



Court Processes for Families

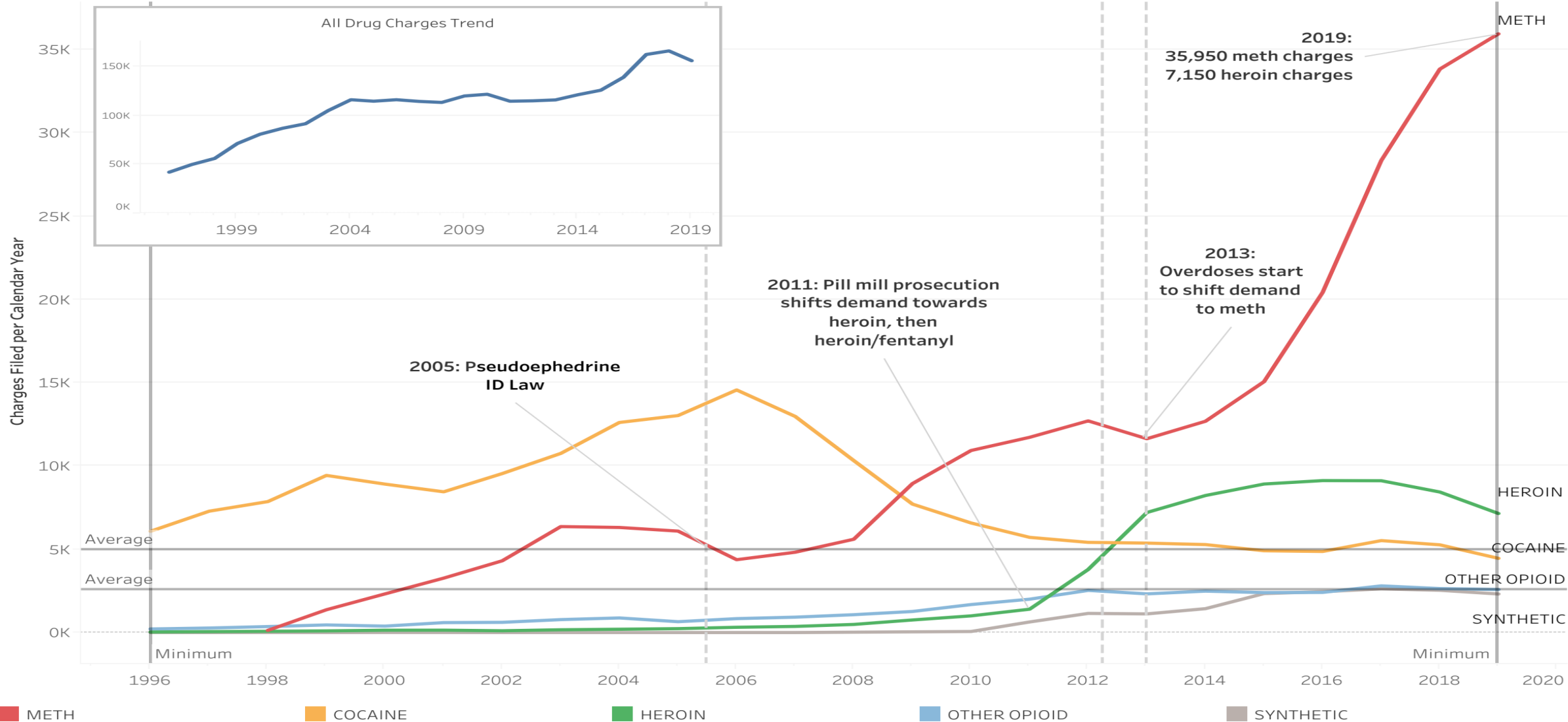
Presented by the Honorable Kevin Mullins, Letcher County District Judge



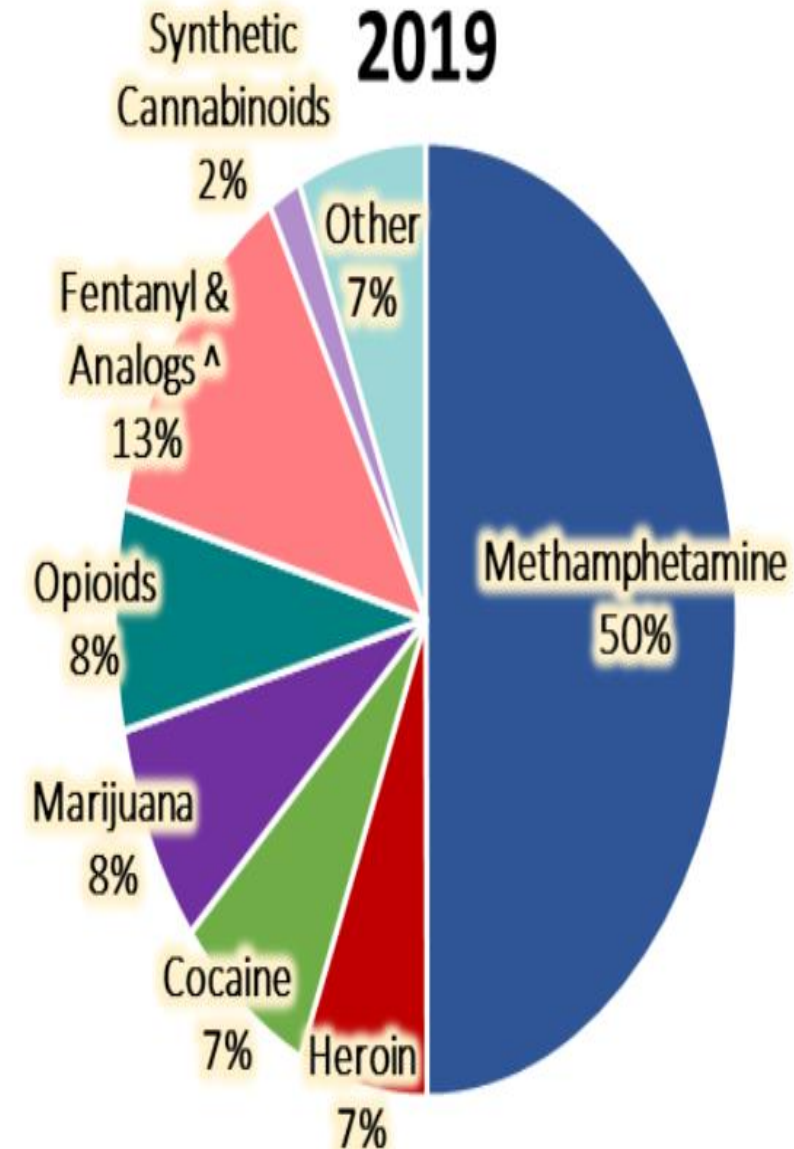
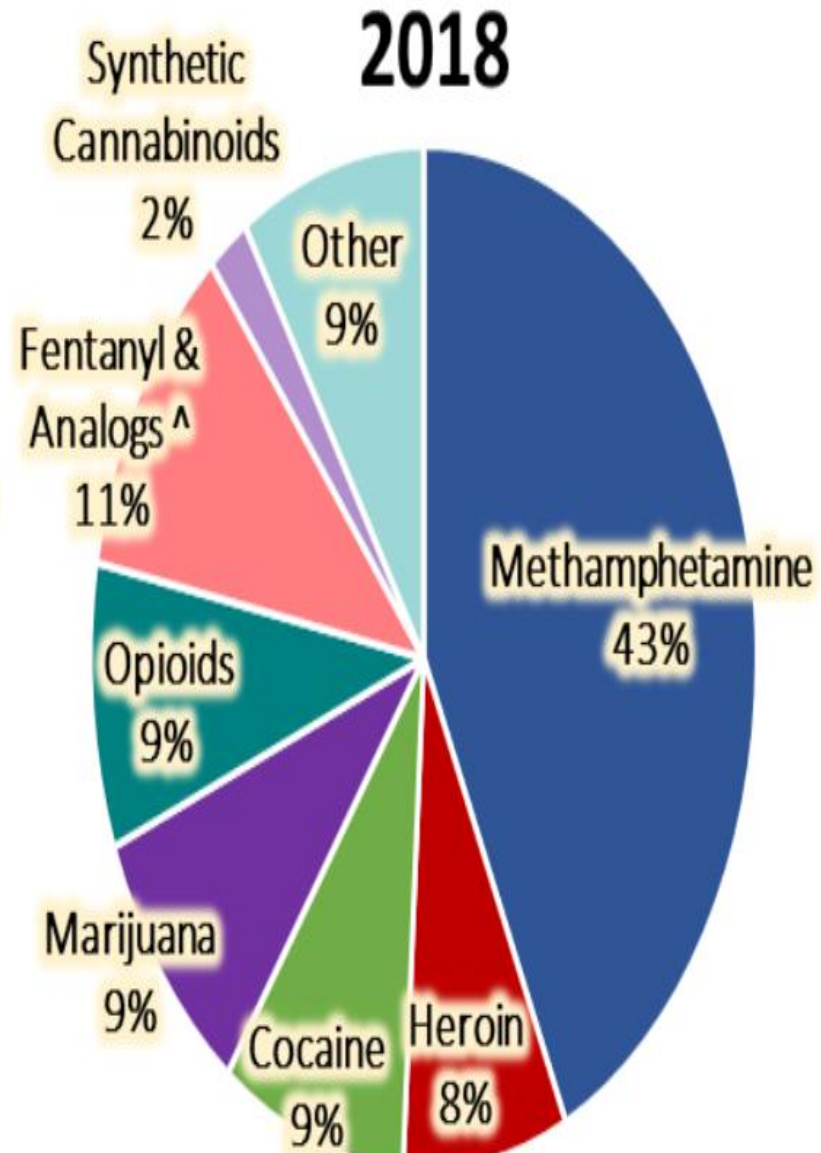
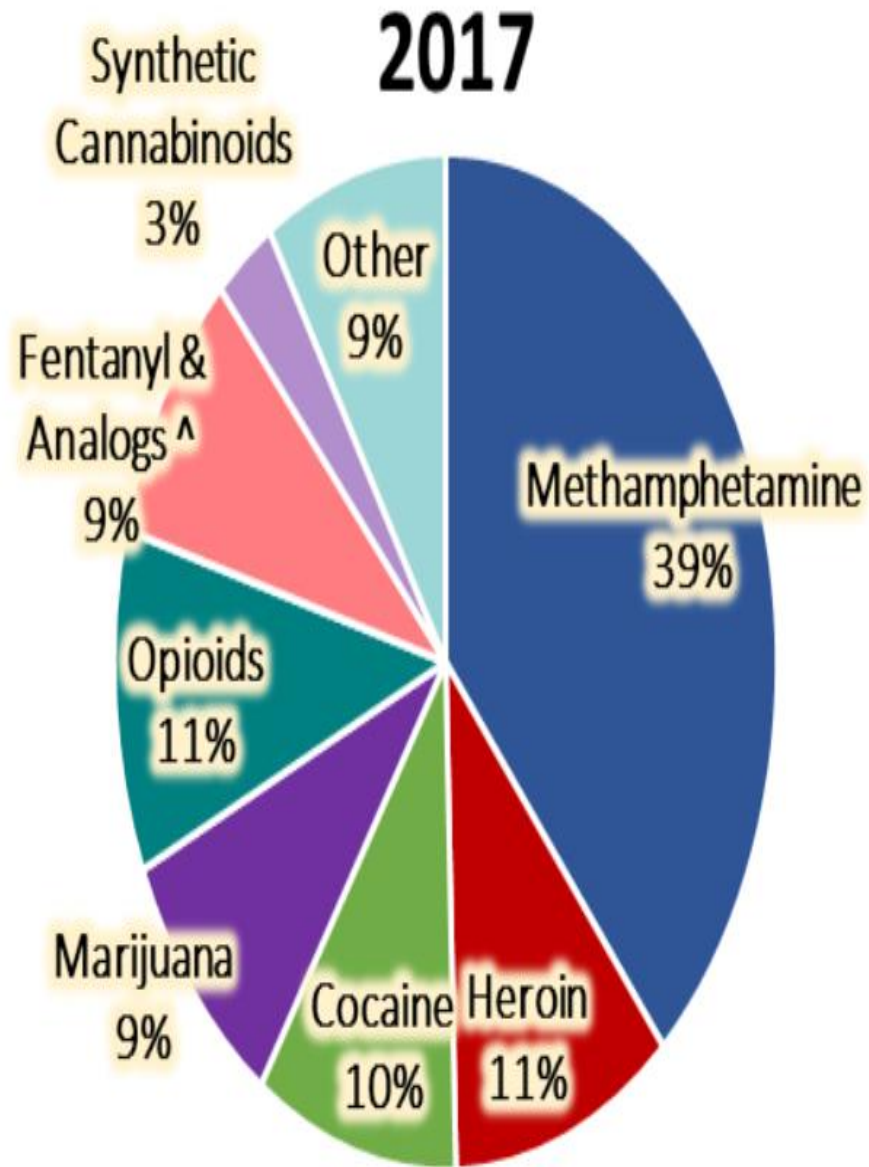


