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EASTERN MOUNTAIN REGIONAL PANEL

Concern – Unable to Locate Findings

BIG SANDY PANEL
Recommendation: "The panel recommends the development of a tool/checklist to be used by SSW and Supervisor, to ensure that all creative and appropriate attempts have been exhausted when trying to locate a child before the case is assigned an "unable to locate" finding."

EASTERN MOUNTAIN REGIONAL RESPONSE - Best practice indicates a social service worker (SSW) document all attempts to locate the alleged victim. The SSW is to document contact with collateral sources including the referral source, when possible, family support, and utility companies. The SSW is to consult with the Family Services Office Supervisor (FSOS) as soon as possible. During this consultation the SSW and FSOS ensure all attempts have been exhausted when trying to locate an alleged victim. These steps are documented in the referral results summary/conclusion section of the Continuous Quality Assessment (CQA).

Standards of Practice (SOP) provide staff with a list of individuals in an attempt to gain contact with the alleged victim. SOP outlines a step by step approach for the SSW and FSOS to ensure all attempts have been taken and documented before a referral is submitted as "Unable to Locate."

CENTRAL OFFICE RESPONSE - In 2007 there were 51,608 reports that met acceptance criteria, and 1,910 (3.7%) reports had a finding of "Unable to Locate". In 2008, there were 52,010 reports that met acceptance criteria (FINSA or investigation). 1,830 (3.5%) of these had a finding of "Unable to Locate."

Even though the percentage of "Unable to Locate" findings is low, the DCBS acknowledges all efforts should be made to locate the family. SOP 7B.1 and 7B.9.3 provide guidelines for possible search avenues and documentation of efforts to locate the family. The SOP guides the worker: In an attempt to locate the family, the SSW searches the Kentucky Automated Management Eligibility System (KAMES), the Kentucky Automated Support Enforcement System (KASES) and any other viable resource, including contacts such as, the landlord, post office, neighbors, extended family members, school, family resource center, family support, and child care agency. The DCBS SOP Manual has an Absent Parent Search Form to guide the worker. This form is found under the Resources section and is readily available to all staff. Staff is strongly encouraged to partner with the Division of Family Support (DFS) to locate the family. The DFS is responsible for administering several programs including electronic benefit transfer (EBT) cards/food stamps, Low Income Home Energy Assistance Program (LIHEAP), Kentucky Transitional Assistance Program Aid (K-TAP) and Medicaid programs. The DFS is often located in the

same building as the Division of Protection and Permanency which affords easy access and minimal time requirement.

SOP 7B.1 – Process Overview: Investigation/FINSA specifically addresses "Unable to Locate" circumstances. The policy is specific in stating "the required procedure is face-to-face contact with the reported victim(s)." Guidance is provided as to collateral sources for assistance in locating the family. SOP directs worker to consult with the FSOS if efforts to locate are unsuccessful.

SOP 7B.9 – Determination of Findings Investigation or FINSA refers to reasonable efforts to locate the family and describes possible sources for assistance. SOP requires consultation with the FSOS and their approval to select "Unable to Locate" as a finding.

Concern – Aftercare Planning

BIG SANDY PANEL
Recommendation: "The panel recommends DCBS consider revising the Aftercare Planning SOP to **require** the use of Family Team Meeting (FTM), taking care to include community partners, to ensure the development of a more inclusive and sound Aftercare Plan with a strong emphasis on prevention of recurrence of maltreatment. This increase in communication and involvement will provide, in some sense, a follow-up to the aftercare plan."

"The panel also recommends that DCBS explore the feasibility of a step-down of services or a process where the family could be monitored by the courts, community partners or family members in a more formal manner."

KENTUCKY RIVER PANEL
Recommendation: "Aftercare - monitor clients for longer periods of time even after the case is closed-step down process monitored by community partners, family members, etc. to provide support, access to resource, etc. Set them up with "natural" resources- even set a court review every six months."

EASTERN MOUNTAIN REGIONAL RESPONSE - Best practice indicates that an aftercare plan is used upon completion of DCBS services to continue preventative measures. If the family has completed services, DCBS cannot mandate who the family invites to their aftercare planning sessions. The use of community partners is optional, as the plan is negotiated and developed with the family, and most importantly for the family. If community partners are invited by the family to participate in the aftercare planning, the partners are assigned a task to notify the SSW if the family is having difficulty with the plan. The family also has a task to contact the SSW if they are having difficulty.

SOP guides the family and SSW into developing an inclusive plan with specific, measurable steps to obtain services to address specific needs. The plan outlines potential resources to be called upon in case of future situations in an attempt to prevent future incidents.

CENTRAL OFFICE RESPONSE - Aftercare Planning is covered in SOP 7G and was revised in 2004. Specifically, the following language was added, "the SSW:

- Negotiates the Aftercare Plan with the family and other relevant individuals involved;
- Has the Aftercare Plan signed and dated by everyone assigned a task/role and provides a copy to each;
- Files a hard copy of the Aftercare Plan in the case record; and
- Request community partners/relevant individuals assigned a task/role to notify the SSW if the family has difficulties with follow-through of the Aftercare Plan."

SOP 7C – Case Planning – Child Protective Services defines utilization of the Family Team Meeting.

SOP 7C states: "A Family Team Meeting (FTM) refers to an array of conferences such as Case Planning Conference, Five (5) Day Conference, Family Case Plan Meeting, Family Unity Meeting, Family Group Decision Making, Case Reviews and Periodic Reviews. SOP directs that an FTM is **required** on: all second (2nd) referrals substantiated on children age three (3) and younger; at reunification, adoption finalization and relative placement; on all placement disruptions, including Private Child Care resource homes; prior to case closure on all Out-of-Home cases; and at minimum, one of the following Out-of-Home Care case reviews: five (5) Day conference; or six (6) month periodic case planning conference reviews." The Cabinet's goal over the next two (2) years is to promote and utilize Family Team Meetings for all Child Protective Service (CPS) case conferences.

"A Family Team Meeting **requires** participation of family member(s), SSW (including internal Cabinet partners, if warranted) and community partners when/if applicable. Attendance by community partners that perform a service in attainment of the family's desired objectives as documented in the Case Plan qualify as an FTM. The SSW makes a concerted effort with the family to promote and explain the necessity for community partner involvement in case planning for successful attainment of desired outcomes."

SOP is a guideline for casework to be coupled with best practice. Inclusion of community partners is specifically addressed. The DCBS acknowledges it is best practice to include pertinent community partners in both the case planning and aftercare planning process. This is emphasized in training, during case consultations, MSW and FSOS consults. Involvement of community partners is crucial to the service provision for families and it is pertinent for staff to engage

partners to work toward family stability. However, DCBS staff has no statutory authority to require community partners to participate in these activities; therefore the recommendation would hold DCBS to a standard over which they have no control. DCBS will continue to promote inclusion of community partners in these processes. It would be appropriate for service providers involved with the family to contact the SSW to express interest in supporting the family and make their availability for FTM and case planning known.

The Aftercare Plan can be utilized upon completion of the investigation or FINSA when issues of concern do not rise to the level of opening a case, or prior to case closure. When issues of child safety are no longer present, it is appropriate for the DCBS to close the case. Community partners may already be involved in providing services to the family. Ideally, all service providers would participate in development of the Aftercare Plan. The DCBS acknowledges that best practice is not always implemented in this area, and will encourage staff to develop Aftercare Plans as appropriate and document in the closing CQA.

SOP 7G – Aftercare Planning directs an Aftercare Plan be used "after an investigation or FINSA when there are remaining issues that do not rise to the level of opening the case for ongoing services" and "in advance of closing any ongoing case, upon completion of DCBS services." SOP directs that the SSW, family and their support system identity any continuing service needs and link to appropriate resources. SOP is specific in directing who is to be involved; "The SSW negotiates the Aftercare Plan with the family and other relevant individuals involved. The plan is signed and dated by everyone who has a task/role on the plan…" The Aftercare Plan offers a security net in that service providers are to notify DCBS of any concerns or non-compliance. The family's progress to the point of case closure is a significant achievement, with most families proud to have reached that hallmark. A hard copy of the plan is placed in the case file.

Concern – Neglected TWIST Screens

BIG SANDY PANEL
Recommendation: "The panel recommends that DCBS consider revising SOP 7G to require that Social Service Workers enter the Aftercare plan in TWIST during the closing summary. In addition, worker trainings should stress the importance of completing all applicable TWIST screens by emphasizing the importance of information sharing."

EASTERN MOUNTAIN REGIONAL RESPONSE - Best practice indicates that the SSW documents the Aftercare Plan in the case record. Tip Sheets located in the online SOP manuals, under the Resource Section, also indicate the SSW document the Aftercare plan in the assessment.

CENTRAL OFFICE RESPONSE - Documentation is critical to the child protection case. It is through clear and concise documentation that the details of the incident unfold. Tip Sheets on documentation in TWIST (The Worker's Information System) describe appropriate information to be included on various screens. There are several tip sheets that provide instruction for documenting the Aftercare and Prevention Plans. These plans are to be entered into the Referral Results Summary/Conclusions section of the CQA. Specific tip sheets include: CQA General Tips – Aftercare Plan, CPS Investigative CQA – Prevention Plan, CPS Tip Sheet for Ongoing Assessment When All Children have TPR Finalized – Aftercare plan, CPS tip sheet for Ongoing Assessment – Aftercare Plan, Ongoing Out-of-Home Care – Aftercare Plan, CPS Status CQA – Prevention and Aftercare Plans. It is the responsibility of the FSOS to review the CQA for thorough and complete documentation to include information pertaining to Prevention and Aftercare Plans.

