Kentucky Citizen Review Panel for Child Protective Services

Annual Report
2012

Prepared by members of the
Kentucky Citizen Review Panels and Blake L. Jones, Ph.D.

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Acronyms contained in this report and their meanings:

CRP  Citizen Review Panels  
CFHS  Cabinet for Health and Family Services  
CPS  Child Protective Services  
SRA  Service Region Administrators  
QSR  Quality Service Review  
CQA  Continuous Quality Assessment  
DCBS  Department for Community Based Services  
SOP  Standards of Practice  
RNC  Recruitment and Certification  
PPIP  Program Improvement Plan

Web sites:


National Citizen Review Panel Virtual Community:  www.uky.edu/socialwork/crp

** Recommendations are in BOLD
Dear Colleague,

Thank you for taking a moment to read the 2012 Annual report of Kentucky’s Citizen Review Panels. The Panels were formed in 1999 as a result of a federal amendment to the Child Abuse and Prevention Treatment Act. There are over 50 Panel members serving on two regional and one statewide panel, representing hundreds of volunteer hours. The Panels’ federal mandate is to evaluate the policies and practices of the Kentucky Department for Community Based Services (DCBS) and to make recommendations for the improvement of child protective services. In turn, DCBS is required to respond to the Panels’ recommendations—in writing—within three months. This report and the recommendations and responses from previous years can be accessed electronically at http://www.uky.edu/SocialWork/trc/kycrp.htm

I would like to emphasize that this report was written by the Citizen Review Panel members themselves. Within their recommendations and rationale, I hope you will see their deep commitment to assisting DCBS in better protecting Kentucky’s children. The Panels are part of a larger network of Panels throughout the nation and this national network may be viewed at www.uky.edu/socialwork/crp

I would like to especially thank the capable Chairpersons for each Panel who worked tirelessly to lead their teams in this difficult work: Dr. Crystal Collins Camargo, Angela Cleveland-Holecek, and Reverend Vicki Garber. Thanks also to our Frankfort-based liaison, Gayle Yocum, for her many years of supporting the Panels. Finally, thank you to Kristy Kidd and Crystal Settles, our regional liaisons. Their work is so important in insuring that the Panels have the information they need to do their important work.

This is a public report and may be shared with anyone. We hope that it will become part of the larger conversation about each of our responsibilities in protecting our state’s children and serving families. Thank YOU for the many ways that you do this every day.

Blake L. Jones, Ph.D., KY CRP Program Coordinator

“Listen to the mustn'ts, child. Listen to the don'ts. Listen to the shouldn'ts, the impossibles, the won'ts. Listen to the never haves, then listen close to me... Anything can happen, child. Anything can be.” ~ Shel Silverstein
Statewide Citizen Review Panel

Reverend Vicki Garber, Chair

Gayle Yocum*  Tammy Stanley  Ken Schwendeman
Angela Harris  Darlene Benzick  Kathy Sykes
Geri Willis  Rhonda Simms  Rev. David Jones
Verne Webb  Lisa Gabbard  Kate Goodenough Hackett
Rhonda Simms  Jerry Cantrell  Kim Reynolds
Tonya Barr  Cathy Lee  Debbie Birdwhistell
Dianna Lawson

*DCBS Liaison

The Statewide Panel again had two major areas of study and concern for this year’s review. One team (The Community Partners Team) studied and made recommendations in the area of Community Partners, specifically perceptions on the part of both community partners and DCBS workers regarding the way that they work together. The second team (The Child Placement Team) continued its study which began last year on the issue of child placement in cases involving the court. The Child Placement Team gained insight into the magnitude and difficulties of the issues in gaps in services between those adjudicated children whom the courts have placed in the care of the Department of Juvenile Justice and those receiving services from DCBS and made
recommendations in the form of an appeal to the Governor for the establishment of a special task force to further study the issue and make recommendations for changes. In addition to these two areas of study and recommendation, the Statewide Panel continued its tradition of sponsoring and providing a working conference entitled “What Works in Child Welfare”. This year’s conference was held in Crestview Hills, Kentucky and provided opportunities for Continuing Education Units on pertinent issues with quality presenters. The conference was attended both by DCBS workers and Community Partners and this year also brought together a panel of presenters that included the court and those with expertise in issues of domestic violence.

Activities and conclusions:
The Statewide Panel began its yearly work with an overnight retreat held jointly with the Bluegrass Panel and the Jefferson Panel. The retreat gave the panels an opportunity to find ways to work together, take advantage of the accumulated wisdom and expertise on the panels, and to strategize our areas of concern for the upcoming year. Subsequently, we met regularly via teleconference, email and face to face meetings (our thanks to Word of Hope Lutheran Church in Lexington, Kentucky for donating meeting space throughout the year). In addition, each working team, under the direction of their team co-leaders, worked independently via email and teleconference.

The Community Partners Team: met regularly via teleconference and email. Work included:

- The creation of a survey that was widely distributed via email to community partners, designed to discern their working perceptions and relationship with DCBS. See survey results Appendix A.
- The creation of a survey, in conjunction with the DCBS leadership, which was widely distributed via email to DCBS workers at various levels, designed to discern their working perceptions and relationship with Community Partners. See Survey results Appendix B.

Note: an important caveat about both of these surveys: They were not conducted as scientific studies in terms of random sampling, norming the questions for validity and
reliability, etc. The surveys were sent via email, thus they were distributed as a sample of convenience only. This should be noted in any discussion of the data, and we are not claiming that the findings are generalizable throughout Kentucky. However, the Panel does believe that the data which were obtained are useful in its understanding of the relationship between community partners and DCBS. We want to stress again the Panel’s main objective is to work with DCBS in strengthening policy, practice, and procedure, and ultimately improving the lives of Kentucky’s children and families.

