The Blueprint for Kentucky’s Children is a coalition of non-profit, public, and private organizations that stands on three pillars: thriving communities launch strong families, strong families launch successful kids, and successful kids launch a prosperous future for Kentucky.

As the Commonwealth works to overcome the impacts of the COVID-19 pandemic and address systemic racism, the Blueprint speaks with a common voice to create brighter futures for all Kentucky kids and their families.

These policy priorities can be implemented during the 2022 Kentucky General Assembly:

- Allow city and county governments the option to regulate the use, display, sale, and distribution of tobacco products – including e-cigarettes – to curb tobacco use among youth
- Create a Paid Family Leave infrastructure so parents can access 12 weeks of paid leave after the birth or adoption of a child
- Utilize community-based sentencing alternatives that promote both rehabilitation and accountability while factoring in whether a person is a primary caregiver so parents can continue providing for their children
- Establish a minimum age – at least 12 years old – that a child can be charged with an offense and, instead of sending them through the juvenile justice system, connect the child and family to community-based services
- Eliminate “chain of command” reporting procedures within public and private agencies to ensure any disclosures of abuse are reported accurately, in a timely manner, and directly to the proper authorities
- Close a gap in state law that allows agencies to report a suspected incidence of child abuse and neglect by an employee of that reporting agency internally rather than to an external agency
- Require coroners to notify within a 48-hour window and gather necessary information from law enforcement, the Department for Community Based Services, and the local health department upon the notification of the death of a child under the age of 18
- Ensure unemployment insurance is available to survivors of domestic violence, sexual assault, and stalking
- Prohibit mental health professionals from engaging in sexual orientation or gender identity change efforts with a minor by banning conversion therapy
- Allow up to 15 minutes of school instruction time to be used for children to eat breakfast in the classroom
As the Commonwealth works to overcome the impacts of the COVID-19 pandemic and address systemic racism, the Blueprint for Kentucky’s Children speaks with a common voice to create brighter futures for all Kentucky kids.

Kentucky kids and families need a strong state budget. Among the many budget priorities, the Blueprint for Kentucky’s Children hopes to see the following included:

- Ensure investments in Medicaid and KCHIP prioritize closing the remaining gap in health coverage for Latinx children
- Increase Medicaid funding to support health coverage for mothers up to 12 months postpartum
- Boost investments in tobacco use prevention and cessation programming to curb use among youth and pregnant women
- Increase funding for Family Resource and Youth Service Centers (FRYSCs), who work with families to remove barriers to student learning
- Continue funding for full-day kindergarten as an investment in early education outcomes
- Increase per-pupil funding (SEEK) to ensure public schools can help all kids learn
- Increase funding for school-based health providers and access to school-based behavioral health services
- Expand investment in child abuse forensic services – Pediatric Forensic Medicine at Kentucky’s medical schools and Children’s Advocacy Centers – so all children who experience maltreatment can receive the best care and their case can be investigated
- Increase the reimbursement rate for Pediatric Sexual Abuse Forensic Examinations (P-SAFE) to allow Children’s Advocacy Centers to adequately provide necessary services and care for pediatric sexual assault victims
- Protect funding for the HANDS in-home visiting program to ensure this critical service is available to and utilized by new parents across Kentucky
- Bolster investments in the DCBS workforce to improve outcomes of the most vulnerable children and families
- Build an infrastructure for child care that improves access to affordable, high-quality care to allow parents to work, children to thrive, and local economies to grow
- Protect current funding for safety net programs, including KTAP, SNAP, and WIC, and ensure they are not modified in ways that prevent children from receiving needed services

kyyouth.org/blueprintky
Youth tobacco use – specifically e-cigarettes or vaping – is a significant threat to the health and well-being of Kentucky’s future generations. Nearly 90 percent of tobacco users first try a tobacco product by age 18. But, those who don't start using nicotine by age 26 are likely to never start. 

Among current high school e-cigarette users, 43.6% use vapes frequently (20 or more days in past 30 days), and 27.6% use e-cigarettes daily.

These disturbingly high rates of frequent and daily e-cigarette use suggest a strong dependency on nicotine.

Many youth falsely believe these new products are safe. Some don’t even realize they contain nicotine. In reality, e-cigarettes deliver much higher concentrations of addictive nicotine than traditional cigarettes.