ADMINISTRATIVE OFFICE OF THE COURTS
Research and Statistics

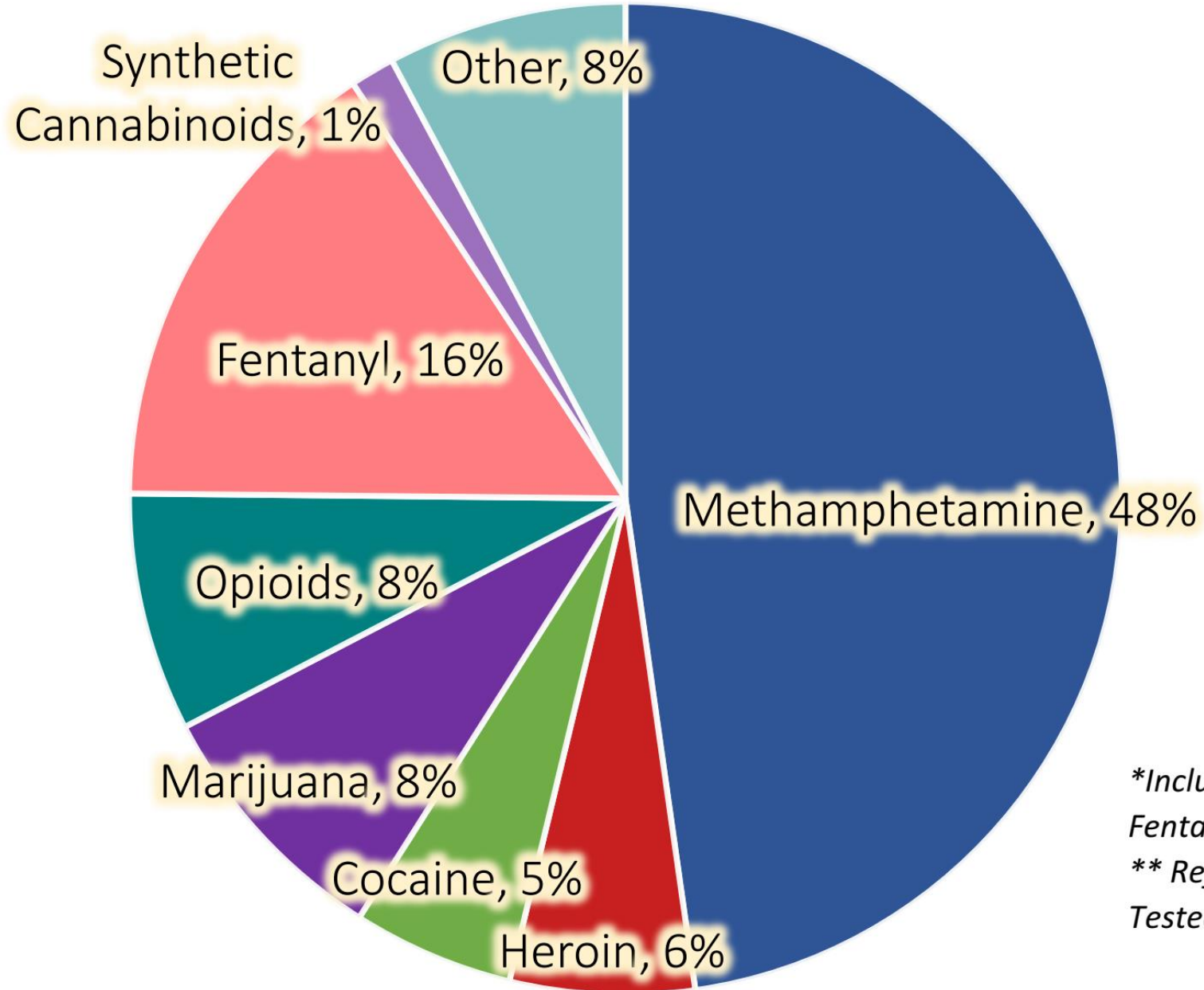
Drug Charges Filed CY 1996-2019 Statewide by Drug Type