Commentary
In general, both surveys elicited a strong response from community partners and DCBS workers. The strength of the response was seen both in numbers and in passion. Data from both surveys indicate that much good is being done but that there is also room for improvement. The number of responses alone reveals a high level of commitment to work together for the benefit of the children of Kentucky.

**Community Partner Survey (Appendix A):** Total respondents, 615, with region breakdown in survey results. Underlying strengths are: 1) the range of respondents’ age; 25 to over 55 years old, and 2) strong education background, 64.4% graduate degree, 29.8% Undergraduate degree. The highest response rate is from schools (58%) with responders in a variety of roles, mostly counselors. Responses from this group are indicative of being interested and wanting to be involved. This was followed by 13.5% of respondents from mental health, and 9.3% from social service agencies.

1. **Strengths/Positives:**
   - Attend Meetings with DCBS and Families: 25.5% indicate they attend 6 or more meetings per year, followed by 19.0% 3 to 5 times per year.
   - Initiate call to DCBS: 3.7% daily; 4.1% - 2 to 3 times per week; and 25.7% - 2 to 3 times per month.
   - Questions related to why DCBS is contacted indicate that communication can go both ways: provide information, gather information.
2. **Challenges:**
   - Community partners answered Neutral overwhelmingly when asked about satisfaction about county office, regional office, and central office. It is hard to discern the meaning of this data; is this a group that can be engaged, are they tired, have they lost hope in effecting the outcome?
   - Community partners discussed services available that DCBS admitted to not being aware of. This results in DCBS families not being able to take advantage of services that could benefit them.

3. **Themes from Survey’s Open-Ended Comments:**
   - Centralized Intake/Hotline: 10.5% positive, 70% negative, 19.2% neutral. These comments indicate real issues and frustration with the current system of centralized intake.
   - Returning Calls: 5.2% positive, 84.2% negative, 10.5% neutral. These comments indicate real issues and concerns with regard to the current patterns of responding to request for communication.
   - Working together while respecting confidentiality: 11.5% positive, 65.3% negative, 23% neutral. These comments indicate issues in the area of confidentiality and may reflect the sense that certain regulations tie the hands of those who are trying to work together for the sake of the child.

**DCBS Survey (Appendix B):** Total respondents, 504, with region breakdown in survey results. Underlying strengths are 1) there were many respondents who responded very quickly, and 2) there was a high level of respondents from direct services staff. (Respondents were 61.7% direct line workers, 15.2% supervisors, and 15% support staff. Investigative (23.6%), Ongoing (27.2%), and Generic (28.4%) teams comprise the most respondents.) The education background of respondents were high: 37.7%, graduate degree; 53.1% undergraduate degree, and 9.2% high school diploma.
1. Strengths and positives
   - Information gathering, making efforts to involve community partners to strengthen information on children and families. Responses indicate that DCBS are making great efforts to engage community partners:
     - 48.2% call community partners to gather information
     - 25.2% call to provide information
     - Initiate Call to Partners: 14.5% - daily; 30.6% - 2 to 3 times per week; 20.4% - 2 to 3 times per month

2. Challenges
   - A challenge in DCBS Survey is that there were many responses to questions, “Does Not Apply Due To My Role”. This data created more questions than answers. This is especially concerning because 61.7% of respondents report being direct line staff. Recognizing there would be some respondents that may need to choose Does Not Apply as a response, it was startling, begging the question, are many staff not involved in the work of protecting children? For instance, how are the 26.6% responding “Does Not Apply” to the question around Meetings with Community Partners and Families touching the lives of children involved with DCBS? Or the 34.7% responding “Does Not Apply” to Number of Meetings Initiated? Or the 33.9% who have not made a telephone call on behalf of children involved with DCBS? Are these staff disconnected from the work of protecting children, and specifically, are there elements of accountability in their job descriptions/role that connect what they do to protecting children?

The following steps were made to develop recommendations:
1. Identify common themes within the challenges identified (striking issues or problems asserted through the data);
• Dissatisfaction with response of DCBS system, no information shared upon a report of suspected abuse being made.
• So few resources available for families.
• Lack of communication.
• 58% of respondents were from schools. They report not being engaged when children from their school have an open case, or even move into foster care.

2. **Provide a context** for the themes in the work of Child Welfare (how the issues or problems affect Child Welfare work from partners, Child Welfare work from DCBS);
   • Both surveys indicate a need for increased communication, with perhaps, each wanting the other to be responsible. However, to provide context to this, based on the results of the 2 surveys, of Community Partners responding, 9.8% think better communication from their organization can improve relationship between partner and DCBS, while 38.1% of DCBS respondents think DCBS could provide better communication to improve relationship between DCBS and community partners. Although survey results are not generalizable across the state, this information could be indicative of a higher level of readiness among DCBS respondents to work through improving communication between themselves and partners, thus work can be planned at the state and regional levels around formally engaging community partners. As well, speaks to opportunity to improve readiness of community partners in their work with DCBS in general.

• Lack of communication, relationship building, information sharing, leads to untimely gathering of information (working in both directions), exacerbating the child protective services process at the front end of the process. Delays early-on lead to frustration for entities that would like to help children, with the bureaucracy getting into the way.