And, there is evidence that kids and young adults may transition from e-cigarettes to cigarettes and other drugs.
We must discourage young people from starting to use and becoming addicted to nicotine.

Each year 8,900 Kentucky adults die from tobacco use

119,000 Kentucky kids under age 18 will ultimately die prematurely from tobacco use.

Tobacco companies have grown bolder in their efforts to keep people addicted and misinformed. Efforts include Big Tobacco’s lobbying of watered down and less effective tobacco control measures. This is simply a public relations ploy to appear that Big Tobacco is against youths using tobacco products, yet the tobacco and e-cigarette industries spent more than $788,000 lobbying Kentucky lawmakers in 2020.

Big Tobacco also targets products and promotions to youth and at-risk populations.

Youth report that seeing tobacco product advertising in stores, on television, online, in movies, magazines and newspapers influences their decision to use tobacco.

In Kentucky, local cities and counties do not have the option to govern the marketing and sale of tobacco products in their own communities.

Their only choice is to pass a smoke-free ordinance. But not all communities are ready to go smoke-free. Restoring local control would provide another option and allow communities the ability to safeguard their children from tobacco marketing. In doing so, they would be able to reduce tobacco use and associated costs, as well as improve health for their residents.

Restoring communities’ ability to protect their young people could be done by repealing a 1996 law. That law was passed at the behest of Big Tobacco to prevent cities and counties from addressing tobacco use in their own communities. Restoring these options does not create a mandate; it simply gives communities the opportunity to enact their own protections if the community and elected officials see fit.

Potential local efforts include:

- Requiring a buffer zone for sales of vaping products within certain distance of a school, or
- Limiting visibility of products to under a counter, rather than highly visible at a point-of-sale location, or
- Restricting advertising on marquees or store windows.

Enough is enough. Big Tobacco has restricted local Kentucky communities for more than 25 years. Let’s allow communities to nix the next and prevent a new generation from becoming addicted to nicotine.

Kentucky can...

**Strengthen Kentucky’s Families and Workforce with Paid Family and Medical Leave**

When families welcome a new child home, whether by birth or adoption, working parents should not have to choose between caring for their loved one and risking their financial stability. Paid family leave allows families to be there for the **important first moments** in the lives of their children knowing their employment is secure.

The vast majority of working people do not have paid family leave through their jobs. In Kentucky, even unpaid leave under the federal Family and Medical Leave Act is inaccessible for 62% of working people.

**Paid family leave has proven short- and long-term health and well-being benefits for families:**

- Contributes to fewer low birthweight babies, fewer incidents of pediatric abusive head trauma, fewer infant deaths, and higher rates of breastfeeding
- Promotes parent-child bonding and accessing prenatal care
- Allows mothers time to fully heal from childbirth and reduces likelihood of severe depression in new mothers
- Linked to children having better developmental outcomes, including fewer behavioral problems
- Generates greater income stability for families

**It also has proven returns on investment for employers:**

- Boosts employee morale and reduces turnover
- Creates an incentive for potential employees
- Lever for increased labor force participation

Paid leave means workers – especially women – are no longer faced with the decision to leave the labor force to care for their families, reducing turnover for employers of all sizes and boosting the economy. As a first step measure, Kentucky can allow state employees to access 12 weeks of paid family leave after the birth or adoption of a child.

**Advancing equity in the Commonwealth**

Improving access to this benefit would boost family and economic stability for all eligible families. Paid family leave would reduce health and economic disparities as families would maintain an income and have access to health care as they care for their new child. Nationally, 25% of Latinx and 43% of Black workers report having access to any paid or partially paid parental leave, compared to 50% of White workers.

**Blueprint for Kentucky’s Children Solution:**

Create a Paid Family Leave infrastructure so parents can access 12 weeks of paid leave after the birth or adoption of a child.
Children need their parents to care for them and work to meet their basic needs. Unfortunately, in Kentucky more than one in 10 children have had a parent separated from them due to incarceration—the 6th highest rate in the nation. Having a parent incarcerated can negatively impact a child’s behavioral, educational, and health outcomes. Even short stays in jail for a parent can create negative consequences for children and for the parent’s ability to financially support the family.

