony and reporting.

Recent legislative activity underscores this definitional gap. During the 2024 Regular Session (SB 242) and the 2025 Regular Session (SB 111), the General Assembly considered, but did not enact, proposed amendments to KRS Chapter 200 that would have formally defined “high acuity youth.” In both bills, “high acuity youth” was defined as a child who has been determined by a clinical professional, following a behavioral assessment, to need an environment and specialized treatment capable of addressing manifest aggression, violence toward persons, or property destruction. Neither proposal was enacted, leaving no binding statutory definition in place.

In committee testimony, PowerPoint presentations, and public statements, CHFS has frequently invoked “high acuity” as a unifying explanation for NTP use. The term is often used to convey:

- Severe behavioral or psychiatric needs
- Aggression or safety risks
- Lack of available treatment placements

However, in these contexts, “high acuity” is generally used as shorthand to justify NTP utilization, rather than as a precise clinical or operational classification. The term is applied broadly, without reference to documented diagnoses, standardized assessment tools, or consistent thresholds.

Aggregate NTP data drawn from iTWIST presents a more complex and mixed population than the “high acuity” narrative suggests. This data includes:



- Infants, toddlers, and young children, whose placement in NTPs cannot reasonably be attributed to behavioral acuity.
- Short-term stays, including same-day or single-night placements pending foster or kinship placement.
- Children with no documented behavioral diagnoses, mental health conditions, or clinical indicators consistent with high-acuity classification.

Taken together, these patterns demonstrate that NTPs are not used exclusively, or even primarily, for children with the highest clinical needs. Rather, NTP utilization reflects a combination of factors, including placement timing, system capacity, staffing limitations, and geographic availability of foster homes, alongside a subset of children with complex behavioral or mental health needs.

The conflation of all NTP placements with “high acuity” children carries significant policy risks. When disparate populations are grouped under a single, undefined label:

- Appropriate solutions become obscured, as short-term placement gaps and long-term clinical needs require fundamentally different responses.
- Fiscal analysis is distorted, as high-cost interventions designed for a small subset of children are attributed to the entire NTP population.
- Legislative decision-making is impaired, limiting the General Assembly’s ability to evaluate whether proposed reforms align with the actual drivers of NTP use.

In the absence of a formal definition and consistent classification framework, continued reliance on the term “high acuity” obscures rather than clarifies the realities of NTP use in Kentucky’s child welfare system.



Appendix B

CHFS’s federally required planning documents do not align with the causes CHFS cites for the NTP crisis, and the performance targets established by CHFS accept continued failure.

The 2025-2029 CFSP ²¹⁶ reflects a fundamental mismatch between CHFS’s explanation for the NTP crisis and the strategies it has committed to implementing. CHFS has consistently attributed NTP reliance to the high level behavioral and mental health “acuity” of the children spending time in these settings. Yet the 2025-2029 CFSP does not meaningfully target those drivers. Goal 2, Wellbeing Outcome 3 states, “children receive adequate services to meet their physical and mental health needs.” This goal contains two strategies, neither of which directly targets access to behavioral health assessments, treatment continuity, or placement matching for high needs children. There is no strategy in the current plan that is explicitly tied to preventing placement failure or NTP reliance for children with complex needs. This creates a disconnect between CHFS’s explanation of the crisis and its own federally required planning document.

Further, the baseline performance for Wellbeing Outcome #3 is 64.29% with a target in 2029 of 69.58%. This represents only a 5.29 percentage point increase over five years, implicitly accepting that nearly one-third of children will continue to lack adequate physical or mental health services. A 69% outcome should not be viewed as a success; it reflects a systemic failure. In short, the 2025-2029 CFSP sets an unacceptably low bar for success in an area CHFS has identified as a key driver of children being placed in office buildings, out-of-state placements, and other NTP settings.

The 2020-2024 CFSP Matrix²¹⁷ demonstrates Kentucky has already failed to address driving factors of NTP. Goal 3, Strategy 3.1 states, “By 2024 ensure 95% of the children entering care receive a behavioral health screener and that 75% of those that screen in for assessment receive a comprehensive behavioral health assessment.” The baseline performance for 2019 for the data indicator “percentage of children entering care who received a behavioral health screener” was 90.16% and the 2024 data submission was 74.95%. This represents a 15-point regression. The baseline performance for 2019 for

²¹⁶ CHFS. (accessed 2025, January 12). *Kentucky Child and Family Services Plan 2025-2029*. https://www.chfs.ky.gov/agencies/dcbs/dpp/qapdb/Documents/kentuckys2025_2029cfsp.pdf

²¹⁷ CHFS. (accessed 01/12/2025). *2020-2024 Kentucky Child and Family Services Plan Matrix*. <https://www.chfs.ky.gov/agencies/dcbs/dpp/qapdb/Documents/2020-2024cfspmatrixt2024submissionupdate.pdf>



the data indicator, “Of those children screened in for assessment, percent of children who received a comprehensive behavioral health assessment,” was 47.61% and the 2024 submission was 47.58% which shows no improvement over five years.

CHFS repeatedly asserts that children entering NTPs have high levels of behavioral and mental health needs, yet the system is less effective now at identifying and assessing those needs than it was five years ago. The CFSP response focused on training and technical assistance, not enforceable system changes or accountability mechanisms. This is not merely a missed opportunity. It is evidence of a failed intervention strategy.