3. **Frame for recommendations**: (doable) objectives that DCBS can aspire to work through to strengthen relationships with community partners.
The Child Placement Improvement Project: met regularly via teleconference and email. In addition, the group met with at least one legislator and advisers from DCBS. Work included:

- Identify affected group and individual case considerations for those children who do not neatly fit into assignments to DJJ, DCBS, or non-treatment.
- Determine problem scope and depth.
- Develop solution alternatives.
- See “Letter to the Governor” Appendix C

The Child Service Placement Improvement Project Group has been working on determining the issues surrounding the perceived gap in services between those adjudicated children whom the courts have placed in the care of the Department of Juvenile Justice, and those children who are receiving services from DCBS. As part of this initiative, the agency stakeholders most involved have been engaged in an effort to coordinate the research and resolution of the problem. DCBS staff were instrumental in establishing such a meeting in the DCBS Commissioner’s Conference Room on February 2\textsuperscript{nd} of 2011. A second meeting, held June 23, further advanced the project. Additionally, the group met with Court Designated Workers, the Administrative Office of the Court, and Department for Juvenile Justice to discuss increased cooperation around sharing data.

The group has been engaged in obtaining data from the participating agencies, as the group did indeed feel that there is a problem regarding placement of children requiring services. The project seeks to determine the true scope and depth of the problem with the agency data, and then develop solutions along with drafts of any changes to policy documents, regulations, or statutes that are necessary to effect the necessary changes. The data will also be used to prepare briefings for decisions and support from the appropriate policymakers.

The group consensus is that there exists a shortfall, or gap, in service provision for those children who do not obviously or cleanly fit into the DCBS or DJJ systems. The courts do their best, but there need to be three options for service provision case management systems, with the third system managing the cases of those children who do not fit with DCBS or DJJ.
The core of the problem is that while there is a wide spectrum of service provision needs, the existing agencies only cover the two ends of the spectrum, not meeting in the middle—much less overlapping. The need is for an active case management structure in the center of the spectrum, that meets DJJ on one end and DCBS on the other—a structure that fits tightly enough so that no gaps exist for a child to fall through, and with case criteria so clearly stated that the courts have a proper place to assign children for services.

The point of this project is not to address the relative merits of the Consent Order, or any agency—it is to address today’s problems. It is instructive, however, to have some understanding of history to better frame our understanding of the current situation. Prior to the Federal Consent Order which resulted in the creation of DJJ in 1996, all service provision fell to DCBS. The Consent Order came out of same bad situations that had to be addressed. Children were being held in jails in contact with adult offenders—with the obvious bad results. However, as all cases were managed by DCBS, an interagency case management gap did not exist. There was, though faulty, a wider spectrum of services available under the direction of one agency. Now, when a child does not fit into DCBS or DJJ, when they are not committed or probated to an agency, they are “probated to the court”. This is where the case management fails. The court is not equipped with the staff to manage these cases. Another problem with the current structure is mal-assignment of children either to DJJ or to DCBS, because the particulars of the child’s case don’t clearly indicate an obvious choice.

A possible solution the group discussed was to have a Pre-Court court designated worker, and/or to use the County Attorneys as gatekeepers for the system. In any event, a solution will have a budgetary impact, which means the scope of the problem must be precisely identified and the potential solutions both carefully researched and coordinated with the stakeholders.

The group returned on June 23, 2011, with agency specific information and data surrounding the problem. The data identified part of the “gap” children affected in a year, and to some degree, how many children transferred between multiple agencies or probated to the court. The data does not contain personal identifying information, in order to protect privacy.
During the June meeting, it became apparent that the legislature has begun work on the problems associated with “status offenses”, which includes the general consensus that much of the “gap” is the result of the existence and current application of “status offenses”. A significant portion of “status offenses” include truancy. Current Kentucky truancy statutes add significantly to the number of youth adjudicated with a “status offense”.

Rep. Flood is sponsoring legislation that would change our current “status offense” statutes. It appears that the affected state agencies are working with her along the same lines as our concerns.

Given that several of the group are involved in lobbying the General Assembly on behalf of their respective agencies, and that these agencies want to solve the problems of “status offenders” and close the services gap (our concern), our efforts may be best directed in participating in their coalition in support of legislation that should at least significantly narrow the child services gap to a manageable span.

Recommendations:

Recommendation of the Community Partners Team:

1. **That DCBS make a stronger effort to engage the School (counselors and others) to provide more supportive services.** Develop a plan to increase communication between DCBS and schools across the state. Provide more sophisticated services to families than FRYSCs. That this information be seen as an opportunity for establishing, nurturing, and measuring working relationships between DCBS and school personnel, which can serve to increase knowledge about and attendance at Family Team Meetings and Case Planning Meetings, as well as reduce frustration for community partners around reporting abuse and neglect.

2. **That DCBS encourage and train workers to increase communication with Community Partners**, including but not limited to: relationship building, information sharing and gathering, reducing delays. This should include training,
across the state, regionalized: DCBS staff on community resources available in the community, how to connect with them on behalf of children and their families. In each region, an intentional plan on developing rapport and dialogue that serves to enhance future services for children and families that more closely align with the needs of DCBS families and children.

3. **That community partners be informed or offered training** on more than just the reporting laws; share information regarding what supporting information helps. In each region, an intentional plan to engage community partners’ leadership in dialogue and planning around services to help meet the needs presented by families and children who served by both DCBS and partners; identifying shared objectives DCBS and partners have around improved outcomes for children and families.

**Recommendation of the Child Placement Team:**

1. **That we (CRPs and DCBS) continue to support legislation** that addresses gap children issues.