To minimize the impact on children, Kentucky needs a system of justice that promotes accountability and reserves incarceration for those who pose a flight risk or risk to public safety.

For parents who have committed a nonviolent offense and do not pose a risk to public safety, there are community-based alternatives to incarceration, like required substance use treatment, parenting classes, vocational training, or mental health services. With a statute similar to Tennessee’s, Kentucky can allow judges more options for imposing these community-based alternative sentences if the person who committed the nonviolent offense is a primary caregiver of a dependent child.

Holding parents accountable in these ways allows them to continue caring for their children and helps them be more successful in contributing to society. Higher rates of incarceration overall impact people’s ability to keep jobs and find employment after release, impacting a community’s workforce.

Utilizing alternative sentencing that allows parents to stay connected to children would minimize the trauma for children of having a parent incarcerated and the disproportionate impacts on Black youth.

**Blueprint for Kentucky’s Children Solution:**

Utilize community-based sentencing alternatives that promote both rehabilitation and accountability while factoring in whether a person is a primary caregiver so parents can continue providing for their children.
Kentucky can...

Keep Young Kids Out of Court

Kids are kids, and we do not expect them to act like tiny adults. Yet, children as young as 5 and 6 years old can be arrested and sent to court. Young children, such as elementary and middle school students, who get in trouble need responses and interventions that address the root causes of their behavior; the juvenile court system is not the place to do that. The formal court process can be traumatic, negatively impact a child’s development and education, and trap children in an increasingly difficult maze of problems.

To ensure safer communities and brighter futures for all kids, Kentucky can make commonsense shifts in how we respond when young children get in trouble by setting an age limit on when a child can be arrested or prosecuted in court.

Children have limited capacity to stand trial. The court system is complex, which is why attorneys must go to law school for 3 years. How can a child still learning to read understand or navigate the legal system? They can’t.

Prosecuting children is costly and ineffective in addressing the root causes of the child's behavior. Given their limited capacity, young children are not likely to be found competent to stand trial. This results in expensive and unnecessary competency proceedings. By connecting children with age-appropriate services in the community, we can hold them accountable while ensuring they grow up into responsible adults.

Black and Brown kids are harmed most. Perceptions that youth of color are older than their actual age, or are more culpable, contribute to more young Black children than their White peers having complaints filed against them – the first step into the juvenile justice system maze. Despite only modest differences in behavior across groups, complaints are filed on young Black children at a rate twice as high as children of other races.

Children are being funneled through the school-to-prison pipeline. Schools refer a large portion of cases to court. By prohibiting the arrest of young children through minimum age of juvenile jurisdiction laws, states can prevent many children from being arrested in school and sent through this pipeline. Prevention-focused approaches by schools, such as restorative justice, and increased partnerships with local organizations to counsel and mentor youth can reduce disparities.

Children and public safety are at risk. Children who are incarcerated are at high risk of becoming victims of physical or sexual abuse and experiencing psychological issues. Incarceration can also increase the chances that youth will commit new offenses which runs counter to public safety goals.

Blueprint for Kentucky’s Children Solution:

Establish a minimum age – at least 12 years old – that a child can be charged with an offense and, instead of sending them through the juvenile justice system, connect the child and family to community-based services.
Kentucky can... Strengthen Efforts to Support Children Who Have Experienced Abuse and Neglect

When children have experienced — or are at risk of experiencing — abuse or neglect, making policy changes and investing in programs that target prevention or family preservation can serve as a catalyst to safely keep families together or reunite families. When child abuse or neglect occurs, children need access to the best care in order to recover and heal and for their case to be investigated.

Keeping children safe is an adult responsibility. Across the Commonwealth, too many children are victims of child abuse or neglect each year.

Kentucky can make commonsense changes to state policy that would support kids who have experienced abuse or neglect:

- Modify mandated reporting law to disallow “chain of command” procedures within public and private agencies. Keeping children safe is an adult responsibility. If maltreatment occurs, it must be reported accurately and in a timely manner directly to the proper authorities.

- A gap in state law allows agencies, such as the county attorney, to report a suspected incidence of child abuse and neglect by an employee to their own agency. Closing this gap in reporting of suspected maltreatment will ensure the report of child abuse or neglect is properly communicated to the appropriate external agencies, not only the agency who employs the adult suspected of abuse, and investigated.