Concern – Lack of Familial Demographic and Support Data

BIG SANDY PANEL
Recommendation: "The panel recommends the creation of a checklist with the CQA to obtain demographic data on the family and its members. The same is recommended for support service data. A checklist screen would allow easier access to the support services the family has completed, are currently utilizing, and what they could benefit from. This would streamline data and result in less work (i.e. less text to enter) for the Social Service Workers."

EASTERN MOUNTAIN REGIONAL RESPONSE - Best practice indicates the CPS Tip Sheets, located in the online SOP manuals, under the Resource Section, is utilized in order to ensure all appropriate demographic data is included within the assessment.

CENTRAL OFFICE RESPONSE – Workers currently have access to resources to assist with TWIST documentation. Handbooks are provided during training and the handbook is available on the DCBS intranet. All DCBS workers attend TWIST training where they receive instruction on the system and data input. The DCBS intranet site has a link to TWIST News. This site contains the TWIST handbook which has step-by-step procedures for completing every screen found in TWIST. The site has pictures of the screens and definition boxes. Narrative guides the worker through the process to complete the screen, describes the purpose of the screen and has short cuts. There are numerous tip sheets that provide clear instructions for most every facet of work. There is a worksheet titled "Caseworker Visit Notes" which begins with demographic information. Supervisors vary in their requirements for completion of TWIST screens. Changes in TWIST must meet SACWIS requirements. Priorities for major system releases have been established through 2012.

Concern – Prevention

BIG SANDY PANEL
Recommendation: "The panel recommends that DCBS re-implement preventative assistance to aid families at risk with basic needs in order to alleviate family stress and hardship, which in turn may prevent child maltreatment and possible removal. In addition, the Panel also recommends that services be expanded to families who are referred but lack evidence for a substantiated finding in order to prevent child maltreatment. Perhaps, the development of a Prevention Team that would have access to services similar to those offered to foster parents (support, money, transportation, parent education, community services) would be of benefit to those families at risk and prevent child maltreatment."

KENTUCKY RIVER PANEL
Recommendation: "Re-implement preventive assistance to aid families with basic needs to prevent removals. Therefore, money is saved - cheaper to keep kids in the home than pay foster parents and other agencies."

EASTERN MOUNTAIN REGIONAL RESPONSE - Best practice indicates the SSW complete an aftercare plan with the family if they are not in need of DCBS services but resources are recommended. This is an attempt to alleviate family stress to prevent child maltreatment and potential removals.

If a referral does not meet acceptance criteria SOP guides the SSW to provide the caller with community agencies in an attempt to link families with appropriate resources. Resource linkage calls may alleviate stressors and prevent child maltreatment.

Preventative assistance funding is contingent upon the availability of state funds. Preventative assistance funds are restricted to those cases where there is an imminent risk of removal.

CENTRAL OFFICE RESPONSE – Preventative Services are defined as short-term cash benefits provided to prevent the removal of children from homes; facilitate the return of children to their natural parents when the major barrier is financial in nature; prevent removal of elderly persons from their home; and assist those adults who are identified at risk and in need of immediate protective service intervention. Services are funded with state general funds, and were made available to the SRAs (Service Region Administrator) to use only as a last resort after exploring all other resources available within the community.

SRAs were granted latitude to use their discretion in utilizing the funds; other uses included rent and utility payments. The situation was assessed to determine

if the one time payment would prevent removal and alleviate the crisis. Due to budgetary constraints, Preventative Assistance funds were restricted in October 2008 and eliminated in 2009. Due to the budgetary constraints, Preventative Assistance funds will not be reimplemented.

Concern – Public Education

BIG SANDY PANEL
Recommendation: "The panel recommends that the CHFS consider developing and implementing a public awareness campaign regarding the role of DCBS in the state and within communities. For example, partner with community newspapers to run articles on the importance and role of DCBS, write letters to the editors of regional newspapers, conduct Q & A sessions in various communities, conduct yearly community trainings for agencies and court personnel, and schedule TV interviews with local stations such as WYMT's Issues and Answers program. This type of community outreach can not only educate the public about the function, importance, and even limitations of DCBS, but can also help to dispel myths about the agency and even help to change the public's image of Social Service Workers as the enemy, agents of social control, and "baby snatchers".

KENTUCKY RIVER PANEL
Recommendation: "Increase general public education and awareness of DCBS roles and responsibilities."

EASTERN MOUNTAIN REGIONAL RESPONSE - CHFS has a website dedicated to the DCBS, its programs/services, mission statement, vision, and a Contact Us section. DPP manuals are online and available for public viewing. Citizens are invited to serve in various capacities such as Citizens Review Panels and the Foster Care Review Board.

Each of the 13 counties within the Eastern Mountain Service Region (EMSR) is actively involved in local Child Abuse Prevention events throughout the month of April. The county offices coordinate events with community resources for the month.

Staffs provide training for schools, daycare providers, and region wide comp care conferences. In conjunction with the region's CCC (Community Collaboration for Children) network, staff participated in the First Annual ATV Safety Event with community resources, families and vendors. EMSR trainings/events have been taped and aired on local resource channels throughout the region.

Staff represent the agency on community boards such as UNITE, Family Youth Resource Service Center, hospitals, and civic groups. The DCBS Commissioner, Patricia Wilson, visited the EMSR to present awards where

several law enforcement agencies, Family Court Judge, and other resource providers were acknowledged.

EMSR staff will continue efforts to invite judicial and law enforcement representatives as well as other community service providers to local board and panel meetings/discussions.

CENTRAL OFFICE RESPONSE - The Department is working with the Office of Communications on a plan to address public awareness issues. In addition, there are various efforts happening locally, such as one region creating a Speakers Bureau so that there will be individuals ready to participate when requests are made. Each office is encouraged to conduct trainings, informational meetings with school personnel. Department leadership at all levels sees this as a valuable, and needed, opportunity, limited only by time and personnel resources. A Power Point has been developed on mandatory reporting and will be distributed to all DCBS offices. Staff will use this tool when presenting to local groups. The Power Point will promote consistency in information across the state.

Conern - Worker Training Issues

BIG SANDY PANEL
Recommendation: "The Panel recommends the following in terms of training/preparation:
 Yearly trainings (face-to-face) for ALL workers regarding burn-out prevention and caring for oneself.
 Consider the development of formal support groups and de-briefing sessions for workers, particularly those who work with severe cases of child maltreatment and child fatality cases/reviews; and consider mandatory attendance every 3-6 months.
 … new workers, especially those without social work degrees, should have a separate training (i.e. not embedded in another training topic) to introduce and stress the importance of the planned change process, empowerment, and the strengths perspective. These integral concepts are the identity of social work and should be incorporated and reinforced in all subsequent trainings.
 Consider an additional training focusing on coping with client resistance and strategies to deal with such.
 Consider an additional training for supervisors focused on recognizing signs of burnout among workers and equip supervisors with tools to handle the situation if recognized."

EASTERN MOUNTAIN REGIONAL RESPONSE - Best practice indicates staff is supported with de-briefing within the service region. The FSOS is responsible for initiation of services for the SSW. The SSW may also utilize the Crisis Response

Board and/or KEAP (Kentucky Employee Assistance Program). Due to the confidential nature of services it is unknown how many staff utilizes this resource.

Regardless of degree or program, DCBS employees receive the same academy training (except for Public Child Welfare Certification Program students). Several trainings also have Master's Level credit hours which may be applied toward a MSW degree.

EMSR was the first region to receive the Risk Factors and the Assessment of Child Protective Services Investigations training. This new statewide training refreshed staff and supervisors critical thinking skills.

While staff must acknowledge the EMSR is located in a resource poor area, they work well with what resources are available. Workers have exceptional skills in establishing and maintaining relationships with local resources in order to meet the needs of our families. Staffs work tiresomely to build relationships and locate resources by setting on local boards such as UNITE, hospitals, and schools. The EMSR won the statewide food drive after staff donated cans of food to the needy.

The DCBS Secretary and Commissioner visited the EMSR after an invitation was extended so that we might showcase our barriers and spotlight our strengths. Each of the 13 counties created a display to present staff interacting with community members and partners during various local events/activities.

CENTRAL OFFICE RESPONSE – The DCBS recognizes the physical and emotional impact child protective services work has on an employee. It is critical to the worker's well-being to provide opportunities to process work situations and to develop the skills to enhance their safety. The Training Branch offers several courses to staff: "Safety First", "Anti-Harassment and Prevention", "Anti-Harassment: Recognizing, Preventing, Eliminating", "Customer Service and Safety for Support Staff", "Network Crisis Intervention", "Taking Care of Yourself", "Time Management", and "Workplace Violence Prevention". These opportunities are offered throughout the year.

SOP 1B.18 – De-Briefing Protection and Permanency Staff on Reaction and Emotional Responses to Trauma was revised 11/15/06. This policy directs each region to develop and implement a process that allows Protection and Permanency staff the option to de-brief when involved with a traumatic event during the course of fulfilling their job requirements and providing services. The FSOS is responsible for initiating the process. Policy also links to the Kentucky Community Crisis Response Team (KCCRT) and the KEAP for support and intervention. The KCCRT and KEAP are referenced in the policy. The KCCRT's primary purpose is to mitigate the impact of crisis and disaster by providing support (via defusing, debriefing, training, consultation, etc.) to communities and emergency responders whose lives are impacted by the effects of trauma. The

KEAP is dedicated to helping employees and their immediate family members by finding positive, workable solutions to their professional and personal problems.