2. **That we ask Rep. Flood and perhaps others to sponsor a bill that creates a Task Force** to study the issues of Gap Children and that a representative of the KY CRP be included in the bill as a voting member of that Task Force.

3. **Follow up with the Governor** regarding the recommendation for the establishment of a Task Force.
Crystal Collins Camargo, Ph.D., Chair

The Jefferson County panel developed its strategic plan for this year at the August Retreat and approved it at the September Meeting. It was decided that the focus would be on generating findings related to the selected topics based on the data analyzed, to which the child welfare system should respond, rather than placing emphasis on recommending particular actions which may or may not be the best approach to address the issue. Specific recommendations can be somewhat easily dismissed if the details of the recommendations conflict with rules or structures, and may not result in the consideration of appropriate action to resolve the core issue. Making findings, instead, clearly states
the issue and invites dialogue regarding how it may be best addressed. Therefore, the Jefferson County Panel’s report emphasizes the findings made.

The panel decided to focus on two primary topics for the year: mandated reporting, and worker perceptions related to their work and how that may impact clients. The mandated reporting goal was completed in December 2011. Work related to worker morale and overall perceptions of their work began in January 2012 and will continue into the next year. The Jefferson County panel met monthly as a group to complete their work. What follows is a restatement of each of the goals and objectives, a summary of actions taken related to completion of the goal, and findings of the panel based on evidence collected.


Goal: To assess reporting from mandated reporters and promote appropriate fulfillment of reporting responsibilities

a. Objective: Assess the extent to which mandated reporters are reporting maltreatment with particular attention to professional groups and systems

b. Objective: Determine if there are particular groups (i.e. particular schools or hospitals) who are not reporting appropriately and explore contributors to this (such as training; administrative policy)

The CRP has taken the following steps to address this goal:

- Conducted a straw poll of professionals and other community members to which 153 responded which revealed general information about local awareness and needs
- Obtained information from PCAK and DCBS on availability of training on reporting.
- Reviewed data comparing Jefferson County to the state and nation regarding reporting sources (SFY 10/11), and CPS FACTS reports generated by the Cabinet. Also reviewed data provided to RCCW regarding reporting by specific hospitals and schools in 2009,
- Although we desired a focus group to gather perspectives from a wider range of people, we were only permitted to interview the hotline supervisor and
investigation specialist regarding their perspectives on reporting, as well as Jackie Stamps, SRA.

Findings:

- The straw poll results indicate that a substantial percentage of community members including some professionals are unaware of their mandated reporting responsibilities, how to fulfill the responsibility and do not believe they have access to training on how reporters can best fulfill this responsibility to enable the Cabinet to respond.

- The Jefferson County DCBS responds to requests for training on reporting but no outreach activities are undertaken.

- The Cabinet has an automated training course and Prevent Child Abuse Kentucky also has training available that could be marketed or utilized to increase awareness in the community.

- The number of reports received in Jefferson County and investigated have risen over at least the past three years as represented in the table below:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals/Calls</td>
<td>8316</td>
<td>75,018</td>
<td>8570</td>
</tr>
<tr>
<td>Referrals that met</td>
<td>7280</td>
<td>52,247</td>
<td>6967</td>
</tr>
<tr>
<td>accept acceptance criteria</td>
<td>(87.5%)</td>
<td>(69.6%)</td>
<td>(81.3%)</td>
</tr>
<tr>
<td>Substantiated CA/N</td>
<td>1726</td>
<td>10,824</td>
<td>1785</td>
</tr>
<tr>
<td>(23.7%)</td>
<td>(20.7%)</td>
<td>(25.6%)</td>
<td>(23.7%)</td>
</tr>
</tbody>
</table>

1Calendar year 2009 date was based on referrals, while subsequent years is based on CPS calls

22009 substantiation data only includes CPS investigations not FINSA, while subsequent years include both findings of substantiated CA/N or Services Needed.
• According to the DCBS staff members with whom we met, the determination of reporting rates from sources with regular exposure to children and families such as medical providers and schools is not data driven. Therefore, it is difficult to make targeted outreach efforts to those entities such as specific medical professionals and schools with lower than expected reporting rates, as suggested in the data received by the Jefferson County RCCW committee.

• Potential reporters have a waiting time of 25 minutes to one hour when they call Jefferson County DCBS which is not reasonable. This extended wait time likely results in some people giving up, in addition to frustration on the part of reporters which may impede the thoroughness of information provided as well as their perceptions of the Cabinet. Data received by the CRP suggests intake workers are working to capacity and adequate staffing is not provided to enable a more reasonable waiting time.

Action Planned by the CRP
As a way of participating in addressing the findings related to reporting, the Jefferson County CRP offered to work with the DCBS, PCAK and other interested parties to develop and implement an outreach campaign to address the findings of the CRP in Jefferson County. Members of the Jefferson CRP have volunteered to serve on a committee to begin development of this once a representative of DCBS, PCAK and any other parties to be involved are identified. Acting Commissioner James offered to contact PCAK and other parties to initiate scheduling a meeting to begin this work.