- All Kentucky adults are mandated reporters of child abuse and neglect. Suspected child abuse and neglect should be reported to the Cabinet for Health and Family Services, local law enforcement, the Kentucky State Police, or the County or Commonwealth Attorney’s Office. Call 1-877-KY-SAFE-1

- Require coroners to notify within a 48-hour window and gather necessary information from law enforcement, the Department for Community Based Services, and the local health department upon the notification of the death of a child under the age of 18.

What does the data tell us?

In 2020, nearly 17,000 Kentucky children were found to have experienced abuse or neglect.

There were 22 fatalities and 53 near fatalities due to substantiated cases of abuse or neglect.

(continued on next page)
Kentucky can...

**Strengthen Efforts to Support Children Who Have Experienced Abuse and Neglect**

(continued)

Kentucky can boost investments in the following programs that serve victims of child maltreatment:

- **Funding for pediatric forensic medicine teams and Children’s Advocacy Centers.** The pediatric forensic teams based out of Kentucky’s medical schools, as well as the 15 Children’s Advocacy Centers across the Commonwealth, rely on state funding to provide **critical services for all children who have experienced maltreatment.** Allocating funding to support both of these programs – Pediatric Forensic Medicine and the Children’s Advocacy Centers – will allow for our most vulnerable children to get access to the services they need to heal and have their case investigated.

- **Reimbursement for Pediatric Sexual Abuse Forensic Examinations (P-SAFE).** The current rate does not adequately cover costs for these complex medical exam. Increasing the rate of reimbursement will allow these centers to adequately provide services and the level of care needed by pediatric sexual assault victims.

**Blueprint for Kentucky’s Children Solution:**

Make commonsense policy changes and budget investments that support the investigation of child maltreatment and promote healing for children who have experienced abuse and neglect.
Domestic violence takes many forms, including chronic yelling, controlling behaviors, isolation, threats of suicide or murder, threats involving weapons, threats to take the children, and serious injuries. Many children exposed to violence in the home are also victims of physical abuse. Children who witness domestic violence, or are victims of abuse themselves, are at serious risk for physical and mental health issues that can last a lifetime.

Employment and financial independence are critical for survivors of domestic violence to be able to support themselves and their children. Financial independence can mean the difference between having to remain in or return to an abusive relationship and leaving for their children’s and their own safety.

Kentucky can take steps to remove barriers to permanently leaving an abusive relationship

- Ensure victims of intimate partner violence, sexual assault, and stalking are not ineligible or disqualified from unemployment insurance benefits if their reason for not working is directly related to their experience of abuse, assault, or stalking.

- Through confidential documentation by police or court records, a sworn statement, or other documentation, survivors of domestic violence should be able to access these short-term benefits as they find safety and stability for themselves and their children.

Quick Facts on Domestic Violence and Child Safety

The homicide rate in 2019 for women in the workplace was almost 3X higher than it was for men.

It’s likely that a third of those women were killed by someone they knew, and in most cases, an intimate partner.

In 2020, Kentucky had nearly 17,000 child victims of abuse or neglect and over 50% had family violence as a risk factor, both of which are Adverse Childhood Experiences with immediate and long-term impacts on well-being.

The pandemic has likely exacerbated the issue with prolonged isolation and added economic uncertainty.

Blueprint for Kentucky’s Children Solution:

Ensure unemployment insurance is available to survivors of domestic violence, sexual assault, and stalking.
Kentucky can... Protect the Mental Health and Wellbeing of LGBTQ Youth

All children deserve to be healthy, safe, and hopeful for their future. Currently, that reality is threatened for LGBTQ youth while the Commonwealth still allows the use of harmful practices that seek to change an individual's sexual orientation or gender identity.

Conversion therapy uses a variety of shaming, emotionally traumatic, or physically painful stimuli to make the individual associate those negative stimuli with their LGBTQ identities.

Kentucky can promote the health and wellbeing of vulnerable children by banning conversion therapy.

Children and parents should have access to high-quality, evidence-informed services. Yet, state-licensed practitioners can offer conversion therapy to well-intentioned parents and caregivers who may not understand the risk of long-lasting negative effects on their children.