TRAINING BRANCH - The current "Taking Care of Yourself" course is a monthly regional event. This course can be requested through the Regional Training Coordinator at any time and is a face to face course. Provision of a separate training for those staff without a social work degree, creation of a course on coping with client resistance or a course specific to burnout would require more detailed outcomes for course development. Course 1 in the Academy includes a section on dealing with resistance. Mandating a yearly face to face course or any new course requires budget approval in advance of the current Fiscal Year; and in order for the course to be required it would need to be added to the Staff Development Plan per DCBS leadership approval.

The DCBS training budget is approved yearly through a contractual agreement with EKU/University Training Consortium. Programmatic training planned for DCBS staff and resource parents for the fiscal year is included in the annual proposal. Requests for "new" training courses/initiatives that are not included in the initial training budget proposal requires review and approval from DCBS prior to implementation. Any training course determined to be a mandatory training for staff must be approved by the DCBS Commissioner's Office and included in the DCBS Staff Development Plan.

The current supervisor courses do not specifically have a component on worker burnout. The Training Branch takes a more proactive approach by teaching supervisors to resolve conflict, coach for performance improvement, engagement, decision making, critical thinking, workload management, team building, employee behavioral style analyses, referrals to KEAP, stress management and time management training.

The employees are all instructed in training that they can contact the KEAP per 101 KAR 2: 1060 for confidential assistance in this area as well as other personal challenges which could lead to less than appropriate behaviors in the workplace See http://www.chfsnet.ky.gov/os/ohrm/pph/8.1_KEAP.htm.

There is also a link to assist supervisors in dealing with these challenges and leads the supervisor in coaching the employee through these situations: http://personnel.ky.gov/emprel/keap/supvisrs.htm

The KEAP is dedicated to helping employees find solutions to the personal problems that may hinder their effectiveness at work. State employees and their dependents are eligible for KEAP services. There is no cost for information or referral. All contact with KEAP is confidential as required by state and federal law. Employee involvement with KEAP is permitted on state time with the

supervisor's prior approval. Supervisors may refer employees to KEAP when job performance deteriorates, however, participation is voluntary.

One specific link on the site is http://www.stress.org. Employees can access this site from home or their work place. There is also a link for supervisors seeking assistance, guidance and support in working with employees who may be experiencing difficulties. There is a link where employees can complete a confidential, private assessment for conditions such as alcoholism, generalized anxiety, post traumatic stress, depression, bipolar, eating disorder, adolescent depression.

KY RIVER PANEL
Recommendation: "Universal and equalized services and standards for relative placements and foster parents."

EASTERN MOUNTAIN REGIONAL RESPONSE - SOP 7E.1.7 - The Kinship Care Program was designed to utilize Temporary Assistance for Needy Families Block Grant (TANF) funding. Each Service Region develops procedures for the referral and tracking of Kinship Care cases. The Cabinet and community partners share responsibility for providing a full range of services and support that address the factors that place families at risk of separation and the needs of kinship families.

There are differences in the Kinship Care and OOHC programs due to funding. As noted above Kinship Care funds are provided by TANF and OOHC by Title IV E funds. Services and requirements are mandated by each funding source. These Kinship Care mandates are included in 922 KAR 1:130. SOP 7E.1.7 was created to ensure compliance with regulations of the program.

CENTRAL OFFICE RESPONSE - OOHC and Relative Placements are different types of placements. Equalizing Kinship Care and OOHC services would require a substantial funding source. OOHC and Kinship Care (KC) are funded through two different programs. Kinship Care is funded through Temporary Assistance for Needy Families (TANF). Foster Care is funded through Title IV E. TANF could not support the level of funding needed to equalize services.

Many relatives had indicated over the years they did not want to go through the lengthy process of becoming a foster parent in order to care for a family member; coupled with the Cabinet's objective of wanting to divert children who were at risk of coming into foster care into a least restrictive environment. As a result of these two combined focuses, the Kinship Care Program was established in 2000. The monthly payment per child in KC is almost triple the amount of a normal K-TAP (Kentucky Transitional Assistance Program) payment. Also, a large percentage of children in KC are in relatives' custody rather than the agency's, which means there are fewer agency guidelines for the relative to follow. Permanency is achieved ideally in 12 months in KC cases, and averages 36 months with a foster care placement (entry to adoption).

When DCBS places a child in OOHC, the foster parent(s) have completed 30 hours of pre-service training, background checks (NCID, CAN, and Kentucky State Police are completed for all adults in the home and CAN for Children 12+), credit and personal references are provided, home environment requirements must be met as well as health screenings and income requirements. It takes 4-5 months for a foster parent to complete the process. Relative placements and KC placements must meet similar requirements initially, with the exception of training. Background checks are completed to address potential risks. It takes 2

weeks for the NCID checks to clear for relatives who have resided out of state within the last 5 years. The KC Specialist and the SSW work together in evaluating the appropriateness of a relative placement.

Kinship care providers do not receive the same benefits as foster parents, such as automatic approval of day care for working parents, clothing vouchers upon entry and yearly for school, training opportunities, assistance with transportation, and assistance with senior school pictures and life books.

Kinship Care Providers may receive a one-time start-up cost of up to $350.00 per child if the need can be justified and documented in the home evaluation. Start up costs cover the costs of items such as school clothing, school supplies, a deposit for a larger residence, furniture, personal care items, furniture and an attorney if needed by the caretaker relative in obtaining permanent custody. Kinship Care Providers also receive a medical card for all children in the home. They must obtain permanent custody within one year of receiving KC to continue receiving benefits of $300.00 per month per child (when applicable).

Kinship care was developed as an alternative to foster care. Initially, the program paid for child care for all working KC providers; however, there was not sufficient funding to continue the service. The need for child care assistance is now assessed based on the KC provider's income. While the benefits may not be equal to those of foster care, it's a less restrictive and traumatic environment for children. On July 1, 2009 there were 9,653 children in kinship placements receiving benefits. There are an additional 406 children who are placed with relatives that do not receive benefits (5.7% of the children in KC). The number of children in OOHC is 7,150.

KY RIVER PANEL
Recommendation: "Expand services to families who are not severe enough to open neglect/ abuse case with P and P to prevent neglect/abuse."

CENTRAL OFFICE RESPONSE - 922 KAR 1:330 - The administrative regulation establishes Cabinet procedures, congruent with eligibility requirements under 42 U.S.C. 5106a(b), for a child protection investigation or family-in-need-of-services assessment of abuse, neglect, or dependency and SOP 7A directs the report must meet criteria before it is accepted. When referrals are not accepted the SSW links the caller with appropriate resources/services in an effort to prevent abuse/neglect.

SOP 7A.4 CRITERIA FOR REPORTS THAT ARE NOT ACCEPTED
1. The SSW does not accept reports when the situation does not meet the definition of abuse, neglect or dependency, including:

(a) The reporting source has generalized feelings of concern regarding the welfare of the child, but does not give specific allegations that would indicate child abuse, neglect, or dependency; or
(b) The report relates to custody changes, custody issues, or lifestyle issues without allegations of abuse, neglect or dependency.

2. The alleged victim of maltreatment is age eighteen (18) or older.
3. The whereabouts of the child are unknown, and the SSW has insufficient information to locate the child or explore leads to locate the child.
4. The report concerns child abuse inflicted by a person who is not in a caretaking role. (These reports are forwarded to local law enforcement agency or the Kentucky State Police, as well as the Commonwealth's Attorney or County Attorney.)
5. The report relates to alleged spouse abuse of a married youth under the age of eighteen (18); these reports are forwarded to Adult Protective Services pursuant to 922 KAR 5:070.
6. The report concerns a specific incident that has previously been investigated or assessed within the past thirty (30) days and there is no new or additional information or change in circumstances.
7. Reports concerning the same allegations currently being investigated or assessed do not require separate investigations.
8. When a child who is suspected of being abused, neglected or dependent resides in a Department of Juvenile Justice (DJJ) facility, the SSW forwards the report to the Justice and Public Safety Cabinet, and they conduct the investigation as described in SOP 7B.8.9 Allegations of Maltreatment at DJJ facilities.
9. The report alleges corporal punishment appropriate to the age of the child, without injury, mark, bruise, or substantial risk of harm in a foster/adoptive resource home. The SSW immediately notifies the SRA or designee for assignment in accordance with SOP 3A.6.3 - Family Preparation.
10. When a report alleges non-intentional injuries resulting from the effort of a parent or caretaker defending them self, the report may be accepted as a FINSA or referred to the Court Designated Worker (CDW) if the child is a status offender, especially when a pattern of such altercations exists.
11. If the report does not meet acceptance criteria (Resource Linkage and Law Enforcement Assist), the SSW refers the caller to needed community or agency resources and documents the resource linkage.

There are several services that are open to families who do not have open neglect/abuse cases with the Division of Protection and Permanency. Each region in the state with the exception of the Northern Bluegrass region has an In-Home Based Services program that can serve families who do not have open cases. These must be cases that are considered low risk and do not have untreated substance abuse and/or domestic violence issues within the family.

All regions had the choice of adding additional funds to their In-Home Based Services to include a group specified by factors such as age. The other two services that are currently offered for these families are Family Team Meetings and Parenting Classes. These two services are not found in each region, but are offered in various areas.