Goal: Assess DCBS worker/community perceptions regarding their work, and strategies to improve climate.
c. Objective: Review prior data collected regarding staff and client perceptions regarding worker morale, satisfaction and attitudes regarding their work, and its impact on their work with clients.

d. Objective: collect new information on ways to improve worker morale, perceptions of their work, and how this impacts interaction with clients, from DCBS staff, supervisors, clients and stakeholders

e. Objective: Critically analyze information collected, make preliminary findings and establish goals for further work as appropriate

The CRP has taken the following steps to address this goal:

- Reviewed findings from the statewide survey conducted by Dr. Huebner.
- Reviewed initial exit interview data collected by CHFS – Jefferson.
- Reviewed findings related to family engagement conducted by the Family Engagement Committee (DCBS Central Office).
- Requested training curriculum for new supervisors with specific emphasis on material related to organizational climate, promoting worker morale, etc. and the plan for implementation of such training. This information has not been received, and the panel will follow up in the fall.
- Conducted a “coffee and doughnut” social on May 22 to interact with CHFS investigative workers and show the panel’s appreciation for their work, clarify the role of the CRP and have general discussions related to their perceptions of the work.
- Requested results Organizational Culture survey conducted by Dr. Barbee for DCBS. Jackie Stamps agreed to provide the CRP with the report once it was received and reviewed by her staff. The CRP will follow up regarding receiving this, as the panel wishes to support efforts to respond to the results of the survey.
- Requested report from the Ombudsman’s Office regarding a summary of complaints received, findings and resolutions for topics related to these issues.
This has not yet been received. CRP Liaison indicated it should be obtained from regional office, but the regional office indicates it only has information on individual complaints. The CRP is requesting the overall summary report for the year.

- Began initial planning RE: use of suggestion boxes and conducting focus groups with staff, community partners, and possibly clients. These activities will be completed next year, as part of the two year strategic plan.

General findings related to the document reviews mentioned above yield promise and areas for future work/follow up. These findings are as follows:

- A review of the “Engaging Families through FTMs, Concurrent Planning, and Case Planning” documents purported that the 2010 Family Survey did yield results that indicate that families do perceive workers to have overall “positive attitudes” regarding FTMs.

- Exit Interview data from calendar year 2011 indicates that the most reported reason for leaving employment with CHFS was “Office Environment” which includes burnout, underutilization of skills, problems with supervisors, discrimination, and poor physical work conditions.

- Based on the Employee Satisfaction Ratings for Jefferson County, when compared to statewide data, Jefferson Region scored slightly lower on “overall satisfaction” with the largest disparity in the area of “opportunities to learn”.

Action Plan for Next Year

- Participate in committee to launch an outreach campaign regarding mandated reporting.
Collect data from staff, clients and stakeholders thorough suggestion boxes in the DCBS office, Court, and Neighborhood Places regarding what could be done to improve staff morale and its resultant impact on working with clients and community partners.

Conduct focus groups to further explicate and interpret themes from data collected in suggestion boxes.

Support as appropriate the actions taken in response to the results of Dr. Barbee’s survey related to Organizational Climate and Culture.

Review pending documents requested: Report of Barbee Survey, Ombudsman’s Summary Report, Supervisor Training curriculum as it relates to organizational culture and supporting staff.
Southern Bluegrass Citizen Review Panel

Angela Cleveland-Holecek, Chairperson

Jennifer Brown  
Richard Dawahare  
Cynthia Kay  
Larry Johnson  
Christopher Townsend  
Kristy Kidd*  
Becky Epperson  
Joellen Banks  
Joanna Rodes  
Nicole Brown  
* DCBS Liaisons

Background Information

Last year, the Citizen Review Panel focused on collaboration and youth aging out of the system. This year, the Citizen Review Panel decided to continue a focus on collaboration but to shift to looking at cases involving substance abuse with the primary focus being, “How does collaboration impact services to families with Substance Abuse issues?” Three additional questions were developed that included: 1) Does collaboration in substance abuse cases exist in Fayette and the Bluegrass Region? 2) What is the process (framework) for collaboration? 3) Is case planning effectively initiating a collaborative process?
Meetings with DCBS staff
During the first half of the year, the CRP membership focused on gathering information on how the DCBS handles cases with substance abuse issues. The panel met with DCBS staff of different roles and responsibilities including the SSW, FSOS, and SRA. Each of the meetings provided a foundation of information in which the panel shaped its work for remaining of the year. In these conversations a theme emerged that a large majority of the DCBS P&P caseload involves substance abuse within the families being served. These cases are the most difficult cases and with the lowest success rate of reunification.

With the assistance of the Frankfort Liaison, Gayle Yocum, the panel also had the opportunity to devote an entire meeting learning and discussing the UNCOPE tool being piloted by the Cabinet. This meeting included discussion of the limitations of drug screens. Although UNCOPE was not piloted in the Southern Bluegrass area, the panel saw potential strengths in UNCOPE, and would like to see the information being compiled from the pilot studies when it becomes available.

Preliminary Survey
A non-scientific, preliminary survey was sent out to community partners and DCBS staff with an invitation to the May 4th event, “A Conversation on Substance Abuse and Child Welfare”. Invitations and surveys were sent to the personal contacts of the Citizen Review Panel with a focus to invite people from a wide range of expertise. This preliminary survey was conducted to gather basic information on how potential attendees of the “conversation” view collaboration in child welfare cases involving substance abuse within the case. Below are the results of the surveys with 49 respondents.
Collaboration in treating substance abusing families in our community is a problem

- Agree: 43.2% (16)
- Strongly Agree: 48.6% (18)
- Neutral: 8.1% (3)

I am able to successfully collaborate with the Department for Community Based Services

- Strongly Agree: 8.3% (3)
- Agree: 30.6% (11)
- Neutral: 30.6% (11)
- Disagree: 13.9% (5)
- Strongly Disagree: 16.7% (6)
- Not applicable: 3.1% (1)
All agencies in our community collaborate on behalf of children and families in substance abusing families