Conversion therapy is not condoned by the American Psychological Association, American Psychiatric Association, The American School Counselor Association, The American Academy of Pediatrics, or the American Medical Association. Local communities, including Covington, Lexington, and Louisville, have adopted ordinances to ban conversion therapy in an effort to protect LGBTQ youth. Youth across the Commonwealth deserve to grow up in a safe and supportive environment.

In a national study, 2 in 3 LGBTQ youth reported that someone tried to convince them to change their sexual orientation or gender identity. Youth who have undergone conversion therapy are more than twice as likely to attempt suicide as those who did not.

What does the data tell us?

In a national study of LGBTQ teens:

- 39% seriously considered attempting suicide in the past twelve months, with more than half of transgender and non-binary youth having seriously considered
- 71% reported feeling sad or hopeless for at least two weeks in the past year
- 71% reported discrimination due to either their sexual orientation or gender identity

Risks of conversion therapy practices:

- Depression and suicidality
- Feelings of guilt, hopelessness, shame, and anger
- Social withdrawal and loss of friends
- Substance use
- Decreased self-esteem and authenticity to others
- A loss of faith
- Hostility and blame toward parents
- High-risk sexual behaviors

Blueprint for Kentucky’s Children Solution:
Prohibit mental health professionals from engaging in sexual orientation or gender identity change efforts with a minor by banning conversion therapy.
Students who eat school breakfast are more likely to perform better on tests, attend more days of school, and graduate from high school. Despite this, just over 6 in 10 Kentucky low-income students who eat school lunch through the free and reduced priced school meal program are also eating school breakfast daily – meaning there are over 140,000 kids missing breakfast.

**Recognizing the connection between school breakfast and academic achievement, we must rethink how and where school breakfast is served to close this participation gap and ensure kids have the nutrition they need to succeed.**

Schools traditionally serve breakfast in the cafeteria before the start of the school day, but too many kids miss out because of late arrival times, stigma, and other issues. **One in 6 U.S. students are chronically absent** – meaning they miss at least 3 weeks of the school year. When schools make breakfast a part of the school day by serving it in the classroom or through other models outside of the cafeteria, there is improved student attendance, fewer disciplinary issues, and higher test scores.

A student eating school breakfast tends to do better in school and attend class more frequently, which leads to greater job-readiness and self-sufficiency after high school. These students, therefore, are set on a path to become less likely to struggle with hunger as adults.

By allowing schools the administrative flexibility to use up to 15 minutes for students to have breakfast in the classroom, such as while attendance is being taken, students won’t miss out on a free meal or important instructional time and can be set up for more academic success.

**Blueprint for Kentucky’s Children Solution:**

Allow up to 15 minutes of school instruction time to be used for children to eat breakfast in the classroom.

---

**Research on the “Breakfast After the Bell” program:**

- Serves breakfast as part of the school day
- Reduces absenteeism by an average of 6%
- Has led to improvements in reading achievement and “internalizing behaviors,” such as anxiety, loneliness, and sadness

**18% of kids in Kentucky live in a food insecure household**

Income losses during the pandemic resulted in many more families needing food assistance. **In 2020, 26% of Black, 20% of Latinx, and 13% of White households with children experienced food insecurity.**

---

**18% of kids in Kentucky live in a food insecure household**

Income losses during the pandemic resulted in many more families needing food assistance. **In 2020, 26% of Black, 20% of Latinx, and 13% of White households with children experienced food insecurity.**
Kentucky can...

Ensure Children and Families Continue to Access the Healthcare They Need

Kentucky’s outreach and enrollment efforts for the Kentucky Children’s Health Insurance Program (KCHIP) and Medicaid have resulted in 96% of children having health coverage, and these programs have been key in keeping children covered during the COVID-19 pandemic as many parents lost employer-sponsored coverage.

- KCHIP and Medicaid ensure children in low-income families can access health coverage that allows them to visit healthcare providers or utilize telehealth services to address physical, behavioral, oral, and vision health needs. While efforts to connect children and parents to health insurance and improve telehealth utilization have narrowed disparities in coverage and accessing care for most populations, gaps remain for Latinx children.