In-Home Based Services - During the contract period FYs 2006-2008, 1135 cases or 4296 individuals (1739 adults and 2558 children) were served; 49.2% were single adult households, 42.3% had children below age 5, 2.6% were minority households, 27.7% of households with 5 or more family members and 23.2% of households had at least one member with a disability.

Family Team Meetings

• 1,312 referred cases had 1,415 scheduled FTM meetings scheduled
o 73.9% of referrals were made by the DCBS
o The completion rate was 65.6%, 928 FTM meetings were provided
o 21% or 291 meetings were cancelled
• FTMs included 3,287 community partners and 2,100 family/friends

Supervised Visitation - 471 cases were served, including 1,657 individuals, (713 adults and 948 children); 90 cases or 19.1% were minority households; 287 or 60.9% were single adult households; 85 or 18% had a family member with a disability; and 115 or 24.4% were families with 5+ members

BIG SANDY PANEL
Recommendation: "Change policy and practice to include all children under age of 18 to have a mandatory referral for mental health assessment and services as with the case plan with parent's treatment services. Children should be court ordered and or required to participate in effective treatment services for substance abuse, relationship issues, and exposure to violence, etc."

CENTRAL OFFICE RESPONSE - Staff members are provided with the MENTAL HEALTH/ILLNESS INDICATORS TIP SHEET located in Resources section of the Online Manual. The SSW explores with the family the possibility the client or someone in the family may have a mental illness throughout the investigative assessment or during ongoing case management services. If the SSW observes any indicators the client or family members are referred to appropriate services. If the client or family member is non-compliant the SSW may request the court order specific assessments and/or services. Children in custody of the Cabinet are required to have their mental health needs/well-being addressed within case planning.

Requiring all individuals within a family to obtain mental health services would place undo burden upon those families already struggling with limited/no

transportation and income. This requirement would also incur great cost to insurance providers and Medicaid.

SOP 7B.9.1(a) - If an investigation of abuse or neglect is substantiated on a child under three (3) years of age, pursuant to 42 U.S.C. 5106a(b)(2)(xxi), the SSW makes a referral for early intervention services to the regional service provider for early intervention services using established regional protocol/procedures and documents the referral in the CQA.

SOP 7C.4.12 Required Objectives for the Child Youth Action Plan Section of the Case Plan

3. The SSW addresses the mental health needs/well-being objectives of the child and negotiates and documents in the Case Plan accordingly. The Early Periodic Screening, Diagnosis and Treatment (EPSDT) and other forms of assessment by a Qualified Mental Health Professional (QMHP) may be used depending on the assessment and observation of the child. This objective addresses:

- Emotional issues;
- Behavioral issues;
- Socialization issues; and
- Self-esteem issues.

(a) Examples of mental health objectives include:
   (1) To improve the child's attention span, control outbursts of anger and crying during the next six (6) months; or
   (2) To maintain good mental health and promote socialization during the next six (6) months.

(b) Examples of tasks to accomplish mental health objectives include:
   (1) Parent(s) will support child by continuing to assure the child that they are not at fault for their problems, (beginning date);
   (2) SSW and caregiver will continue to assess signs of emotional stress from (date to date);
   (3) SSW will arrange initial assessment (EPSDT) and continued observation by (date);
   (4) SSW will refer the child to a QMHP for psychological testing by (date); and
   (5) Caregivers will transport child to afternoon "play group" to promote socialization and all other appointments beginning (date).

OBSERVATIONS
"Staff errors related to entering investigation findings."

CENTRAL OFFICE RESPONSE – A tip sheet has been available since 2005 instructing the SSW and FSOS on the process to request a case or referral delete in TWIST. Requests are submitted by the FSOS through the TWIST

system where a weekly worksheet is generated. The worksheet is provided to a point person on the Child Safety Branch who determines if the request meets criteria. In order to delete a referral, the information must be an exact match.

"Need for extended parent training."

CENTRAL OFFICE RESPONSE – Parent training is often an element on the case plan. SSWs and FSOS' are encouraged to consider the desired outcomes of this experience for the parent/s. Application of the knowledge is key. Resources for parent training are limited in some areas. An ideal partnership would be for community groups to consider offering this resource. The Citizens Review Panels could be instrumental in assisting the DCBS in developing these relationships.

NORTHEASTERN REGIONAL PANEL

Recommendation: "give Drug Testing Priority Status by: a) where and how feasible streamlining the procedure to give priority to drug testing requests – immediacy and timeliness of accessing information, including reviewing and revising SOP to create greater efficiency of this vitally important process, b) SRA or designee to regularly attend KY ASAP meetings in the region to gain knowledge of possible use of grant funds/sources to pay for drug screening and to encourage the development of additional resources for DCBS's substance involved clients, c) provide SSW's with a continually updated resource guide to share with clients detailing available drug screening and treatment options within the region, state, and neighboring states d) provide continuous professional development for staff on issues of substance abuse, e) consider providing a specialist on addictions to each regional office, f.) start a public awareness campaign to alert the public and legislators regarding the value of and need for Drug and Family Courts systems in the region."

NORTHEASTERN REGIONAL RESPONSE

b) A DCBS representative had direct participation in ASAP and Champions meetings throughout the Northeastern SR (Service Region) in March of 2009.

c) Local county P&P (Protection and Permanency) supervisors routinely share information regarding how and where drug screens are being obtained as well as substance abuse treatment options for clients in the Northeastern SR, throughout Kentucky, and in neighboring states; this sharing is provided during regularly conducted local county staff meetings and region-wide supervisory/leadership meetings.

d) Northeastern SR staffs are afforded opportunities to attend available training on all issues pertinent to child welfare services, including substance use/abuse/affected families. The Northeastern SR sent 3 P&P staff to attend the Kentucky School of Alcohol and Drug Studies in July 2009.

e) The Northeastern SR has identified that there is a critical need to have a P&P Specialist focused on the co-occurrence of child maltreatment and substance abuse, to assist and consult with our staff in meeting the unique needs of children and their adult caretakers who are so affected. Our region is currently in the process of completing a justification for a Substance Abuse Specialist; a position which will interface with DCBS staff and community partners; providing education on prevention, treatment options, treatment availability, research, and other related resources.

f) This has been already initiated in Boyd County which has the greatest population and incidence of substance abuse/child maltreatment in the Northeastern SR. A Substance Abuse Residential Treatment Task Force has been addressing this issue since early 2008. With the identification of Boyd County as a Sobriety Treatment and Recovery Team (START) services county, additional activities have begun to educate and collaborate with the community on the substance abuse issue with plans to greatly

expand awareness efforts in Boyd County and the entire region.

TRAINING BRANCH

d) There is web based training available to all staff at: http://www.training.eku.edu/substanceabusewbt/. In addition there is a course:

Collaborative Services in Mental Health and Substance Abuse

Description: This training is intended for tenured full-time P&P Staff to provide them with critical knowledge about substance abuse and mental health problems experienced by families. A variety of subjects related to substance use disorders and mental health problems is discussed such as screening, assessment, case management, and referral services.

DCBS also has the opportunity to send staff to the KY School of Alcohol and Other Drugs which is held annually in July. The training site is located at Northern KY University. The KY School is a week long emersion in training on issues pertaining to substance abuse and mental health. Hundreds of alcohol and drug prevention and treatment professionals from across Kentucky, Indiana and Ohio attend each year.

CENTRAL OFFICE RESPONSE

b) Unfortunately, due to budgetary constraints, we no longer have a Drug Testing contract and the SOP written around Drug Testing is no longer applicable.

c) A resource guide is available on the web and training is available on the use of this valuable resource. Regional Prevention Centers are also an excellent resource. The link is: http://www.mhmr.ky.gov/ProviderDirectory/OnlineProviderDirectory.aspx.

d) The suggestion to provide continuous professional development training for staff on issues of substance abuse has been made to the Training Branch.

e) TAP (Targeted Assessment Program) and START (Sobriety, Treatment and Recovery Teams) staff are now available in several regions with expansion under consideration. Again, Regional Prevention Centers may be able to help as well.

The Department continues to partner with its sister agency to provide current information around substance abuse recognition and treatment, as well as incorporating substance abuse education into its training curriculum. Additionally, the Department will continue to advocate for substance abuse treatment services; however, absent new funding for either testing or treatment, these efforts will be contained to what may be funded through new grants.

START is an intensive case management model for child welfare designed to address the needs of drug affected families. The program integrates what is best

known about addiction services treatment and good child welfare and family preservation practices into an approach that can work with the special needs of families struggling with the ill effects of substance abuse. The START units are comprised of teams of experienced social workers who will each be partnered with a family mentor who brings real life recovery experience to the team. Each team will work with a caseload of 12 families to allow for intensive case management services and individual attention to each family. Members of the START team will undergo ongoing, innovative and comprehensive training with the goal of becoming experts in the areas of chemical dependency, child welfare and community partnership. They will work intensively and collaboratively with families and community partners to achieve the goals of the program with the primary concern of improving our methods of keeping children safe. The development of strong partnerships with our community service providers is imperative to the success of the START model. It is anticipated the START program will be implemented statewide.

The first clients were accepted into program 9/19/07. The Barren County program was discontinued on 6/30/08 due to state budget shortfall and low rates of referrals. The unspent funds for the Barren County program were reallocated to other START programs. START services are currently available in Kenton, Jefferson, Boyd and Martin Counties.