Please check the barriers to collaboration in serving families with substance abuse (check all that apply)


“Conversation on Substance Abuse and Child Welfare”

On May 4, 2012, Southern Bluegrass CRP hosted “A Conversation on Substance Abuse and Child Welfare.” There were eight basic questions that the CRP had developed to discuss to guide the conversation. Those questions included: 1) How does the ability to collaborate differ in families that experience substance abuse? 2) What role does confidentiality play in the ability of agencies to collaborate in substance abusing families? 3) What policies (internal to your agency or external) affect your ability to collaborate? 4) What barriers exist to collaboration? 5) If you could change one thing to promote collaboration, what would it be? 6) What success have you had in collaboration? 7) What mechanisms can be put in place while children are in substance abusing homes in order to keep them safe? 8) Have you used the “UNCOPE” (please see below) scale in your work? If so, was it useful?

There were 44 individuals that attended the “conversation” including a family court judge, DCBS staff of varying responsibilities, lawyers, treatment providers, schools personnel, and other community partners and interested parties.

During the conversation there were many themes that came out of the discussions which hinder collaboration. First the issue of confidentiality and interpretation of confidentiality laws from varying agencies being a barrier. This became an area that the Citizen Review Panel decided to continue to work on to increase collaboration in future work. Second, the stigma of substance abuse. It is recognized by the Bluegrass Citizen Review Panel, that the Cabinet has done substantial work in this area with the drug summits that were held through this past year. Third, the lack of available resources. Fourth, negative perceptions of social workers by the client system. Finally, collaboration is hindered by high workload, time, funding concerns, and staffing concerns of not only DCBS but this hold true for community partners and the court system.

Recommendations

After all the information collection and conversations, there were two things that the Southern Bluegrass Citizen Review Panel would recommend at this time. First, to
develop with community partners a universal release of information that could be signed at the opening of a case. This doesn't necessarily need to include all community partners but should include at minimum of treatment providers, DCBS, and the courts.

The second recommendation would be to develop at "Community Collaboration Manager"/Specialist. This position would be held by a person that has developed relationships in the community to assist families in accessing resources. It was highlighted several times that the relationships developed between community partners are key to collaboration and accessing needed resources for a family. Two primary roles for this position would develop mechanisms to guide all cases involving substance abuse and then assist in the management of the most difficult cases.

Although the panel is not in a position to develop a precise job description for this position, the following are ideas from discussions that were held. Conversations recognized that due to high rate of cases involving substance abuse, that this position could not have assigned responsibility for all cases. It is recommended that a screening tool be developed prior to the Community Collaboration Manager involvement. Examples of such a screening tool could be to require a Supervisor's referral; having a least community partners involved with a case; five of more "yes" answers to the seven basic questions of UNCOPE; etc. It is also thought that the Community Collaboration Manager could develop a folder with a checklist and folder of requirements for successful completion of a case involving substance abuse as well as resource information for specific geographical areas. This person could develop mechanisms that worked well in Family Drug Court to integrate into the cases involving substance abuse.

**Conclusion**

Through the year, it became evident that collaboration with cases involving substance abuse does not vary from other DCBS cases. It is also clear that the community is interesting in working on increasing collaboration in order to increase success. Collaboration is a community responsibility involving all partners, and it is only through all the efforts of all involved parties that families can be fully supported. Several members of the panel have committed to working on this issue again next year in the development of a universal release. The panel has heard the request to continue in these
discussions last year. If the panel can be of any assistance to the Cabinet in working on these recommendations or the issue in general, please provide that communication back to us.
Appendix A: Results from Community Partners Survey

(NOTE: The entire survey report, including all comments made by Community Partners and DCBS staff, may be obtained by emailing Blake Jones at Bljone00@uky.edu)
Approximately how many meetings or conferences with families (parents and/or children) and DCBS do you attend annually?

- 1 to 2 per year: 29.6% (137)
- 3 to 4 per year: 25.5% (113)
- 5 to 6 per year: 16.2% (75)
- More than 6 per year: 9.7% (45)
- N/A: 6.0% (26)
- Don’t usually attend meetings: 13.0% (50)
What is the nature of your meetings with families and DCBS? (check all that apply):

- Family Team Meetings: 45.7% (182)
- Intake for Services: 26.6% (106)
- Assessment purposes Meetings: 25.4% (101)
- Individual Education Plan (IEP): 19.3% (77)
- Does Not Apply: 33.4% (133)

How often do you initiate a call to DCBS on behalf of your work with families/children?

- A few times per year: 33.3% (153)
- Once per month: 25.7% (119)
- 2 to 3 times per month: 16.1% (74)
- Daily: 3.9% (18)
- 2 to 3 times per week: 3.5% (15)
- N/A: 3.7% (17)
- Never: 14.1% (65)
- Daily: 3.9% (18)

2 to 3 times per week: 3.5% (15)
What is the purpose of your call? (check all that apply)

- Information gathering about family/child: 59.8%
- Provide information to DCBS: 79.9%
- Schedule an appointment with DCBS: 15.8%
- Never call: 2.1%
- N/A: 5.1%
How satisfied would you say you are with the DCBS organization in the following areas?

What can be done to improve the relationship between you and DCBS (check all that apply)
Summary of What is Your Primary County of Service?