Kentucky can boost outreach and enrollment efforts with the Latinx population that is culturally relevant, with trusted messengers, and with appropriate interpretation services.

- Parents’ health and access to health insurance coverage, especially for mothers, affects the health and well-being of their children. Postpartum is a vulnerable time for new mothers and their baby, and this is especially true for women on Medicaid, many of whom are at risk of losing their health insurance coverage just 60 days after the end of pregnancy. Despite the increased risk of postpartum death and illness, up to half of women do not receive routine care after birth, regardless of whether they experienced complications during pregnancy or not.

What does the data tell us?

- Half of maternal deaths are post-pregnancy, and over 3 out of 4 are preventable.
- In Kentucky, the rate of Black mothers dying within one year of giving birth is more than twice the rate for White mothers.
- Child health coverage rates by race/ethnicity:
  - 97% of Black children
  - 96% of White children
  - 91% of Latinx children

Advancing equity in the Commonwealth

Black and Latinx communities have been impacted especially hard by COVID-19 due to pre-existing disparities that result from a variety of historic and present-day factors, ranging from unequal access to health coverage and care, to being more likely to live in areas with less healthy food, along with education and employment barriers that have concentrated Black and Brown people in lower wage jobs. Kentucky must ensure an equitable, healthy pandemic recovery for these Kentuckians.

The American Rescue Plan Act of 2021 provided states the flexibility to expand Medicaid postpartum coverage up to 12 months effective April 2022. Kentucky can take the critical first step of submitting a state Medicaid plan amendment and allocate Medicaid funding to ensure new moms have continuous, uninterrupted access to care to address their ongoing health needs up to 12 months postpartum.

Blueprint for Kentucky’s Children Solution:

Ensure investments in Medicaid and KCHIP prioritize closing the remaining gap in health coverage for Latinx children and increase Medicaid funding to support health coverage for mothers up to 12 months postpartum.
Kentucky will have the strongest economy and financial stability for families when all children have the opportunity to achieve their full potential through education. Every student can succeed academically when provided trauma-informed and supportive school environments and access to sufficient resources. Yet there are multiple factors, like lack of cultural understanding and differing teacher expectations, contributing to large numbers of Black and Brown children being left behind. In Kentucky, 84 percent of Black and 83 percent of Latinx students are graduating on time, compared to 91 percent of White students.

During the pandemic, public schools have been critical in connecting families to the resources needed to continue learning, access meals, and receive school-based health services and other supports. Schools will continue to be a critical pillar for students, families, and communities as the Commonwealth recovers from the impacts of COVID-19.

Many policy and practice changes are needed to set kids up for success and on a path towards a brighter, healthier future. Among the many budget investments that Kentucky can make, the Blueprint for Kentucky’s Children hopes to see the following included:

- **Continue funding for full-day kindergarten.** In 2021, the General Assembly invested in the early education outcomes by allocating funds to support full-day kindergarten for the next school year. Full-day kindergarten boosts students’ academic achievement and strengthens their social and emotional skills. It allows teachers more quality time to engage in constructive learning activities with students. It gives parents access to better learning and care for their children, and fewer disruptions than half-day programs. Kentucky can allocate funds to ensure earlier learners have access to full-day kindergarten and are set up for success.

- **Increase per-pupil funding to ensure public schools can help all kids learn.** As Kentucky looks for what our students need, the primary school funding formula – or SEEK funding – needs to be protected from any budget cuts and investment dollars should be adjusted to keep up with inflation.

(continued on next page)
Increase funding for school-based health providers and access to school-based behavioral health services. The Expanded Care Services policy, enacted in Kentucky through the 2019 School Safety and Resiliency Act, allows school districts to now bill Medicaid for health services provided to eligible students within the school building or virtual school setting. During this time of heightened social and emotional needs, schools, healthcare providers, and other entities interacting with children and families must elevate efforts to identify signs of stress, anxiety, and depression. School districts can use this funding stream to connect students with necessary physical and behavioral health screenings, counseling, immunizations, and preventive dental care. Kentucky can ensure school districts, especially in rural areas and for communities of color that often lack access to behavioral health providers, have the information and resources needed to leverage this opportunity to improve student health and well-being.