KSP Tested Lab Submissions, 2017–2019



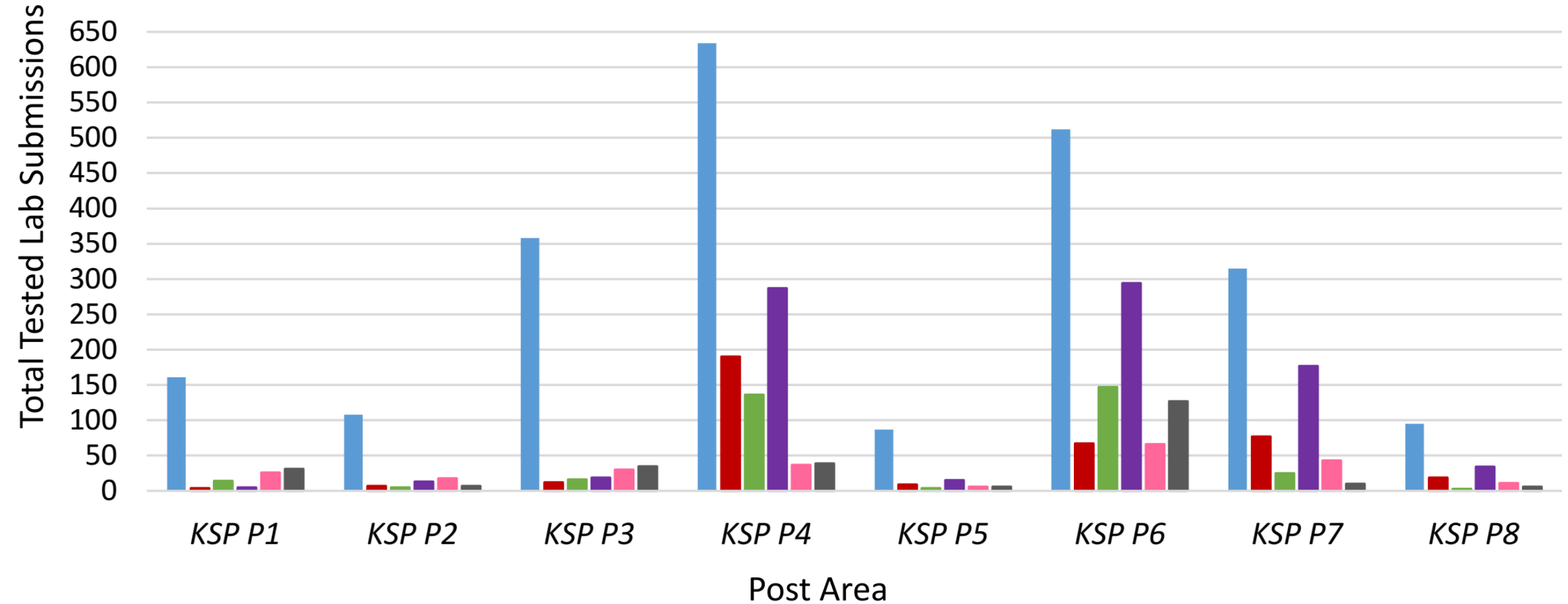
2020 Total Tested Submissions to Labs



**Includes All Fentanyl and Fentanyl Analogs/Derivatives
** Reflective of All Individual Tested Drug Submissions*

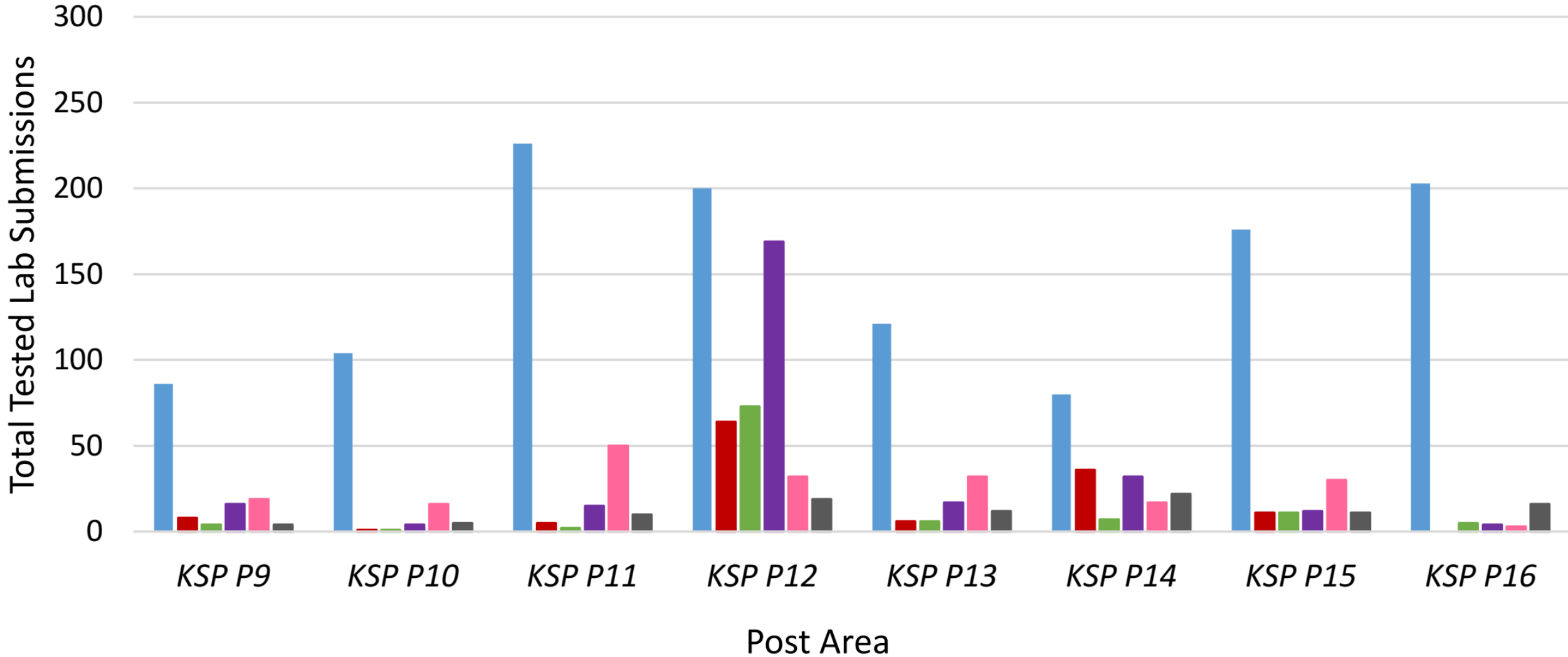
2020 Q2 Submissions to the Labs By KSP Post Area

METH HEROIN COCAINE FENTANYL OPIOIDS MARIJUANA



2020 Q2 Submissions to the Labs By Post Area

METH HEROIN COCAINE FENTANYL OPIOIDS MARIJUANA



NFLIS-DRUG 2020 ANNUAL REPORT

DRUG



Table 1.1

NATIONAL AND REGIONAL ESTIMATES FOR THE 25 MOST FREQUENTLY IDENTIFIED DRUGS¹
Estimated number and percentage of total drug reports submitted to laboratories from January 1, 2020, through December 31, 2020, and analyzed by March 31, 2021²

Drug	National		West		Midwest		Northeast		South	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Methamphetamine	377,787	29.42%	100,827	43.90%	89,262	28.31%	14,605	7.53%	173,094	31.76%
Cannabis/THC	188,735	14.70%	23,894	10.40%	45,631	14.47%	34,115	17.59%	85,095	15.61%
Cocaine	153,372	11.95%	12,037	5.24%	33,946	10.77%	40,058	20.65%	67,331	12.35%
Fentanyl	117,045	9.12%	14,691	6.40%	35,481	11.25%	33,140	17.08%	33,733	6.19%
Heroin	98,077	7.64%	31,277	13.62%	19,733	6.26%	19,866	10.24%	27,200	4.99%
Alprazolam	19,810	1.54%	3,266	1.42%	4,050	1.28%	2,225	1.15%	10,270	1.88%
Buprenorphine	17,077	1.33%	1,920	0.84%	3,766	1.19%	2,991	1.54%	8,400	1.54%
Oxycodone	17,038	1.33%	1,636	0.71%	4,025	1.28%	3,053	1.57%	8,323	1.53%
Eutylone	12,969	1.01%	74	0.03%	2,385	0.76%	949	0.49%	9,561	1.75%
Tramadol	12,086	0.94%	560	0.24%	3,955	1.25%	3,571	1.84%	3,999	0.73%
ANPP	11,077	0.86%	916	0.40%	3,369	1.07%	4,321	2.23%	2,471	0.45%
Amphetamine	9,051	0.70%	830	0.36%	2,321	0.74%	1,247	0.64%	4,653	0.85%
Hydrocodone	8,670	0.68%	1,078	0.47%	2,156	0.68%	324	0.17%	5,111	0.94%
Clonazepam	6,074	0.47%	498	0.22%	1,459	0.46%	1,003	0.52%	3,114	0.57%
MDMA	6,023	0.47%	1,707	0.74%	2,122	0.67%	560	0.29%	1,634	0.30%
Psilocin/psilocibin	5,565	0.43%	1,810	0.79%	1,645	0.52%	557	0.29%	1,553	0.28%
Etizolam	4,944	0.39%	798	0.35%	868	0.28%	435	0.22%	2,843	0.52%
Lysergic acid diethylamide (LSD)	4,760	0.37%	918	0.40%	1,851	0.59%	501	0.26%	1,490	0.27%
Flualprazolam	4,569	0.36%	610	0.27%	1,770	0.56%	323	0.17%	1,866	0.34%
Acetyl fentanyl	4,527	0.35%	65	0.03%	2,114	0.67%	1,292	0.67%	1,056	0.19%
MDMB-4en-PINACA	4,521	0.35%	20	0.01%	1,081	0.34%	781	0.40%	2,639	0.48%
Naloxone	4,112	0.32%	257	0.11%	566	0.18%	714	0.37%	2,576	0.47%
Cannabidiol (CBD)	4,043	0.31%	458	0.20%	1,186	0.38%	289	0.15%	2,110	0.39%
Phencyclidine (PCP)	3,370	0.26%	162	0.07%	670	0.21%	643	0.33%	1,895	0.35%
Gabapentin	2,928	0.23%	149	0.06%	545	0.17%	603	0.31%	1,631	0.30%
<i>Top 25 Total</i>	1,098,232	85.53%	200,460	87.29%	265,958	84.34%	168,166	86.69%	463,647	85.07%
<i>All Other Drug Reports</i>	185,739	14.47%	29,193	12.71%	49,375	15.66%	25,823	13.31%	81,348	14.93%
<i>Total Drug Reports³</i>	1,283,971	100.00%	229,653	100.00%	315,333	100.00%	193,989	100.00%	544,996	100.00%



Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009

Jennifer Bronson, Ph.D., and Jessica Stroop, *BJS* Statisticians
Stephanie Zimmer and Marcus Berzofsky, Dr.P.H., *RTI International*

More than half (58%) of state prisoners and two-thirds (63%) of sentenced jail inmates met the criteria for drug dependence or abuse, according to data collected through the 2007 and 2008-09 National Inmate Surveys (NIS) (figure 1). In comparison, approximately 5% of the total general population age 18 or older met the criteria for drug dependence or abuse. General population data come from the National Survey of Drug Use and Health (NSDUH) collected from 2007 to 2009 by Substance Abuse and Mental Health Services Administration. Drug dependence and abuse estimates in both the NIS and NSDUH data collections were based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV).^{1,2}

This report examines patterns of past drug use by different periods (i.e., ever used, at time of offense, month before arrest, and regularly used), demographics, and offense type. Drug data were grouped into eight categories for analysis: marijuana/hashish, cocaine/crack, heroin/opiates, depressants, stimulants, methamphetamine, hallucinogens,

¹*Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, text revision (2000). Washington, DC: American Psychiatric Association.

²The fifth edition of the DSM (DSM-V) was published in May 2013. The DSM-IV was current at time of data collection.

FIGURE 1
Inmates and adult general population who met the criteria for drug dependence or abuse, 2007-2009



Note: See *Methodology* for definition of dependence and abuse based on the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. See appendix table 1 for standard errors.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

^aGeneral population estimates have been standardized to the state prisoner population by sex, race, Hispanic origin, and age.

Source: Bureau of Justice Statistics, National Inmate Surveys, 2007 and 2008-09; and Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2007-2009.