The target population to be served in START includes families dealing with substance abuse issues with a child three or younger who have a substantiated case of abuse or neglect with DCBS; or families identified as a Family in Need of Service due to a mother testing positive for drugs at the time of a child's birth. Each START case begins with a team decision making meeting initiated by the investigative worker and attended by the START Social Worker and Family Mentor, UK TAP and the family (other parties can be invited to this meeting as appropriate). Child safety issues are discussed and a plan is developed regarding the children and initiation of services. START describes their intensive case management model and sets the appointment for a UK TAP assessment to be conducted within the following 72 hours.

The START team makes the appropriate referrals to treatment providers within 24 hours of receiving the UKTAP assessment results. Parents should begin receiving treatment services within 2 days of being referred to the treatment facility. The Family Mentor transports the parent to a minimum of the first three treatment appointments and contacts the treatment providers on a weekly basis for updates on the parent's progress in treatment.

All attempts to maintain children in their own home are made, but these decisions are based on safety and risk factors. If children need to be placed in out of home care, the START team works intensively with the family towards the goal of reunification. Parents must demonstrate a minimum of 6 months of documented,

uninterrupted sobriety before reunification will be considered. If reunification cannot be achieved, other permanency options for the children will be explored.

Dr. Ruth Huebner and associates with the Information and Quality Improvement Branch evaluated the program in 2008 in Jefferson, Boyd, and Barren Counties and wrote *The Formative Evaluation Synthesis of Focus Groups and Key Informant Interviews* report. Focus groups were held with clients, community partners, service providers, courts, and DCBS staff. Perceived results included: staff learned to work with family in natural environment; CPS learned how to interact with clients and community partners differently expanding professionalism and ability to negotiate and approach work with a positive body language and strategies; courts became more comfortable and trusting of keeping a child at home and granting parent visitation as they better understand START engagement; some families motivated to see DCBS as helpful; fewer children are in foster care; when removal is necessary placements are shorter; community partners and courts have more awareness of the trauma of removal for children; more fathers and male partners receive treatment through START almost all community partner, courts, substance abuse providers, staff and clients agree or strongly agreed that START has improved the way agencies work together; partners work together to identify gaps in services, resolve issues, and expand services; partners are experiencing a growing awareness of child neglect and substance abuse issues in their practice and community.

An evaluation of the START program in Martin County began 9/16/09. The Martin County program began 9/15/08.

The Targeted Assessment Program (TAP) is available in thirty-two counties to conduct assessment, pre-treatment, and follow-up services focused on identifying and addressing mental health, domestic violence, substance abuse, and learning problems. Services are provided by TAP Specialists who are employees of the University of Kentucky, Center on Drug and Alcohol Research.

TAP Specialists are trained, experienced human service professionals who provide clients with a non-threatening atmosphere, foster the development of a trusting therapeutic relationship, and increase the likelihood of client follow-through on the recommended course of action. These professionals:

1. Develop a customized plan for the participant to address barriers.

2. Work with the client and case manager to facilitate appropriate referrals and client follow-through with recommended services.

3. Provide consultation and training to DCBS staff in identifying and addressing barriers such as substance abuse and domestic violence.

The DCBS Child Safety Branch in collaboration with Debbie Acker, Nurse Administrator with the Medical Support Team, have proposed to develop and train a series of 3 hour modules on the topic of substance abuse that would include (1) Different Levels of Use & Parenting Capacity, (2) Assessment (which includes information on adult drug testing and how to present your information and opinion in Court), (3) Prevention planning/removal considerations, and Case planning/relapse prevention (using what available resources you have available in your area). The modules could be done live and/or through TRAIN and TRIS which are internet and intranet websites. A component of the training would be a checklist of questions for staff to ask and information they need to tie together to assess substance abuse and which would then help them make a more informed decision before safety and risk factors.

The Training Branch and the Child Safety Branch developed ***Risk Factors and the Assessment of Child Protective Service Investigations*** course. This training is to be attended by teams of CPS investigation workers and their immediate FSOS. Instructional content will guide participants into discussion on specific risk factors which have been identified by P&P as critical in assessment during the CPS investigation, such as, Substance Abuse, Domestic Violence, and Mental health issues. Information and materials will be presented on each of these risk factors by a panel of specialists. Participants will focus on the value and importance of documentation examining how all statements, evidence, and observations need to be recorded for assessment. Additionally, this training will concentrate on the importance of consultation during assessment of CPS investigations.

The course has been piloted in the Eastern Mountain and Cumberland Service Regions. Evaluative comments were positive for the utilization of the team concept and felt the course was extremely beneficial. Sessions have been scheduled for The Lakes and Two Rivers Service Regions.

Newborn Drug Testing is the latest course in the MECAN (Medical Elements of Child Abuse and Neglect) series. Mike Ward, formerly with the State Toxicology Lab, provides information on newborn drug testing; what workers can expect from the testing (preliminary vs. confirmatory tests), and what positive and negative tests mean for mom and baby. Steve Hartwig, Child Safety Branch, and Debbie Acker, Medical Support Team, discuss social work implications and investigation practices as a result of these tests. Training is provided in regions with a morning and afternoon session to accommodate SSW schedules.

Recommendation: "a) Local supervisors be given the discretion to redirect case assignments to team members to equalize the caseload and workload, b) fill vacant frontline positions immediately, or hire new SSWs to assist with the growing number of high-risk OOHC cases, c) utilize retired SSWs for interim work or contract work as feasible to ease the burden of high caseloads and workloads in the Northeast Region, d) maximize supervisory oversight of SSWs with high caseloads."

NORTHEASTERN REGIONAL RESPONSE - It should be noted that the Northeastern SR is not aware of "children missing from foster care or lost in the system."

a) Local P&P supervisors have this discretion and it is an expectation that supervisors closely monitor staff caseloads on a continual basis, making adjustments and modifications as needed to ensure equitable workloads among staff. Caseload data reports are routinely monitored by regional administration in on-going efforts to assist local county supervisors in maintaining equitable caseloads.

b) Caseload data reports are routinely monitored at least on a monthly basis by regional administration in on-going efforts to identify local county caseload needs and maintain appropriate staffing ratios. The Regional Office communicates and cooperates closely with the DCBS Division of Service Regions, the Commissioner's Office, and Personnel in the maintenance of needed staffing levels.

c) The Northeastern SR will pursue this idea with DCBS Central Office as a possible staffing option.

d) The Northeastern SR has an existing Utilization Review (UR) process to provide a team consultation piece, including the SSW, supervisor, and Regional Office staff person to facilitate quality decision-making and collective accountability. Recently, the region has implemented a region-wide expectation that P&P supervisors complete a monthly case review on each of their SSW's open cases in direct consultation with the assigned SSW; detailing case progress and identifying work that remains to be accomplished. This process provides the supervisor a more structured method of monitoring and documenting case progress and goal attainment as well as SSW work performance. The Northeastern SR also utilizes P&P Specialists and Special Investigators to assist any staff who may have high caseloads in documenting CQA's, facilitating FTMs, preparing presentation summaries to expedite permanency for children with the goal of adoption, working directly with staff on one-on-one training and mentoring on best practice, as well as filling in when the supervisor is not available. In addition, the region has a Transportation Unit staffed with Social Service Aides (SSA's) that helps relieve the SSW workload by transporting children to necessary appointments, assisting with supervised family visitation, and completing court records research and document gathering.

CENTRAL OFFICE RESPONSE - Data indicates the average caseload for 2007 was 17.1 and 18.0 in 2008. The CHFS is accredited through the national Council on Accreditation. Their caseload standard is 15. KRS 199.461 directs caseload sizes not to exceed 25. The DCBS target for CPS and APS cases is for the worker to carry an average of 18 ongoing cases and 20 investigative cases (15 new per month with 5 follow-up).

Hiring for SSW positions continues across the state. Positions recommended to be filled are being filled as quickly as possible. Factors influencing the decision to fill a position include caseload size for a particular team/county, as well as an assessment of the remaining staffing complement. Personnel issues within state government must be processed through several layers and this is time consuming. The interview/hiring process follows this system:

1) Position is available in local office. FSOS makes request to SRA to fill.
2) SRA makes determination based on caseloads, employee numbers throughout region.
3) Regional personnel complete paperwork to request register to fill position to Commissioner. If approved, register request sent to the Cabinet's Office of Human Resource Management (OHRM) for approval of the Appointing Authority. If approved, register is posted with the Personnel Cabinet.
4) Register is sent to requesting region and interviews are scheduled.
5) A committee is organized, interviews held and recommendation made to SRA. Recommendation is submitted to OHRM for Appointing Authority approval. If approved, action is submitted for approval to the Personnel Cabinet.
6) Once final approval is granted by the Personnel Cabinet, applicant is notified of start date.

There is a webinar presentation available through the Child Welfare Information Gateway. The link to the site is:
http://www.childwelfare.gov/systemwide/workforce/compendium/.

The video is titled ***Resources for Improving Outcomes for Children and Families through Caseload/Workload Reductions.*** The site also features information and data from the Child Welfare Workload Compendium which is an online searchable database of State and local child welfare workload initiatives. The APHSA Survey (2005) concluded: Reduced caseloads, workloads, and supervisory ratios = "most important agency action that CW agencies must take to retain qualified workers and supervisors." It is an accepted fact that change happens through relationships and spending time with children and their families leads to positive outcomes. A stable and effective workforce is due to the child care worker having a manageable caseload.