A total of 606 community partners responded to this particular question, with 585 respondents clearly associated with a particular service region, that is to say, county or region listed in response, rather than general information (statewide responsibilities or education status) listed. Percent of countable Community Partner responses by service region:

<table>
<thead>
<tr>
<th>Service Region</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>9.91</td>
</tr>
<tr>
<td>Northern Bluegrass</td>
<td>21.7</td>
</tr>
<tr>
<td>Southern Bluegrass</td>
<td>19.31</td>
</tr>
<tr>
<td>Eastern Mountain</td>
<td>6.49</td>
</tr>
<tr>
<td>Jefferson</td>
<td>10.25</td>
</tr>
<tr>
<td>The Lakes</td>
<td>6.15</td>
</tr>
<tr>
<td>Northeastern</td>
<td>4.95</td>
</tr>
<tr>
<td>Salt River Trail</td>
<td>12.82</td>
</tr>
<tr>
<td>Two Rivers</td>
<td>8.37</td>
</tr>
</tbody>
</table>

Which range best describes your age?

- 46 to 55 years old: 29.9% (137)
- 55 and above: 15.5% (71)
- 26 to 35 years old: 20.1% (92)
- 18 to 25 years old: 1.3% (6)
- 36 to 45 years old: 33.2% (152)

Which best describes your educational status?

- Graduate Degree: 64.4% (290)
- Undergraduate Degree: 29.8% (134)
- High School Diploma: 5.8% (26)
Open Ended Comments from Community Partners Survey (615 Respondents)

* Centralized Intake/Hotline (12 positive Comments, 80 Negative Comments, 22 neutral comments)

* Returning Calls (2 positive comments, 32 negative comments, 4 neutral comments)

* Working together while respecting confidentiality (3 positive Comments, 17 negative comments, 6 neutral comments)

Appendix B: DCBS Survey Results (503 Respondents)

What is your position with DCBS?
On which type of team do you serve?

- Generic: 28.4% (124)
- Foster Care: 32.1% (130)
- Adoptions: 4.1% (10)
- Investigative: 23.8% (103)
- Ongoing: 27.2% (118)
- Intake: 4.6% (20)

Which best describes your educational status?

- Undergraduate Degree: 53.1% (254)
- High School Diploma: 9.2% (44)
- Graduate Degree: 37.7% (180)
What is the nature of your meetings with families and community partners? (check all that apply)

- Assessment purposes: 13.3% (66)
- Intake for Services: 8.7% (43)
- Case Planning: 16.7% (83)
- Individual Education Plan: 25.6% (132)
- DNA due to role in DCBS: 32.2% (169)
- Family Team: 31.5% (156)

In the last 12 months, approximately how many Family Team Meetings did you initiate on behalf of families?

- Don't usually have meetings with Community Partners: 2.2% (11)
- DNA due to role in DCBS: 34.7% (172)
- More than 6 per year: 43.8% (217)
- DNA due to role in DCBS: 4.0% (20)
- 5 to 6 per year: 4.0% (20)
- 3 to 4 per year: 9.3% (46)
- 1 to 2 per year: 5.5% (29)
- 5 to 6 per year: 5.5% (29)
- 3 to 4 per year: 5.5% (29)
In the last 12 months, approximately how many Family Team Meetings (FTMs) did you attend with a community partner present?

- Don't usually have Family Team Meetings with Community Partners: 2.0% (10)
- DNA due to role in DCBS: 27.3% (135)
- More than 6 per year: 36.4% (180)
- 5 to 6 per year: 11.3% (56)
- 3 to 4 per year: 13.2% (65)
- 1 to 2 per year: 9.7% (48)

Over the past 12 months, of all the meetings (including FTM, Case Planning) you participated in, how many, on average, community partners were invited?

- Don't usually have meetings with Community Partners: 1.8% (9)
- DNA due to role in DCBS: 27.2% (134)
- More than 6 per year: 42.6% (210)
- 5 to 6 per year: 8.3% (41)
- 3 to 4 per year: 10.8% (53)
- 1 to 2 per year: 9.3% (46)
Over the past 12 months, of all the meetings (including FTM, Case Planning) you initiated how many of those had a community partner in attendance?

- **DNA due to role in DCBS**
- **1 to 2 per year**
- **3 to 4 per year**
- **5 to 6 per year**
- **Don’t usually have meetings with Community Partners**
- **More than 6 per year**

### Pie Charts

- **30.5% (150)**
- **30.5% (150)**
- **13.4% (68)**
- **13.6% (67)**
- **9.0% (48)**
- **2.2% (11)**

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39
Over the past 12 months, of all the meetings (including FTM, Case Planning) you initiated how many of those had a community partner participate by telephone?

- Don't usually have meetings with Community Partners
- More than 6 per year
- 5 to 6 per year
- 3 to 4 per year
- 1 to 2 per year

DNA due to role in DCBS

Over the past 12 months, of all the meetings (including FTM, Case Planning) you initiated how many of those had a community partner participate by telephone?

- Don't usually have meetings with Community Partners
- More than 6 per year
- 5 to 6 per year
- 3 to 4 per year
- 1 to 2 per year

DNA due to role in DCBS
How often do you initiate a call to a Service Provider on behalf of your work with families/children?