HIGHLIGHTS

- During 2007-09, an estimated 58% of state prisoners and 63% of sentenced jail inmates met the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV) criteria for drug dependence or abuse.
- Among prisoners and jail inmates, prevalence estimates for those who met the criteria for dependence were two to three times higher than for abuse.
- The percentage of inmates who met the DSM-IV criteria was higher for those held for property offenses than those held for violent or other public order offenses.
- Lifetime drug use among the incarcerated populations was unchanged from 2002 to 2009.
- During 2007-09, prisoners (77%) and jail inmates (78%) reported having ever used marijuana/hashish, more than any other drug.
- During 2007-09, more females in prison (47%) or jail (60%) used drugs in the month before the current offense than males in prison (38%) or jail (54%).
- More non-Hispanic white than non-Hispanic black prisoners regularly used cocaine/crack, heroin/opiates, or methamphetamines.
- Among those who met the criteria for drug dependence or abuse, 26% of prisoners and 19% of jail inmates participated in a drug treatment program since admission to current facility.

Measurement of drug dependence and abuse

The National Inmate Survey (NIS) included questions to assess the percentage of inmates who met the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV) criteria for drug dependence or abuse. Inmates who reported having ever used any drug were asked about their experiences and symptoms related to their drug use in the year prior to admission to the current facility. The DSM-IV criteria are guidelines designed to be used with a patient's history and sound clinical judgment in order to make a diagnosis. Data presented in this report are based on inmate self-reports and were not validated or confirmed by a trained clinician or clinical interview. (See *Methodology*.)

The DSM-IV defines drug dependence as a maladaptive pattern of drug use leading to clinically significant impairment or distress as manifested by three or more of the following occurring at any time in the same 12-month period:

1. tolerance
2. withdrawal symptoms or drug taken to relieve withdrawal
3. drug taken in larger amounts for longer periods than intended
4. persistent desire or unsuccessful attempts to cut down or control drug use
5. a lot of time is spent obtaining drugs, using them, or recovering from its effects
6. a reduction in or absence from social, occupational, or recreational activities
7. continued use despite adverse consequences.

Unlike the criteria for drug dependence, criteria for drug abuse do not include tolerance, withdrawal, or a pattern of compulsive use. Instead, the abuse criteria include only the harmful consequences of repeated use. Abuse is

defined in the DSM-IV as a maladaptive pattern of drug use leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring at any time in the same 12-month period:

1. recurrent drug use resulting in a failure to fulfill major role obligations
2. recurrent drug use in which it is physically hazardous
3. recurrent drug-related legal problems
4. continued drug use despite having persistent or recurrent drug-related social problems.

For any one drug, a diagnosis of dependence takes precedence over a diagnosis of abuse for the same drug. This means that a person who meets the dependence criteria for a particular drug cannot meet the abuse criteria for that same drug. The DSM-IV states that a diagnosis of drug dependence can be applied to 10 drug classes: alcohol, amphetamine or similarly acting sympathomimetics, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidine (PCP) or similarly acting arylcyclohexylamines, and sedatives. The category of drug abuse can apply to all of these drug classes, except nicotine.⁴

A diagnosis of drug dependence or abuse should be drug-specific (e.g., cocaine dependence or heroin abuse) and not generally made based on drug use in the past year as a whole. However, NIS data do not permit an analysis of dependence or abuse symptoms by individual drug type. As such, dependence and abuse data presented in this report are not drug-specific.

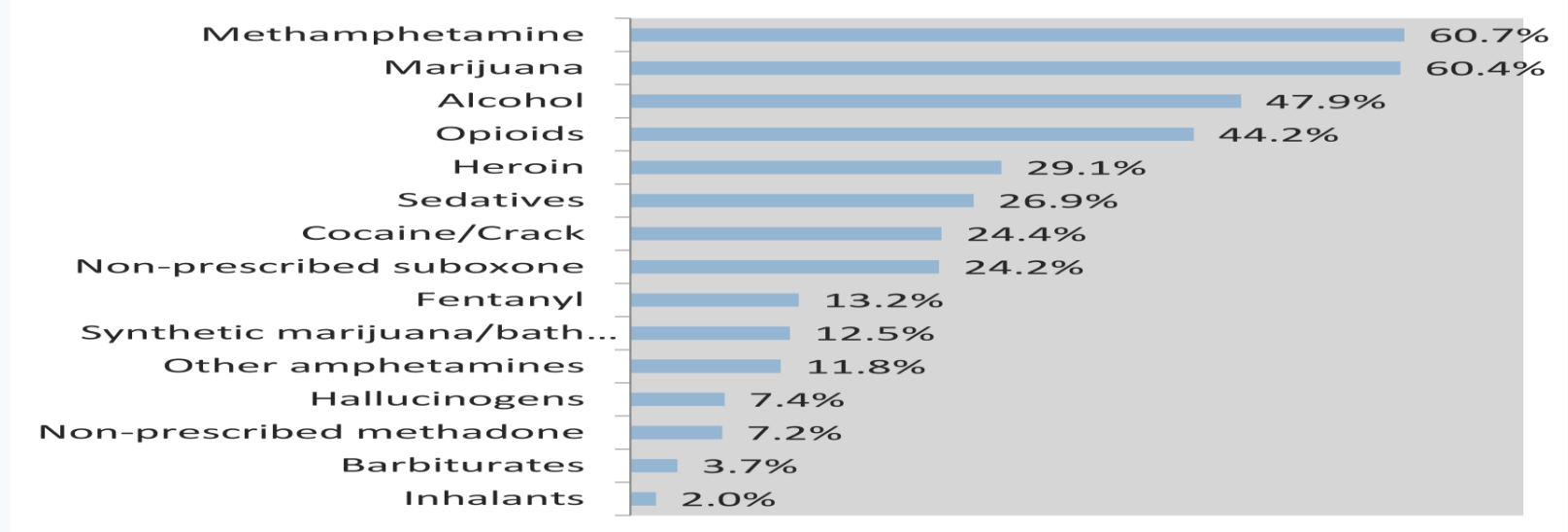
⁴The DSM-IV uses the term "classes," which is not the same as the schedule of controlled substances established through the 1970 Controlled Substance Act (P.L. 91-513).

Substance Use

Figure 6 on the following page shows substance use during the pre-incarceration period for SAP participants (both graduates and non-graduates) who completed a baseline assessment during FY2019. In the 12 months prior to incarceration, the greatest percentage of participants reported methamphetamine use (60.7%), followed by marijuana use (60.4%) and alcohol use (47.9%). Between FY2014 and FY2018, marijuana had been the most commonly reported substance used.

Methamphetamine was the most commonly used substance in the 12 months prior to incarceration.

Figure 6. Profile of Pre-incarceration Substance Use among SAP Participants (n=6,387)



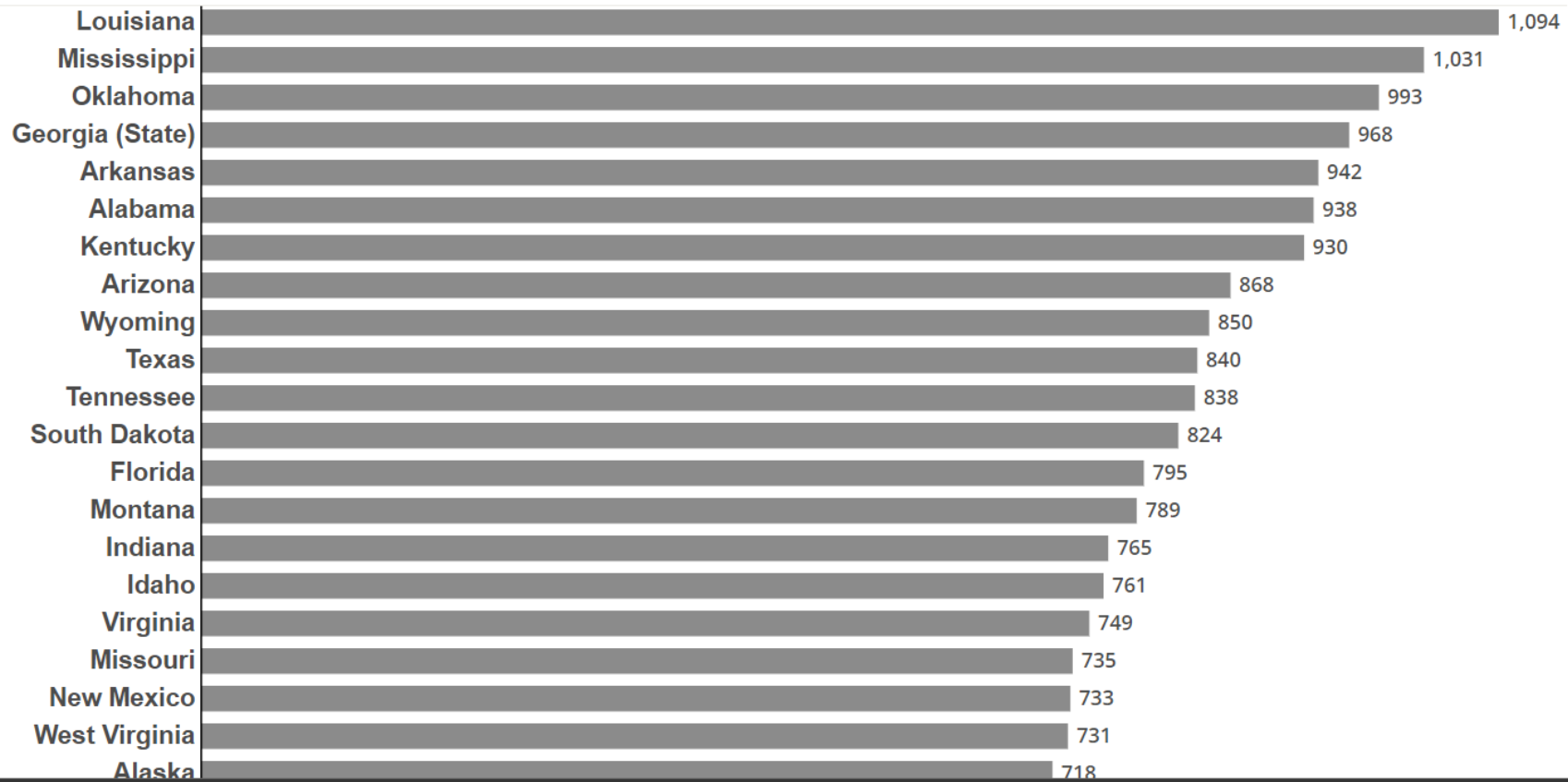
Heroin

For over a decade there has been a significant increase in self-reported heroin use prior to incarceration. As shown in Figure 7, the percentage of offenders entering corrections-based substance abuse reporting any heroin use in the 12 months prior to incarceration increased from 9.8% in FY2010 to 29.1% in FY2019. Also illustrated in Figure 7, self-reported illicit opioid use (not including heroin, methadone or buprenorphine) peaked at 50.2% in FY2010 and has since decreased overall to 44.2% in FY2019.