Recommendation: "a) strengthen the language of the current SOP 7C, from "when/if applicable" to read, "is required to" include community partners, b) develop formal MOA;s for FTMs with specific service providers, c) update SSWs knowledge base and skills on "community organization and asset building:, d)cases will not be closed until CQA documents an extensive Prevention Plan developed, implemented, and evaluated with the family and community partners, e) obtain appropriate releases of information to obtain needed information for wrap-around services."

NORTHEASTERN REGIONAL RESPONSE

a) A Family Team Meeting requires participation of family member(s), SSW (including internal Cabinet partners, if warranted) and community partners. Attendance by community partners that perform a service in attainment of the family's desired objectives as documented in the Case Plan qualify as an FTM. The SSW makes a concerted effort with the family to promote and explain the necessity for community partner involvement in case planning for successful attainment of desired outcomes. The SOP Manual has a Resource Section. Under that heading is a Five-Day Conference tip sheet and Promoting Family Team Meetings. Defer this recommendation to Central Office P&P Policy Unit for further review and response.

b) DCBS currently has MOA's (Memorandum of Agreement) in place with many community partner agencies, enabling cross-agency sharing of appropriate client information. Existing MOA's may not be specific to FTM's, but may be considered to already meet the intent of this recommendation.

c) SSW's, supervisors, and Regional Office staff currently participate on a variety of community meetings throughout the Northeastern SR-----e.g., County Social Agencies Meetings, CCC Meeting, FPP (Family Preservation Program) Meetings, ASAP Board and Champions Meetings, etc. Available skill building opportunities for staff on community organization and assets will be explored to enhance existing staff abilities of communication, cooperation, and collaboration. The Northeastern SR will also explore opportunities to increase actual SSW involvement in various community meetings.

d) The Northeastern SR has been working on the development of a training module on FTM with completion expected in 2009. When completed, all P&P staff, FS (Family Support) staff and pertinent community partners will be provided this training. An Advanced FTM Training is also in development to prepare specific DCBS staff and community partners to function as FTM Facilitators, leading and modeling the FTM process. It is expected that FTM training will strengthen and reinforce best practice in partnering with families and the community in effective decision-making.

e) The Northeastern SR will reinforce with staff on an ongoing basis, the need for appropriate release of information to enable timely communication and access of families to service.

CENTRAL OFFICE RESPONSE – The Training Branch offers a course titled "Engaging Families in Team Meetings". The target audience is the SSW and supervisors. Components of the course include: Family Engagement Skills, Community Partner Engagement Skills, Relationship Building, Strengths Based Casework and The Meeting Process. New DCBS staff completes the "Meeting Needs of Family and Children in Domestic Violence" training.

Recommendation: "establish a "Blue Ribbon Task Force" and "Statewide Summit" to be implemented for media campaign regarding child maltreatment and child abuse related to substance abuse."

NORTHEASTERN REGIONAL RESPONSE - The Northeastern SR is in full support of this recommendation on both a regional and state-wide level. DCBS has long recognized the critical issue of addiction, providing training and funding for specific intervention strategies. Within this region, funding has recently been approved for the development and implementation of START services in Boyd County. It is hoped that the scope of this service will increase in Boyd County as positive results are achieved with expansion into other counties that also share in this epidemic social problem.

CENTRAL OFFICE RESPONSE - Given the fiscal status of the State, it is suggested this recommendation be tabled for the time being.

THE LAKES REGIONAL PANEL

THE LAKES REGIONAL RESPONSE – Renee Buckingham writes:
The Lakes Region Management and staff would like to thank the members of the Lakes Citizens Review Panel for their dedication and commitment to assisting the Cabinet with strengthening our child protection efforts. As noted by the group, many of the recommendations are contingent upon additional funding to provide lower staff to client caseload ratios; support staff to assist with the achievement of goals, tasks and objectives; and the development of additional resources to meet the needs of our families and children. In the current economic times, this may not be possible. However, we believe that a number of the recommendations could be impacted through the coaching and mentoring of staff in the development of strong, client-specific assessments and incrementalized case plans with concrete timeframes for completion. We also believe that Regional Management should continually strive to assist staff in insuring that cases are front-loaded with all available services applicable to a particular family since it is well documented that the chance for successful intervention occurs closest to the time of crisis. Training for supervisors and staff in boundary issue and conflict of interest situations could enhance the quality of services being provided. We must continually strive to maintain, develop and improve partnerships both internally and within the community to assure the highest level of available resources in each community as possible.

Recommendation: "Parents must demonstrate both sustained income and housing for a period of six months before eligibility for return of children."

CENTRAL OFFICE RESPONSE - Out of home care is one of the many protective services offered to children and families. Children separated from their families are at significantly high risk for the development of emotional and behavioral disturbances. Even when removal is indicated for safety purposes, the separation can interfere with a child's development. It is critical to maintain the parent/child attachment through ongoing visits and phone calls. These visits are not a substitute for the child being in their own home. The goal is to return children to their families as soon as safety concerns are eliminated. Goals and tasks around issues of employment and housing are addressed in the case plan based upon the individual case situation. The Court has the option of returning a child home regardless of case planning or DCBS recommendations.

Recommendation: "Parents should be involved in the case planning in a way that results in an incrementalized plan with time frames for each item."

CENTRAL OFFICE RESPONSE - The Case Planning process, which assists the family to achieve safety, permanency and well-being, is based on strengths and needs identified by the family and the SSW using the CQA and family engagement. The SSW involves, to the fullest extent possible, the participation of the family. In partnering with families, the SSW and other staff use engagement

skills that focus on strengths of the family to build consensus about the Case Plan. The Case Plan is based on a partnership with the family and others identified by the family and SSW as supports and resources. There is a greater probability of success in goal achievement when the family members are equal participants of the team and empowered to make a significant contribution to their Case Plan.

The SSW negotiates objectives and tasks with the family and community partners as applicable during a Family Team Meeting, which is included in the Case Plan. The objectives negotiated include primary Family Level Objectives (FLO), secondary FLO, Individual Level Objectives (ILO) and objectives relating to the child(ren) in OOHC, which are addressed in the Child Youth Action Plan section of the Case Plan. The tasks are the action steps the family members, SSW and community partners are willing and able to do to achieve the objectives. Timeframes for objectives are automatically set at 6 months, unless otherwise documented in the Case Plan. The start dates of tasks to achieve the objectives within the 6 month timeframe are documented in the Case Plan as well.

The issue of Family Team Meetings and case planning is included in the Child and Family Service Plan and the Performance Improvement Plan. The DCBS recognizes these issues are critical to family engagement, effective case planning, stability and reunification of families.

Recommendation: "In cases involving out of home care, ask the court to assign a CASA worker where available."

CENTRAL OFFICE RESPONSE – The CASA worker can be a great asset; they bring objectivity, tenacity and consistent advocacy into an overloaded child welfare system. Volunteers are appointed by judges to watch over and advocate for abused and neglected children, to make sure they don't get lost in the overburdened legal and social service system or languish in an inappropriate group or foster home. Volunteers advocate for children through the child welfare system, the Family Court and attorneys. CASA volunteers review records and talk to everyone involved: state social service workers, attorneys, judges, parents, teachers, family members and, of course, the children themselves. CASA volunteers provide a constant source of information to the court and undertake any and all activities necessary for the promotion of the child's health, safety and welfare until a permanent disposition is made.

KRS 620.000 (1) (d) states: The court may, in the interest of justice, appoint a court-appointed special advocate volunteer to represent the best interests of the child pursuant to KRS 620.500 to 620.550. The clerk of the court shall arrange for service on all parties, including the local representative of the cabinet, of the order appointing the court-appointed special advocate volunteer.

Recommendation: "Work case plan aggressively. This means that the caseworker comes into the home more often than mandated at the beginning of the case."

CENTRAL OFFICE RESPONSE
There are required case plan objectives dependent upon the type of case. Objectives are automatically set with six month timeframes. Research indicates there is a higher rate of success with consistent and frequent contact between the SSW and the family. DCBS agrees with the recommendation to work the plan aggressively, especially when children are in out-of-home care. There are several tools available to the SSW. Tip sheets on *Involving Fathers, Visitation Between the Parent(s) and Child(ren), Visitation Between the Caseworker and the Parent(s), Visitation Between the Caseworker and the Child(ren) and Care Provider* are available and guide the SSW in their work. Resource Guides are also available and help direct casework. These include: *Strengths in Family* worksheet, *Absent Parent Search* form, *Caseworker Visit* template, *Visitation Checklist/Summary, Out-of-Home Care* checklist. All work is done under the framework of Comprehensive Family Services (CFS). The primary concepts of CFS are:

- Families are equal partners;
- Families drive the plan;
- Matching the intensity of the service with the intensity of the need;
- Assessment is strengths-based and prevention-oriented;
- Team meetings and service delivery may be coordinated by any community partner as well as Cabinet agencies.

The court is a resource when the family is non-compliant with the case plan.

Recommendation: "supervisors need to monitor workers who are less successful with OOHC and provide more supervision and use of regional office services earlier in the case."

CENTRAL OFFICE RESPONSE - Reviews occur in a variety of different forums which may include ongoing supervisor consults, ongoing MSW consults and other types of reviews including Utilization Reviews which occur with other regional management and staff. Continuous Quality Improvement reviews are conducted on both the region and state levels.

Core curricula for DCBS foster and adoptive parents incorporate components on the importance of working in partnership with birth parents. Curricula for advanced approval levels, such as Care Plus and Medically Fragile, requires the foster parent to work more closely with birth parents to teach and model appropriate parenting techniques and administration of medical care. Many

foster parents struggle with working in partnership. Depending on the case and situation (return to parent, termination of parental rights/adoption or planned permanent living arrangement), it may not be appropriate for foster parents to act as a mentor in every case.