- Daily: 30.6% (150)
- 2 to 3 times per week: 20.4% (100)
- 2 to 3 times per month: 7.1% (35)
- Once per month: 7.1% (35)
- A few times per year: 15.4% (77)
- DNA due to role in DCBS: 14.5% (71)
- Never: 0.8% (4)

Does Not Apply due to my role in DCBS: 7.1% (35)
What is the purpose of your phone call to a Service Provider? (check all that apply)

- DNA due to role in DCBS: 25.2% (125)
- Information gathering about family/child: 48.2% (239)
- Schedule an appointment: 19.0% (94)
- Provide information to Community Partner to improve their service to...: 6.9% (34)
- Never Call: 0.8% (4)

How satisfied are you with service providers in your community (i.e., with the services provided to families and children on your caseload)? (check only one)

- Satisfied: 41.7% (233)
- Very Satisfied: 28.6% (189)
- Very Unsatisfied: 4.3% (21)
- Unsatisfied: 9.4% (46)
- Neutral: 6.0% (29)
- Very Unsatisfied: 9.4% (46)
What can be done to improve the relationship between DCBS and community partners in your community (check all that apply)?

- Better communication from community partners: 59.5%
- Better communication from DCBS: 38.1%
- Attend training and/or seminars together: 52.7%
- Work on meetings together on behalf of children: 56.8%

Most community partners in my county are willing to help families/children.

- Strongly Agree: 15.3% (34)
- Agree: 21.1% (103)
- Neutral: 0.8% (4)
- Disagree: 2.3% (11)
- Strongly Disagree: 56.6% (276)
Most community partners in my county are willing to help families/children.

Who are the community partners that you call on most often (check all that apply)?
I can readily call on law enforcement officials for support when working with families/children

- Strongly Agree: 43.5% (210)
- Agree: 27.5% (133)
- Neutral: 22.2% (107)
- Disagree: 5.4% (25)
- Strongly Disagree: 1.4% (7)

What barriers do you experience with community partners (check all that apply)?

- Not available to attend meetings: 47.9% (192)
- Delays in family being able to access services: 57.4% (230)
- Lack of response to requests for information: 38.4% (154)
- No agencies available for identified need (example: domestic violence...): 38.2% (153)
Themes from DCBS Survey

* Information sharing is inconsistent
* Antiquated computer practices
* Limited resources (Parenting classes, Substance Abuse Treatment, Mental Health)
* Time Constraints
* Increased communication between partners
* Increase Accountability to understand if client follow through with scheduled appointments
* Expedited appointments
* Lack of collaboration with multiple case managers from different entities (Overlapping Services)
* Misunderstanding concerning Abuse/Neglect criteria
* Lack of appreciation to service provider when collaboration occurs

Sample Comments

* “We need more social workers. The case loads are too high to provide the quality care these children need!”

* “To many community partners, collaboration means doing what they want to do and how they want to do it. Very few take ownership of their internal issues and typically blame the Department for the woes of the world.”

* “At times, community partners (mainly school personnel) do not appear to fully understand the limitations of DCBS.”
Appendix C (Letter to Governor Beshear)

March 10, 2012

Governor Steven L. Beshear
700 Capitol Avenue, Suite 100
Frankfort, KY 40601

Dear Governor Beshear:

I am writing to provide a report and offer a recommendation resulting from two years of work of the Kentucky Statewide Citizens Review Panel CRP. But first, let me tell you a little about us.

The Citizen Review Panels were formed in 1999 as a result of a federal amendment to the Child Abuse and Prevention Treatment Act. There are over fifty Panel members serving on two regional and one statewide panel, representing hundreds of volunteer hours. The Panels’ federal mandate is to evaluate the policies and practices of the Kentucky Department for Community Based Services (DCBS) and to make recommendations for the improvement of child protective services. In Kentucky, there are active CRPs in the Southern Bluegrass and Jefferson regions of the Department for Community Based Services, as well as a Statewide CRP. The mission of Kentucky’s Citizen Review Panels is to involve the larger community in evaluating the practices and policy of the Department for Community Based Services. Ultimately, our goal is to improve the lives of every child and family in the Commonwealth.

Over the last two years the Statewide Panel has been studying case management of “Gap Children”. These are the children who enter the court system in need of services, but do not fit the service provision profile of the Department of Community Based Services (DCBS), nor are they committed to the Department of Juvenile Justice (DJJ) as they have not been adjudicated. We have discovered that the “Gap Children” have no case manager providing service coordination and case management. As a result, these children may not be provided with services to support their needs. Consequently, these children often have more behavioral and emotional issues, and may eventually enter the juvenile justice system. We have also discovered that each public agency (schools, DCBS, DJJ, AOC, DPA) that provides services to troubled children have independent, internal information and tracking systems. Unfortunately, the systems do not possess the capability to interface, rendering it impossible to identify the “Gap Children” by name, or by case profile. Children under the care of both DCBS and DJJ have specific case workers assigned to ensure that the children are scheduled for and receive needed services. There are also children who are not receiving services from any agency.
Estimates vary as to the number of “Gap” children. These children may interact briefly with one or more agencies, but they have nobody overseeing their care. There is no single government entity that shares data with the providing agencies and has visibility over the cases of these “Gap Children”. The result is that there are children who are not receiving services that are intended to help them and prevent them from entering the juvenile justice or corrections systems. They often, therefore, end up in these systems. Another result is that more funds are spent on the juvenile justice and corrections systems than would have been spent had these children received the less expensive earlier preventive interventions. Our recommendation is the creation of a Governor’s Council for Youth Services that would be charged with research and development of a strategic plan to address this vulnerable population. The Council would be comprised of members representing the affected agencies, key legislators, and other stakeholders. This Council would provide oversight of the plan to address concerns including systemic issues and be the vehicle for coordination of service providers. We would be very pleased to meet with whomever you designate to provide more detailed information in this regard, and to assist in the creation of the Council.

Sincerely,

Reverend Vicki Garber, Chair
Statewide Citizen Review Panel