Mirroring a national trend, heroin use has steadily increased among KY offenders in the past decade.

In response to the increase in heroin use in Kentucky, the state legislature passed Senate Bill 192 in March 2015, which has been progressive and proactive in its attempt to mitigate the commonwealth's

World Incarceration Rates If Every U.S. State Were A Country

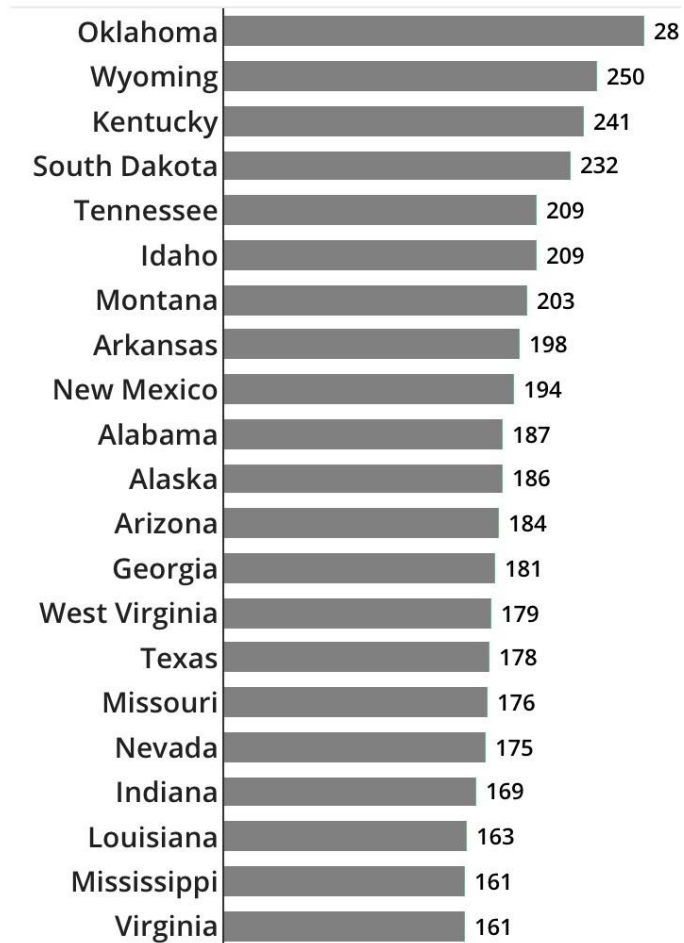


Name (optional):

State (optional):

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World Women's Incarceration Rates If Every U.S. State Were A Country



Meth **amphetamine**

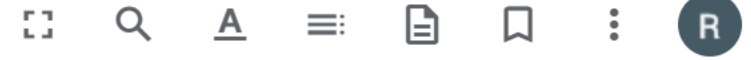
ITS HISTORY, PHARMACOLOGY, AND TREATMENT

RALPH WEISHEIT, PH.D. | WILLIAM L. WHITE, M.A.





Methamphetamine, Its History, Pharmacology an...



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**COMMONWEALTH OF KENTUCKY
CHILD ABUSE, ADULT ABUSE, AND DOMESTIC ABUSE
STANDARD REPORT**

JC-3 (Rev. 6/92)

AGENCY

AGENCY	LAW ENFORCEMENT REPORTING AGENCY:		ORI AGENCY ID KY	AGENCY INCIDENT REPORT NO.		
	ADDRESS/CITY: _____ COUNTY _____		DATE REPORTED: ____/____/____	TIME: _____		
NATURE	<input type="checkbox"/> DOMESTIC VIOLENCE/ABUSE {KRS 403.785(1) KRS 209.030(2)}		<input type="checkbox"/> SELF NEGLECT {KRS 209.030(2)}			
	<input type="checkbox"/> PHYSICAL ABUSE/NEGLECT (ADULT) {KRS 209.030(2)}		<input type="checkbox"/> NEGLECT BY CARETAKER {KRS 209.030(2)}			
	<input type="checkbox"/> PHYSICAL ABUSE/NEGLECT (CHILD) {KRS 620.030}		<input type="checkbox"/> EXPLOITATION (ADULT) {KRS 209.030(2)}			
	<input type="checkbox"/> SEXUAL ABUSE/EXPLOITATION (CHILD) {KRS 620.030}		<input type="checkbox"/> SEXUAL OFFENSES (SPOUSE) {KRS 510}			
DATE	DATE OF INCIDENT: ____/____/____		LOCATION/ADDRESS: _____			
	TIME: _____	COUNTY OF OCCURRENCE: _____				
VICTIM	(3) NAME: _____		SOC. SEC. NO. _____	RACE _____	SEX _____	
	Last _____ First _____ M. _____		DATE OF BIRTH _____			
	ADDRESS/CITY: (directions for rural areas) _____		PHONE: _____	LOCATION IF LEFT SCENE: _____		
			AM _____			
			PM _____			
RELATIONSHIP TO PERPETRATOR		<input type="checkbox"/> SPOUSE	<input type="checkbox"/> FORMER SPOUSE	<input type="checkbox"/> UNMARRIED, CHILD IN COMMON	<input type="checkbox"/> UNMARRIED, OTHER _____	
		<input type="checkbox"/> CHILD	<input type="checkbox"/> STEPCHILD	<input type="checkbox"/> PARENT	<input type="checkbox"/> GRANDPARENT	
ADVISED VICTIM OF RIGHTS (KRS 403, KRS 421)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	GIVEN RIGHTS INFO (JC-3)		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PERPETRATOR	(4) NAME: _____		SOC. SEC. NO. _____	RACE _____	SEX _____	
	Last _____ First _____ M. _____		DATE OF BIRTH _____			
	ADDRESS/CITY: (directions for rural areas) _____		LOCATION IF LEFT SCENE: _____			
	OUTSTANDING PROTECTIVE ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		NOTICE/SERVICE MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PERPETRATOR AT SCENE WHEN OFFICER ARRIVED?		
	COUNTY: _____ CASE #: _____		DATE: _____ BY: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
NATURE INCIDENT/INJURY	(5) NARRATIVE: (specify incident details) List witnesses/address/phone. 					
	VICTIM INJURED	INJURIES VISIBLE	MEDICAL ATTENTION	PHOTOS OF INJURIES		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> AT: _____ <input type="checkbox"/> NO <input type="checkbox"/> REFUSED _____	<input type="checkbox"/> YES <input type="checkbox"/> AT: _____ <input type="checkbox"/> NO		
	DESCRIBE INJURIES OR COMPLAINT OF PAIN: _____		WEAPONS INVOLVED:	CHILDREN PRESENT IN THE HOME:		
			<input type="checkbox"/> gun <input type="checkbox"/> hands/feet	<input type="checkbox"/> YES (list below) <input type="checkbox"/> NO		
			<input type="checkbox"/> knife <input type="checkbox"/> other: _____	NAME RACE SEX DOB		
			DRUGS INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			
			ALCOHOL INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			
	CRIME SCENE PHOTOS	PROPERTY DAMAGE AT SCENE	DESCRIBE DAMAGE: _____			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
PERSON CALLING FOR ASSISTANCE: (Name, Address, Phone) _____						
<input type="checkbox"/> VICTIM <input type="checkbox"/> FAMILY MEMBER: _____						
<input type="checkbox"/> NEIGHBOR <input type="checkbox"/> OTHER: _____						
(6) REPORT OF ABUSE/NEGLECT <input type="checkbox"/> REPORT AND ARREST <input type="checkbox"/> ARREST DATE: _____						
CHARGE(S): (Include Violation of Protective Orders) _____						
REPORTING OFFICER	(7) NAME: _____		BADGE/ID NO. _____			
	COMMENTS: _____					
GIVE VICTIM INFORMATION - TEAR AT PERFORATED LINE						

1255156

CONTROL NUMBER

Administrative Case Process

- Cabinet intake and case processing
 - Allegations can be made using the Kentucky Child/Adult Protect Services Reporting System (<https://prdweb.chfs.ky.gov/ReportAbuse/>) or the Kentucky Child/Adult Abuse Hotline (1-877-597-2331)
- Acceptance and referral to local office
- Investigation
 - Allegations are either substantiated or unsubstantiated
- On-Going
 - Plans, Reviews, Reports
- CHFS Manual: <https://manuals.sp.chfs.ky.gov/Pages/index.aspx>

2021 Annual Report



Child Fatality and Near Fatality External Review Panel

RECOMMENDATIONS REGARDING SUBSTANCE MISUSE

ADDRESSING THE COMPLEXITIES OF SUBSTANCE MISUSE WITHIN FAMILIES

Among the cases reviewed by the Panel, substance misuse continues to be an area of great need. Nearly half (49%) of all cases reviewed found substance misuse in the home; a caregiver was identified as having a substance misuse issue at almost the same rate (46%). The destructive impact of substance misuse on child and family well-being is well documented. Families impacted by substance misuse are at greater risk of child abuse and neglect, while simultaneously struggling with other co-occurring risks. Risk factors such as, mental health concerns, poverty, domestic violence, and criminal history are common among Panel cases. These issues occur at greater rates within families identified as having substance misuse issues. Comparing the rate at which these risk factors occur in all Panel cases, to those in which substance misuse has been identified reinforces the complexity of need among families struggling with this issue. As seen in the following chart (Figure #1), these risk factors are found at significantly higher rates among families where substance misuse has been identified. The multi-issue families require a multi-agency comprehensive response.