Recommendation: "Differential training on boundary issues should be offered to rural and urban workers. In more rural areas, boundary issues are often a key factor since workers are more likely to bond with the parents to the detriment of the children's best interest."

CENTRAL OFFICE RESPONSE - There should be a focus on finding stability for the child while the parent develops their skills and work toward improving the family's existing situation. Boundary issues are discussed and included in the course Introduction to KY Child Welfare week in the Academy and in the Social Work Code of Ethics content. Vicarious trauma issues are included in detail in the course Meeting the Needs of Domestic Violence, and in the Child Sexual Abuse courses both of with are required courses.

Ethical Decision Making is offered through the Training Branch.

This training intended for tenured full-time P&P Staff will enable participants to approach ethical problems that arise in practice and research in a reasoned way, understand and critique the NASW Code of Ethics, understand the major concepts that underlie ethics in Social Work, apply ethical decision making to at least two complex cases and know the importance of continued skills building in ethical reasoning and decision making.

This training consists of eight separate components four of which are field-based training and four of which are classroom-based. All field-based components will be conducted via Blackboard and will be completed at the participant's workstation.

SOP 1A.1 pertains to Ethical Practice. Employee Standards and Code of Ethics and Employee Confidentiality/Security Agreement are covered.

Recommendation: "Blanket the case in available services from the beginning."

CENTRAL OFFICE RESPONSE – Strengths and needs of the family and services and supports needed to meet the safety and care of the children and to enable parents to fulfill their responsibilities are identified in the FTM. Specific objectives and tasks are chosen when developing the case plan. Those objectives and tasks are negotiated with family members to be specific and individualized to the issues identified. Safety of all family members is paramount and is reflected in the plan. The SSW continually assesses and documents

whether services are assisting the family to identify strengths to promote safety and well-being and formulate solutions.

The Child and Family Service Plan has a focus on case planning and engagement. The in-home services work of the DCBS will be revised with the goal of providing more timely and intensive services to the family in their home to prevent the removal of children.

Recommendation: "Increase state funding to provide sufficient supervised visitation with a remedial focus."

CENTRAL OFFICE RESPONSE – Consistent visitation is recognized as the cornerstone to establishing healthy relationships between parent and child. The DCBS agrees there is a need for expansion in supervised visitation services. However, it is unlikely additional funding will be made available. The DCBS has one grant for supervised visitation through the Office of Child Support Enforcement. In this difficult economic period, communities will need to be creative in how they address citizen needs. In some areas the faith community has established visitation centers within their church. This is truly a time for collaboration among all services providers and community entities to work to establish needed services.

Supervised Visitation is provided by Community Collaborations for Children in some areas of the state. In state fiscal year 2008 there were 188 cases which include 297 adults and 393 children. Of those 188 cases:

- 19.1% were minority households.
- 56.4% were single adult households.
- 13.3% had a family member with a disability.
- 56.4% of the cases were closed by the end of the first year. These cases are closed due to the child returning home, visits becoming unsupervised or a change of permanency goal from reunification to any other.

Recommendation: "Train foster parents as mentors for biological parents."

CENTRAL OFFICE RESPONSE - Core curricula for DCBS foster and adoptive parents incorporate components on the importance of working in partnership with birth parents. Curricula for advanced approval levels, such as Care Plus and Medically Fragile, requires the foster parent to work more closely with birth parents to teach and model appropriate parenting techniques and administration of medical care. Many foster parents struggle with working in partnership. Depending on the case and situation (return to parent, termination of parental rights/adoption or planned permanent living arrangement), it may not be appropriate for foster parents to act as a mentor in every case. The foster parent

may be accused of sabotage by the birth parent. The court may also view the foster parent as trying to act as a case manager rather than a mentor.

Recommendation: "Conduct better assessments to include strengths and needs; build upon strengths and address needs."

CENTRAL OFFICE RESPONSE - The DCBS acknowledges continuing efforts must be made to improve the process which leads to better outcomes for the family. Through the Program Improvement Plan the DCBS will consider consistency in ensuring that assessment services are provided to reduce risks to children to ensure children are safe in their homes, and to prevent removal; assessing and meeting the service needs of parents and children; assessment of educational, physical and dental needs. A thorough assessment is the foundation to all work with the family. It is through the assessment process that strengths and needs, safety and risk factors are identified. Service provision and child placement issues are driven by the assessment. The CPS Investigative SOP was revised and implemented 8/15/09.

Recommendation: "When assessments indicate it is unlikely the biological parents will obtain the requisite skills or improve existing situations in a timely manner, the worker should advocate through the court for TPR."

CENTRAL OFFICE RESPONSE - Indecision or unnecessary delays in initiating the termination action may result in significant emotional costs to the child. Additional months spent in non-permanent placements are months that the child will not benefit from the security of a permanent home. Children who linger in care generally demonstrate greater difficulty bonding and may become more difficult to place in adoptive homes. There should be a focus on finding stability for the child while the parent develops their skills and working towards improving the family's existing situation. TPR is not a permanency goal, but the means to achieve the permanency goal of adoption, which provides a child with a new legal family and stability. State and federal statutes provide specific guidelines for TPR.

The Permanency Hearing, which is required no later than twelve (12) months from the date the child entered OOHC by order of temporary custody following the Temporary Removal Hearing or placement as a result of voluntary commitment and every twelve (12) months thereafter if custody and out-of-home placement continues. The SSW submits a Case Plan, at minimum, once every six (6) months to the court and the Administrative Office of the Courts Citizen Foster Care Review Board Program. The SSW presents the Case Plan with permanency goal to the court at the twelve (12) month Permanency Hearing and the Judge must approve the permanency goal included in the Case Plan.
If the court does not approve the permanency goal, the SSW convenes another Family Team Meeting, to change the goal per court order.

Under the Safe Infants Law, KRS 620.350, there is an initial thirty (30) day relinquishment period. The infant's permanency goal is reunification with the birth family during that period. The SSW requests assistance from law enforcement officials to utilize the Missing Child Information Center and other national resources for the purpose of ensuring that infant is not a missing child. If a parent does not contact the Cabinet within thirty (30) days after relinquishing the infant the SSW Immediately consults with the regional attorney to seek involuntary termination of parental rights of the unknown parents and the authority to place the child for adoption. The request for a goal change is made in District or Family Court.

The petition for voluntary TPR is filed in family or circuit court of the Judicial Circuit where the petitioner or child resides or in the Family or Circuit Court in the county in which juvenile court actions, if any, concerning the child have commenced. Pursuant to KRS 625.040, no petition can be filed prior to three (3) days after the birth of the child. The Family or Circuit Court sets a date for the hearing within three (3) days after a petition for voluntary TPR is filed. The hearing is held not more than thirty (30) calendar days after the petition is filed; for children who will have been in OOHC for fifteen (15) of the last twenty-two (22) months, the Cabinet determines if TPR is in the best interest of the child.

It is the policy of the Cabinet to seek involuntary TPR when it is necessary to secure a permanent placement for a child who cannot be returned to the parent(s) or relative(s) and a voluntary TPR is not possible. The SSW reviews the grounds for involuntary TPR with the Regional Attorney or Office of Legal Services during a Pre-Permanency Planning Conference. Criteria for an involuntary TPR include: the parent has abandoned the child for a period of not less than ninety (90) days; the parent, for a least six (6) months has failed to provide the child with essential care and protection and there is no likelihood of improvement in the parent's conduct in time to effectively meet the child's needs; or the child has been in care for fifteen (15) of the last twenty-two (22) months.

The Cabinet developed statewide Swift Adoption procedures to decrease the length of time necessary to complete the adoption process for children who are committed to the Cabinet. Guidelines direct the department to develop Swift Adoption Teams to expedite the adoption process for children who are committed to the Cabinet. The mission of the Swift Adoption Team is to expedite the achievement of a finalized adoption.

JEFFERSON REGIONAL PANEL

Recommendation:

1. **"**Ensure that workers are requiring the execution of a waiver allowing the worker, the Court, and the County Attorney to have access to all information relating to the individuals participation in JADAC programs that are court entered."
2. "The Cabinet needs to reevaluate their contract with JADAC to ensure that 1) JADAC is in compliance and 2) the Contract addresses issues of limitation of information."

REGIONAL OFFICE RESPONSE - JADAC and Jefferson County have a contract and MOA around the services provided by the START project. There is also a small contract for 2 substance abuse case managers at Neighborhood Places (NP). The START contract and NP contracts provide good models for communication and collaboration around clients with substance abuse involved with child welfare. The START contract is specific about reporting results of drug screens and weekly communication with the DCBS SSW on progress. Both projects have demonstrated positive outcomes in engaging/retaining parents in treatment and preventing removal/reunifying children. The high trust relationship between providers and DCBS staff helps facilitate the exchange of information necessary to support the family case plan.

There have reportedly been some sporadic problems with cases not covered by the START/NP contract. The Jefferson County Court and Seven Counties Services have been meeting to resolve issues and clarify information that can be shared and how the treatment provider can best assist the courts in making informed decisions about child safety.