In 2020, the Kentucky General Assembly funded school-based mental health service providers in all 171 school districts. According to updates to the School Safety and Resiliency Act, a school-based mental health provider is defined as an EPSB certified school psychologist, school counselor, or school social worker, among other licensed professionals. While this funding was an important catalyst, school districts have experienced difficulty finding qualified mental health practitioners to fill these positions. Kentucky can increase funding to attract qualified professionals, and to be more equitable and sustainable for districts.

Increase investment in Family Resource and Youth Service Centers. Family Resource and Youth Service Centers (FRYSCs) enhance student success by making referrals to health and social services, connecting families to afterschool care, supporting kinship caregivers, and more. As demonstrated in school districts across the Commonwealth during the pandemic, they are integral in providing tools for families to remove barriers to student learning. For a school to be eligible for a FRYSC, 20% or more of enrolled students must be eligible for free or reduced-price school meals. While the number of students receiving free lunch has risen, the FRYSC-per-student allocation has not kept up.

Blueprint for Kentucky’s Children Solution:

Continue funding for full-day kindergarten, increase SEEK funding, increase investment for school-based mental health providers, ensure dedicated resources to implement the Expanded Care Services policy in schools, and increase investments in Family Resource and Youth Service Centers.
Parenting is tough, and the lack of knowledge of how to handle typical child behaviors can make it more stressful. When parents enter evidence-informed home visitation programs, like the Health Access Nurturing Development Services (HANDS) program, early in the pregnancy, the effects are dramatic – from birth and maternal health outcomes to lowered incidences of child abuse.

HANDS provides free, voluntary in-home services for any expectant or new parent seeking support and education throughout pregnancy and the first two years of the baby’s life.

The home-visiting program is proven to support parents in giving their child a strong start in life by promoting safe environments for optimal care and information on healthy development for children from birth to age three:

- **Adequate prenatal care.** Families who participate in HANDS experience adequate prenatal care, which is important to the health of both the mother and the baby. Prenatal care performs a variety of critical functions, such as monitoring the fetus’ development, screening and treatment for medical conditions, and patient education on behaviors that jeopardize the health of the baby.

- **Fewer low birthweight babies.** Evidence shows that families who participate in HANDS have fewer low birthweight babies (less than 5.5 pounds). Serious health problems for low birthweight babies can include developmental and intellectual disabilities, cerebral palsy, and vision and hearing loss. Low birthweight babies are 5 times more likely than those born at average weight to die within their first year.

- **Fewer complications during pregnancy and delivery.** Families who participate in HANDS have shown to have healthier, safer pregnancies and deliveries.

- **Connections to community resources.** Participation in HANDS can help to better connect families to resources in their community to help ensure they have what they need to be successful. Families able to meet their basic needs are able to prioritize health and safety.

- **Increased parenting skills.** HANDS mentors teach parents how to care for, bond with, and provide enriching learning experiences, along with how to create a safe and healthy home. The program teaches discipline techniques, anger management skills, and how to deal with the stress of being a new parent.

Blueprint for Kentucky’s Children Solution:
Protect funding for the HANDS in-home visiting program to ensure this critical service is available to, and utilized by, new parents across Kentucky.
Social workers play a critical role in the child welfare system by protecting the well-being of children and supporting families in need. In 2020, nearly 17,000 Kentucky children were found to have experienced abuse or neglect. Of the children who were abused or neglected, there are currently over 9,000 children in out-of-home care and, of those exiting foster care, more than one in three are reunited with their family safely.

Ensuring that the needs of children who experience or who are at risk for maltreatment are addressed is critical to mitigating the lifetime ripple effects of Adverse Childhood Experiences, which result in higher risks for health and mental health issues, and poorer economic and employment outcomes.

- **A qualified and stable child welfare workforce is the foundation of the child welfare system.** Within the Kentucky Cabinet for Health and Family Services, the Department for Community Based Services (DCBS) must be equipped to adequately meet the challenges impacting children and families. Each day, social workers face critical decisions about the lives of these vulnerable children while working in stressful environments with high caseloads, safety concerns, and limited training and resources. These conditions, coupled with low salaries and administrative burdens, affects the recruitment and retention of qualified staff.