		State	
		#	%
	All Intakes (excludes 'APS')	116,794	
	All CPS Response Intakes	94,201	80.66
	All CPS Allegations Intakes	92,575	98.27
	All CDV Allegations Intakes	0	0.00
	Other Response Intakes*	1,626	1.73
Intakes that Met Acceptance Criteria (Reports)	Intakes that Met Acceptance Criteria (Reports)	39,075	
	CPS	39,075	100.00
	CDV	0	0.00
	Report Findings		
	Finding of Substantiated Child Abuse/Neglect	9,221	23.60
	# Unique Children	17,216	
	Finding of Family In Need of Services	2,267	5.80
	# Unique Children	4,052	
Risk Factors Present that Contributed or Were Present in Reports with a Finding of Substantiation or Services Needed	Family Violence	11,488	
	Directly Contributed	2,639	22.97
	Indirectly Contributed	395	3.44
	Was a Risk Factor	2,033	17.70
	Not Applicable	6,421	55.89
	Substance Abuse	11,488	
	Directly Contributed	4,845	42.17
	Indirectly Contributed	478	4.16
	Was a Risk Factor	1,918	16.70
	Not Applicable	4,247	36.97
	Mental Health	11,488	
	Directly Contributed	1,883	16.39
	Indirectly Contributed	946	8.23
	Was a Risk Factor	3,076	26.78
Not Applicable	5,583	48.60	
Children in Substantiated or Services Needed Reports (Child based count; a child with multiple reports is counted multiple times)	# Children in Substantiated or Services Needed	21,268	
	Age		
	Infant	2,840	13.35
	1 through 5 Years	6,595	31.01
	6 through 10 Years	5,495	25.84
	11 through 17 Years	6,338	29.80
	Type of Maltreatment		
	Basic Neglect	4,011	18.86
	Environment	2,182	10.26
	Risk of harm Neglect	6,947	32.66
	Supervision	1,984	9.33
	Medical Neglect	440	2.07
	Physical Assault/Injury	3,820	17.96
	Sexual Abuse	1,747	8.21
	Emotional Abuse	137	0.64
	Race		
	Caucasian Only	15,958	75.03
African American Only	1,633	7.68	
Other Race Only	71	0.33	
Two or More Races	2,367	11.13	
Unknown/Unable to Determine	1,239	5.83	
Hispanic**	1,008	4.74	

Statewide Foster Care FACTS

Based on all children in OOHC on March 06, 2022 Source TWS-W058

Demographic Indicator	Number	Percent
Total Number of Children in OOHC with Active Placements	8888	
Placed in PCP Foster Homes	3269	37
Placed in PCC Residential	660	7
Placed in Relative or Fictive Kin Placement(non-Foster Home)	1065	12
Total Number Placed in DCBS Foster Homes all Types (note A)	3019	34
Placed in DCBS Basic, Advanced, or Child Specific Foster Homes	2453	28
Placed in DCBS Care Plus or Medically Complex Homes	142	2
Placed in DCBS Adoptive Homes	424	5
...with a Relative or Fictive Kin (Note E)	446	5
Placed in Detention Center or DJJ	37	0
Placed in Independent Living or Education Setting	319	4
Placed in Psychiatric Hospitals	128	1
Placed Out of State (note B)	116	1
AWOL	100	1
Trial Home Visit	170	2
Home Placement	28	0
Medical, Skilled Care, or SCL	88	1
Age at First Entry into Foster Care		
Age at First Entry into Foster Care: Less than 1 year	1785	20
Age at First Entry into Foster Care: 1 to < 3 years	1229	14
Age at First Entry into Foster Care: 3 to < 6 years	1442	16
Age at First Entry into Foster Care: 6 to < 12 years	2291	26
Age at First Entry into Foster Care: 12 to < 18 years	2137	24
Demographics		
Black/AA Children (includes multi-racial youth, note F)	1541	17
Children with a Goal of Adoption	2872	32
Children with a Goal of Reunification (note C)	4571	51
Average Age of Entry into Foster Care	7	
Average Age Now	10	
Average Number of Months in Care at this Point in Time	25	
Average Percent of Life in Care	31	
Average Number of Days to Re-Enter for those with any Re-Entry	1193	
Average Number of Placements this Removal Episode	3	
Cost Data		
Number of Children with Per Diem Payments Listed	7421	
Average Cost Per Day for Child with Per Diem Payments	\$76.23	
Average Cost per Child for Average Months in Care (note D)	\$57144.32	

A. Includes DCBS adoptive homes, basic and advanced, child specific, and medically complex homes.

B. Includes relative placements, adoptive homes, treatment facilities, and homes just over the border.

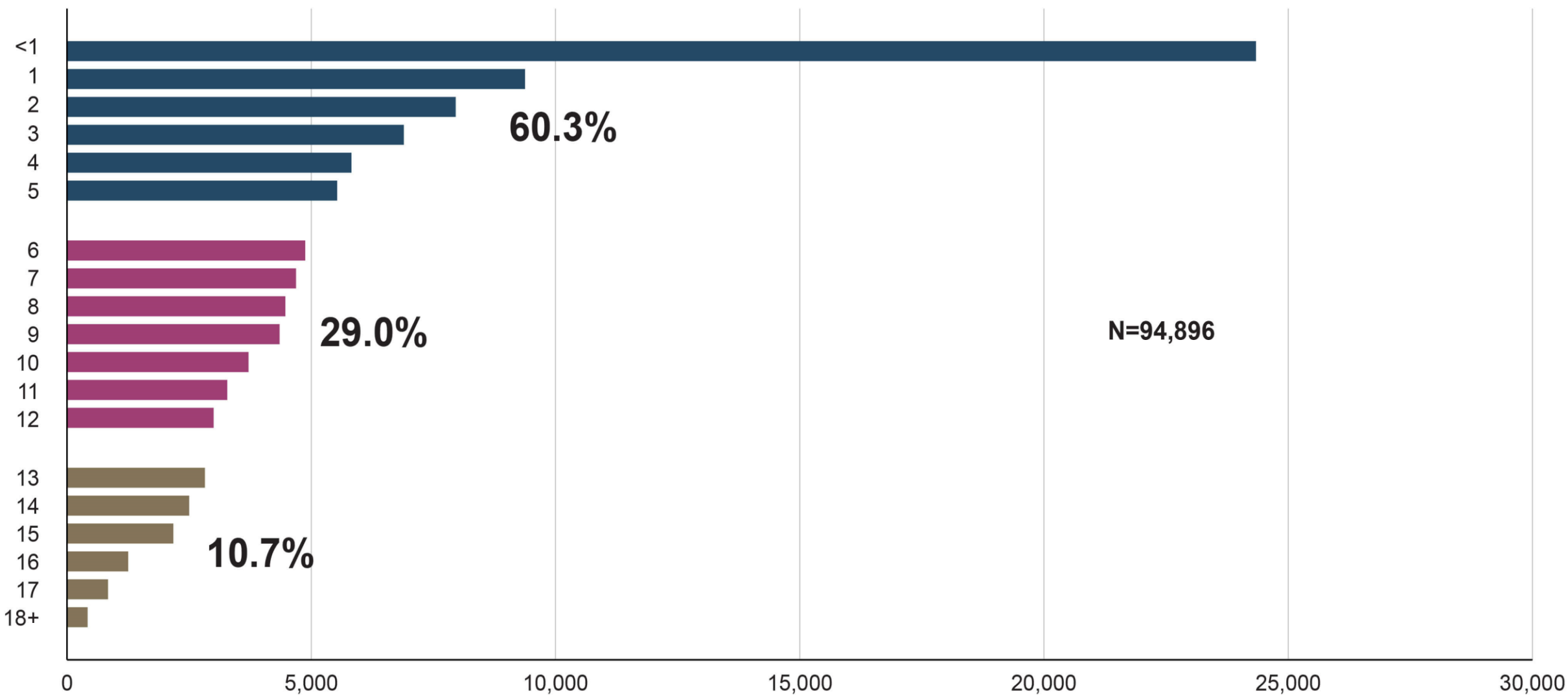
C. Other goals include placement with relatives, planned permanent living or the goals have not been determined.

D. Total costs per child will be higher because children in this number have not exited care.

E. Includes children in DCBS Homes (all types) placed w/ a relative or fictive kin also approved as a foster parent

F. Includes only children with Black/AA identified as one of the races.

Number of Children who Entered Out-of-Home Care with Incidence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal, by Age at Removal in the United States, 2019



District Court Jurisdiction

- The Juvenile session of the District Court of each county shall have exclusive jurisdiction of DNA proceedings concerning any child living or found within the county, who has not reached his/her 18th birthday.
- Family Court has concurrent jurisdiction

KRS 23A.100

Family Court Jurisdiction

Family Court (division of Circuit Court) has the following jurisdiction:

- Dissolution of Marriage/Property Division
- Child Custody
- Visitation
- Maintenance and Support
- Termination of Parental Rights (TPR)
- Adoptions
- Domestic Violence
- Paternity
- Status
- Dependency, Neglect and Abuse cases (DNA)

Definition of an “Abused or Neglected Child”

(1)(a) A child whose health or welfare is harmed or *threatened* with harm, when his parent, guardian, person in a position of authority or special trust, or other person exercising custodial control or supervision (PECCS) of the child does the following:

Definition of an “Abused or Neglected Child”

- Inflicts or allows to be inflicted upon the child “physical” or “emotional” injury by other than accidental means
- Creates or allows to be created a **RISK** of physical or emotional injury
- Engages in a pattern of conduct rendering the parent incapable of caring for the child, which may include incapacity due to alcohol or drugs

Emergency Custody Order/Petition

Temporary Removal Hearing

Adjudication

Disposition Hearing

Reviews

* Pre-Hearing Conferences, Motion Hearings, and other proceedings may, and are likely to, occur between each step in the case.

Temporary Removal Hearing

- Unless waived by the child and parent(s)/PECCS(s), a temporary removal hearing shall be held:
 - Within 72 hours of an ECO being granted
 - Within 10 days of the filing of the petition, if no ECO was granted
- In order to grant temporary custody, the Court must find, by a preponderance of evidence, there are reasonable grounds to believe that the child would be dependent, neglected or abused if returned to parent(s)
- Hearsay may be admissible for “good cause”

Temporary Removal Hearing

Low Burden of Proof

- Preponderance of Evidence (more likely than not)
- “Reasonable Grounds to Believe”
- Child would be dependent, neglected or abused
 - “Risk of...”
- Petitioner does not have to prove “who did it”

ESSENTIAL FINDINGS!!

If the child is placed with the Cabinet, or out of home under supervision of the Cabinet, the Court must determine that:

- The state made reasonable efforts to prevent or eliminate the need for removal

AND

- Continuation in, or return to, the home would be contrary to the welfare of the child

*These findings affect Title IV-E reimbursement for the child

Temporary Custody Orders (TCO)

- If the Court finds at the TRH that it is not safe to return the child back to parents, then the Court converts the ECO to a TCO
- If the Cabinet gets custody, then the Cabinet shall place the child in the least restrictive *appropriate* placement
- The adjudication hearing must be held, and a final disposition must be made, within 45 days of the child's removal, unless the Court finds that extending the time is in the child's best interest



Adjudication Hearing: What is the truth or falsity of the allegations in the complaint?



Adjudication Hearings

- The Civil Rules apply
- The Court must determine whether the child was dependent, neglected or abused at the time the petition was filed
- The burden of proof is on the complainant to prove DNA by a preponderance of the evidence

Adjudication Hearings

- All cases involving children in DNA Court shall be heard by the Court – not a jury
- The child, parents, and PECCS each have a right to confront and cross-examine witnesses
- Foster parents, pre-adoptive parents, and relatives providing care to the child have a right to notice, to appear, and to be heard



Disposition Hearing: What is in the Best Interest of the Child?



Dispositional Alternatives to Reunification

- Informal adjustment (dismissal)
- Return the child to home of removal with protective orders such as:
 - Protective orders prohibiting custodians from action or requiring Cabinet supervision
 - Supervision of the child by the Cabinet
 - Any orders authorized in law for DVO (KRS 403.715-785) and IPO (KRS Chapter 456)
- Removal of the child to custody of an individual or agency
- Commitment of the child to the custody of the Cabinet
- Extend or reinstate the child's commitment if requested by the child before he/she turns 19 years of age

Permanent Custody

- District Courts have concurrent jurisdiction with Circuit Court to determine permanent child custody and visitation in DNA cases

Annual Permanency Reviews

- If a child enters foster care, the Court shall conduct a permanency review hearing **within** 12 months and every 12 months that custody and out-of-home placement continues
- The Court shall address the permanency goal:
 - Should the child return home?
 - Should the child be placed for adoption?
 - Should the child be placed with a permanent custodian?
 - If the child is 16 or older, has the Cabinet documented a compelling reason why it is in the best interest of the child to be placed in another planned permanent living arrangement?

42 U.S.C. § 675(5)(C)

Hierarchy of Permanency Options Under ASFA

- Return to the Parent
- Adoption
- Legal Guardianship (Permanent Custody)
- Permanent Placement with a Fit and Willing Relative (Permanent Relative Placement)
- Another Planned Permanent Living Arrangement (APPLA)

<https://youtu.be/HmruKxgqBml>





BONUS

POSS



Mark Wright, Agency Manager
606-673-4642

P
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T



CORRE



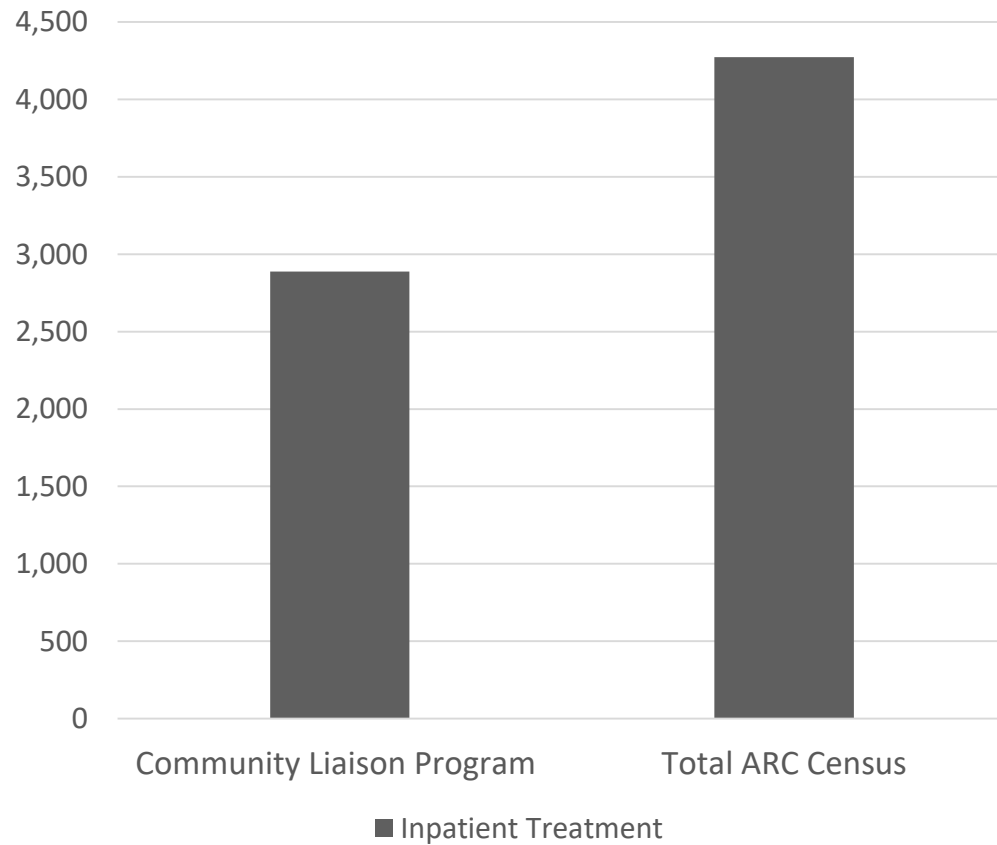
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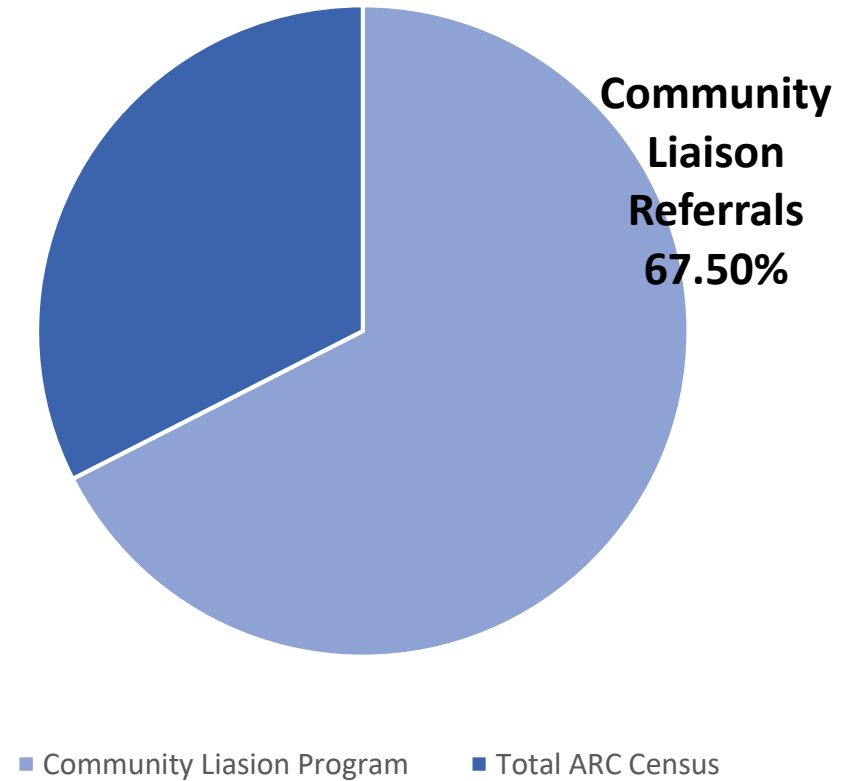
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Inpatient Treatment



Inpatient Treatment

























#WeDoRecover
#GOD is winning
#AddictionRecoveryCure

#freemyfriend

PRAY FOR PAM

WE LOVE YOU!!
- Greater Is He Than In Me Than In The World!



