- **Caseworker turnover impacts child outcomes by taking experienced workers out of the field and slowing down work on a child’s case.** Fewer case workers impact timely investigations of allegations of child abuse or neglect, overseeing families where problems are identified, families connecting to needed counseling or substance use treatment, or help for children in foster care traumatized by maltreatment.

With solid education and training, supervision and support, and access to the appropriate resources, social workers can effectively serve children and families involved in child welfare system. Continued investment in recruiting and retaining quality DCBS staff will increase chances of stability for families and permanency for children and promote smart fiscal outcomes for the state budget.

**DCBS staff turnover is costly to an already stressed state budget with a national average of $54,000 lost for each worker who leaves a state agency.**

**Blueprint for Kentucky’s Children Solution:**

Bolster investments in the DCBS workforce to improve outcomes of the most vulnerable children and families.
Access to high-quality, reliable child care allows parents to get and keep a job, sets children up for success in school, and strengthens Kentucky’s economy. Yet, many Kentucky families struggle to afford any kind of child care, much less safe, high-quality care. Unstable child care translates into direct costs for employers through employee absenteeism, tardiness, and reduced productivity.

As Kentucky recovers from the pandemic, access to child care is essential to help parents enter and stay in the workforce:

- Adequate child care provider payment rates and increased eligibility for low-income, working families
- Safe, reliable child care centers that can adequately compensate teachers
- Parents can go to work knowing their children are safe and learning
- Thriving families and local economies across the commonwealth

While recent federal relief measures have helped child care centers keep their doors open, continued state investment is needed to maintain and build the supply of child care, particularly for parents who struggle to afford it.

Nearly 100,000 Kentucky women have left the workforce during the pandemic due to child care issues and school closures.

40% of working-age Kentuckians cited caregiving responsibilities as reasons for not working this year.

HALF of Kentucky communities are child care deserts, where families have limited or no access to child care.

The lack of available child care in Kentucky accounts for $573 million in lost earnings, business productivity, and tax revenue.

Blueprint for Kentucky’s Children Solution:
Build an infrastructure for child care that improves access to affordable, high-quality care to allow parents to work, children to thrive, and local economies to grow.
Kids do best when their parents and caregivers can find stable jobs in their community and are able to earn enough money to put food on the table, provide a safe home, have time to meaningfully engage with their child, and have the resources to take care of health and other needs. However, many Kentucky children and families live in communities that have suffered from lack of investment and subsequently, offer few stable job opportunities.

Safety net programs, including SNAP, WIC, and K-TAP, play a critical role in making sure families struggling to make ends meet can have food to eat, cover basic family needs, and access other supports and services needed to thrive.

- The **Supplemental Nutrition Assistance Program (SNAP)** helps low-income families meet their nutritional needs by providing an EBT card that can be used to purchase groceries. For every one meal a food bank provides, SNAP provides nine. SNAP is associated with improved nutritional outcome for children and improved health and economic outcomes.

- **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** provides pregnant women and low-income families with young children with an EBT card that can be used to purchase nutritious food from a pre-approved plan, as well as performs regular health screenings for babies and children. Children receiving WIC score higher on mental development assessments at age 2, and children whose mothers participated in WIC when they were in utero have been shown to perform better on reading assessments.

- The **Kentucky Transitional Assistance Program (K-TAP)** provides short-term financial assistance to families in need and helps families find jobs or job training programs. This financial assistance can help families purchase necessities, such as a crib or school supplies.

(continued on next page)
With the cost of housing, food, and transportation, most families need an income of at least twice the official federal poverty level (FPL) to cover their basic needs. For many families, recovering financially from the pandemic will extend well beyond the public health crisis, necessitating continued assistance.

Kentucky will be strongest when all children have their best chance to thrive. For communities of color, the lack of opportunities has resulted in significant differences in income by race. This wealth gap multiplies across generations and contributes to the persistent high rates of Black families living in poverty and earning incomes too low to meet even basic family needs. With the structural factors that have contributed to higher rates of poverty among families of color, such safety net programs help families meet basic needs and must offer equitable access.

BluePrint for Kentucky’s Children Solution:

Protect current funding for safety net programs, including KTAP, SNAP, and WIC, and ensure they are not modified in ways that prevent children from receiving needed services.