5'0"

5'1"

5'2"

5'3"

5'4"

5'5"

5'6"

5'7"

5'8"

5'9"

5'10"

Administrative Property

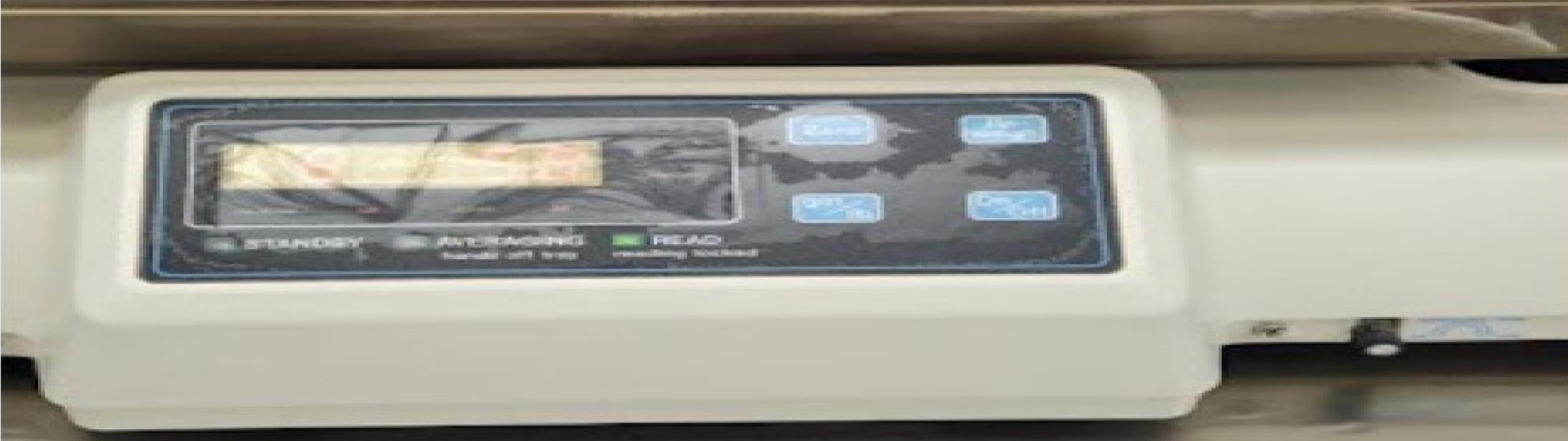
Administrative Property
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Before you
were born
I set you apart
Jeremiah 1:5



















County	State	Drug Overdose Mortality Rate (2013-2017)^	Decline in Drug Overdose Mortality Rate between 2013-2017 and 2008-2012 (deaths per 100,000)
Clay County	KY	29.5	-52.2
Johnson County	KY	38.8	-49.7
Pemiscot County	MO	20.3*	-48.1
Walker County	AL	40.6	-36.2
Floyd County	KY	73.8	-34
Magoffin County	KY	35.6*	-32.8
Breathitt County	KY	46.4	-32
Bath County	KY	44.2*	-30.7
Powell County	KY	70.1	-30.4
Letcher County	KY	46.3	-28.8
Fentress County	TN	21.5*	-28.8
Pontotoc County	OK	22.7	-28.6
Wyoming County	WV	118.1	-27.6
Swain County	NC	24.6*	-27.2
Rockcastle County	KY	43.4	-25.9
Cherokee County	NC	43	-25.8
Wolfe County	KY	48.8*	-23.8
Martin County	KY	54.1	-23.3
Knott County	KY	58.3	-23
Perry County	KY	58.9	-21.7
Grundy County	TN	38.9*	-21.1
Clatsop County	OR	16.8	-20.3
Knox County	KY	55.5	-20
Conway County	AR	15.2*	-19.7
Pike County	KY	51.9	-19.6

^Age-adjusted drug overdose mortality rate per 100,000 for population age 15-64

*Crude death rate

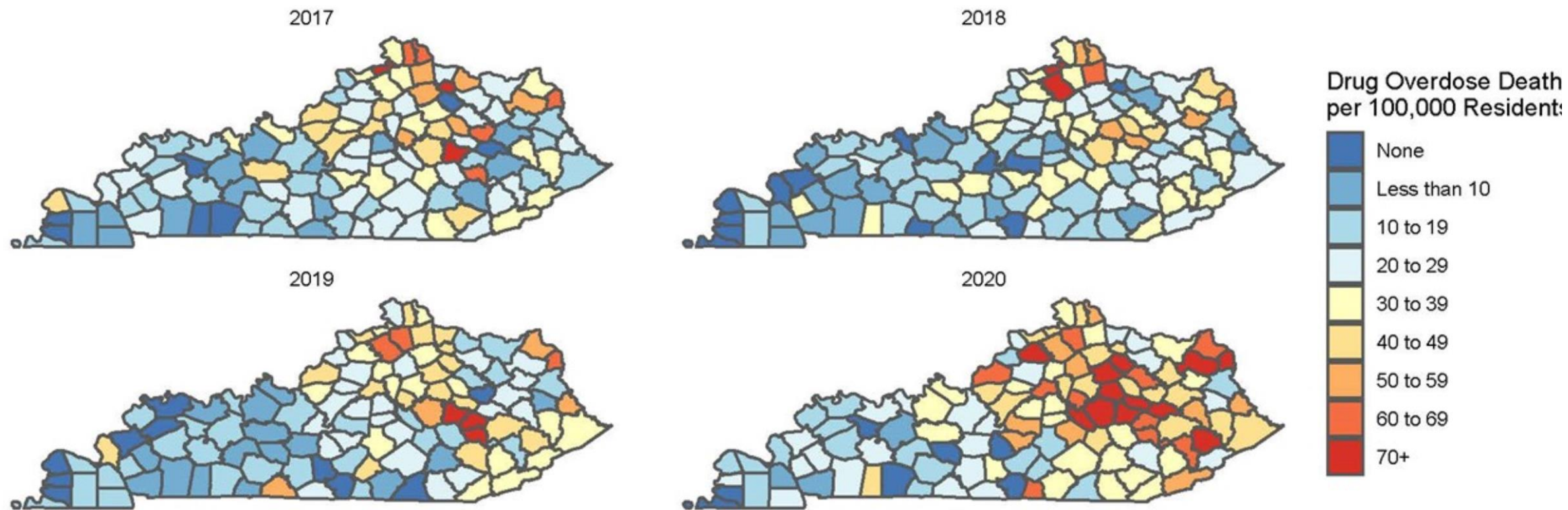
County	Drug Overdose Mortality Rate (2014-2018)^	Decline in Drug Overdose Mortality Rate between 2014-2018 and 2009-2013
Johnson County, KY	33.9 deaths per 100,000	-63.1 deaths per 100,000
Clay County, KY	28.8 deaths per 100,000	-53.6 deaths per 100,000
Pemiscot County, MO	<17.0* deaths per 100,000	-52.1 deaths per 100,000
Walker County, AL	32.0 deaths per 100,000	-42.2 deaths per 100,000
Knott County, KY	50.5 deaths per 100,000	-40.3 deaths per 100,000
Monroe County, WV	35.0* deaths per 100,000	-40.0 deaths per 100,000
Floyd County, KY	72.1 deaths per 100,000	-39.9 deaths per 100,000
Letcher County, KY	42.9 deaths per 100,000	-35.3 deaths per 100,000
Pontotoc County, OK	23.8 deaths per 100,000	-29.4 deaths per 100,000
Itawamba County, MS	<11.9 deaths per 100,000	-27.5 deaths per 100,000
Wyoming County, WV	113.1 deaths per 100,000	-26.2 deaths per 100,000
Johnston County, OK	47.0* deaths per 100,000	-25.9 deaths per 100,000
Magoffin County, KY	33.8* deaths per 100,000	-25.4 deaths per 100,000

County	Drug Overdose Mortality Rate (2015-2019)^	Decline in Drug Overdose Mortality Rate between 2015-2019 and 2010-2014
Knott County, KY	36.0* deaths per 100,000	-63.5 deaths per 100,000
Johnson County, KY	31.7 deaths per 100,000	-56.0 deaths per 100,000
Wyoming County, WV	103.7 deaths per 100,000	-52.0 deaths per 100,000
Floyd County, KY	63.4 deaths per 100,000	-48.2 deaths per 100,000
Clinton County, KY	43.8* deaths per 100,000	-44.3 deaths per 100,000
Clay County, KY	38.2 deaths per 100,000	-41.0 deaths per 100,000
Pemiscot County, MO	<17.4* deaths per 100,000	-38.3 deaths per 100,000
Walker County, AL	30.7 deaths per 100,000	-38.1 deaths per 100,000
Letcher County, KY	45.0 deaths per 100,000	-36.8 deaths per 100,000
Powell County, KY	67.0 deaths per 100,000	-34.4 deaths per 100,000
Monroe County, WV	40.3* deaths per 100,000	-33.7 deaths per 100,000
Leslie County, KY	65.5 deaths per 100,000	-32.8 deaths per 100,000
Union County, KY	25.8* deaths per 100,000	-32.0 deaths per 100,000
Russell County, VA	24.1 deaths per 100,000	-30.4 deaths per 100,000
Boone County, WV	98.1 deaths per 100,000	-29.9 deaths per 100,000
Whitley County, KY	54.4 deaths per 100,000	-29.2 deaths per 100,000
Fannin County, GA	24.6* deaths per 100,000	-27.5 deaths per 100,000
Plumas County, CA	33.0* deaths per 100,000	-27.3 deaths per 100,000
Carbon County, UT	64.2 deaths per 100,000	-27.3 deaths per 100,000
Breathitt County, KY	41.7* deaths per 100,000	-26.5 deaths per 100,000

^Age-adjusted drug overdose mortality rate per 100,000 for population age 15-64

*Crude death rate

Yearly Rates of Drug Overdose Deaths Among Kentucky Residents, 2017–2020



FINAL REPORT

Understanding Declining Rates of Drug Overdose Mortality in Eastern Kentucky

APRIL 2021



NORC AT THE UNIVERSITY OF CHICAGO

FINAL REPORT

Understanding Declining Rates of Drug Overdose Mortality in Eastern Kentucky

APRIL 2021



NORC AT THE UNIVERSITY OF CHICAGO



Questions?





Thank you!
The Honorable Kevin Mullins, Letcher County District Judge
KevinMullins@kycourts.net