CENTRAL OFFICE RESPONSE – Substance abuse issues are identified in 57.1% of DCBS cases with a substantiation of abuse or neglect. In-patient and out-patient services become a task in many case plans. It is important that the SSW be able to confirm the individual's participation and progress in treatment. Federal statutes and regulations, *45 CFR Part 164, 42 CFR Part 2* protect all information about any person who has applied for or been given diagnosis or treatment for alcohol or drug abuse at a federally assisted program unless a very limited exception specified in the regulations applies. Any disclosure must be limited to the information necessary to carry out the purpose of the disclosure.

Part 2 permits programs to release information in response to a subpoena if the patient signs a consent permitting release of the information requested in the subpoena. When the patient does not consent, Part 2 prohibits programs from releasing information in response to a subpoena, unless a court has issued an order that complies with the rule.

Patients can consent in writing (on a form that meets the requirements established by the regulations) to the disclosure of their information from these programs to another person. The consent form must contain the elements stated in 42 CFR §2.31. A consent form with additional provisions is required if participation in the program is a condition of the disposition of a criminal proceeding against the patient or of the patient's release from custody, and information is to be disclosed to personnel who need the information to monitor the patient's progress.

The SSWs engagement with the parent is crucial to the development of trust in the working relationship. This often leads to a greater understanding by the parent of the casework process and being more receptive to requests for information.

The contract was last monitored on 5/19/09 with a report sent to the agency on 6/9/09. No deficiencies were noted, no plan of correction requested.
There is no specific language in the contract about provision of current and accurate information to the Courts although the following are in the contract relative to obligations to the Cabinet:

Section 2.00- Scope of Work - Services Required

C. The case manager shall:
    2. Participate in case-planning and CHFS scheduled Family Team Meetings.
    5. Advise and work with the Cabinet worker assigned to the parent/family on a weekly basis.
    8. Advise and work with the Cabinet worker assigned to the parent/family to develop an After Care plan for the parent.
    9. Track and monitor the parent's After Care Plan progress on a quarterly basis.
    10. Allow and participate in all site visits made be Frankfort CCC Program Staff.
E. A representative of the agency shall attend the Jefferson County CCC Network meetings.

Section 2.02 - Reporting Requirements

A. CCC Quarterly Report Data Forms...shall be submitted to Annette Harrod, CCC Program Technical Advisor.
B. The Quarterly Reports shall contain, but not be limited to, the following
    1. Total number of parents referred for services
    2. Total number of screenings and assessments completed
    3. Total number of parents who failed to participate in:
        a) Initial substance abuse screening
        b) Follow-up services indicated by the case plan.

The following narrative is from the Contract Performance Section (Contract Monitoring) Procedural Manual for 2009. This excerpt may be helpful in partially addressing Recommendation 1 from Jefferson and should address Recommendation 3 from Southern Bluegrass Service Region:

The Department for Community Based Services (DCBS), Division of Administration and Financial Management's Contract Performance Section (Section) monitors departmental contracts except those contracts that are monitored by another entity. Each year the Section, comprised of a Section Supervisor and policy analysts, monitors approximately 125-175 DCBS contracts. The Contract Performance Section also monitors Contracting Officials of the Department for Income Support's Child Support Enforcement Program through a Memorandum of Understanding.

Each year, the Section performs a detailed review of each contract and the contract's incorporated material that the Section will monitor. Many DCBS contracts contain several programs. The Section prepares a form called a "Contract Monitoring Tool" or "Tool" for each program in each contract. The Tool is prepared for use by the policy analysts in conducting the contract monitoring. The Tool establishes criteria to ensure objectivity and to promote uniformity and fairness in the monitoring process. The Tool's items are based on the written terms of the contract. The Tool requires contractors to select representatives that are best able to answer the questions and present documentation to evidence contract compliance. The Contract Performance Section strives to create Tools that limit opportunities for policy analysts to bring personal subjectivity or to act arbitrarily in contract monitoring.

After the Contract Monitoring Tool is drafted, the Tool is forwarded to the appropriate DCBS Contract Liaison for the program area for review and comment by the liaison or another specialist within the programmatic division.

The Contract Performance Section conducts annual contract monitoring in quarters – Quarter I begins in January, Quarter II begins in March, Quarter III begins in June, and Quarter IV begins in October. After receiving contract assignments, policy analysts review the contracts, accompanying Contract Monitoring Tools and any guides or procedures. In an effort to promote consistency and equity in monitoring, policy analysts follow the Section's procedures and use the transmittal letters and forms that are part of the Contract Performance Section Manual. Policy analysts contact contractors to schedule appointments to conduct the contract monitoring. All contractors are provided copies of the Contract Monitoring Tools in advance of the appointment. Some contract monitoring is conducted by desk review, rather through an on-site monitoring.

The Contract Performance Section prefers to conduct on-site contract monitoring; however, the Section performs desk reviews of contracts based on the following (in no order):

- Date and type of last monitoring conducted with contractor;
- Issues raised by contract specialists, budget analysts, or programmatic staff of DCBS;
- Staff capacity of the Section;
- Travel and budgetary restrictions;
- Monetary amount awarded to the contractor;
- Other competing workload demands of the Section; and
- Newness of the contractor.

These same considerations are used in the prioritization of contractors for State Fiscal Year contract compliance monitoring.

The Section issues a final report for all contract monitoring conducted. If a finding of noncompliance is made, the Section requests a Corrective Action Plan from the contractor concurrent with the final report's issuance. The Section consults and shares all documents with program staff within DCBS. Upon review of the contracts, the Contract Monitoring Tool, the Contract Monitoring Reports, and the Corrective Action Plans, program staff is able to determine if the program area's contractors have been in compliance with the contracts or require some level of intervention or contract renegotiation. DCBS leadership is engaged as appropriate.

Recommendation: "Cabinet should review its contract with 7 Counties to bring the terms of service 7 Counties is expected to provide within the confines of reasonable expectations."

REGIONAL OFFICE RESPONSE - SCS (Seven Counties Services) shared that the only contract with DCBS in mental health currently is the FPP contract. The intensive in-home services contract has strict timelines which are monitored.

Jefferson County regional management meets periodically with SCS managers to address issues and concerns that present barriers to treatment. David Weatherby, Specialized Child and Family Division Director, assured DCBS managers that they continue to meet with Judges to clear up any misunderstandings about information released to the courts on DCBS clients working toward reunification. Mr. Weatherby states factual information about progress in treatment is shared which helps inform the decision of the courts around reunification.

SCS managers state that it is not a protocol of SCS to start with the oldest child first. SCS has recently added therapist which should help to improve timeliness of treatment services.

CENTRAL OFFICE RESPONSE – Facilities such as Seven Counties are reviewed and monitored by the Office of the Inspector General. These contracts are not monitored the same way the regular contracts are monitored.
The Cabinet can take under advisement the recommendation to Request for Proposal (RFP) the services for the SFY11-12 biennium.
See comments and information provided in recommendation #1.

Recommendation: "Workers should have the ability to request true random drug screens without extensive authorization and get access for clients to obtain random drug screens on an immediate, as-needed basis."

REGIONAL OFFICE RESPONSE - Drug testing services are needed. Providers have been identified in Jefferson County. There is currently no contract for drug testing.

CENTRAL OFFICE RESPONSE - Unfortunately, due to budgetary constraints, we no longer have a Drug Testing contract and will not have a contract in the foreseeable future.

Recommendation: "Cabinet should consider a new team that would Shepard cases after the active worker is done and the family is reunited, for a period of 6 months to ensure that the family continues to do what they are supposed to do."

REGIONAL OFFICE RESPONSE - Permanency staffings are held to reach consensus on the permanency goal for children in care. Family, community members, and providers are included in these meetings to engage all in supporting the reuniting family. FTMs are held prior to case closure to develop aftercare plan and make sure families are connected with services and support. The closure team in Jefferson County makes final home visit before closure to confirm that connections are made. Families may be referred to services such as Family Intervention Services through Louisville Metro Human Services which can provide case management for up to 6 months on closed P&P cases. Community partners provide a variety of preventive services and families are connected with the Neighborhood Place in their area. These efforts have resulted in Jefferson County having a low re-entry rate, below the National standard.

Data indicates the % of children who exited placement after day 7 and who returned to custody within 1 year was:

2004 - 4.21%
2005 - 5.87%
2006 - 3.05%
2007 - 3.1%
2008 - 1.7%

Additionally, per August 2009 foster care facts - the average number of days to reenter for those with any reentry in Jefferson is 930.7 days compared to a statewide average of 645.7. Jefferson children that return to care are able to stay out of care longer than the state average by 285 days!

Recommendation: "Cabinet should consider employing "clinicians" to work long-term with families that have mental health issues causing their abuse or neglect."

REGIONAL OFFICE RESPONSE - Parents involved with child welfare who are struggling with mental illness represent some of our most complex and challenging cases. Current staffing doesn't allow for a specialized team that would work with families for longer periods of time. We are continually working with community partners to wrap services around these families with the understanding that services may need to be intensified in periods of instability.

Engaging family members, community members and providers in community who will remain connected with families when CPS is no longer involved is a best practice and alternative strategy to maintaining a CPS case over a long period of time. The staffing and FTM processes described above help to develop and team of support around families that may have been isolated previously.

CENTRAL OFFICE RESPONSE – It is unclear whether this recommendation is suggesting that the Department should employ a classification of clinically licensed employees to work with families having mental health issues or if the Department should maintain its relationship with families having mental health issues longer than it currently does. If it is the former, consideration for doing so would involve the state personnel system, as only specific classifications are available to each agency; as well as determining whether these positions could be absorbed into the Department's authorized funded personnel complement. If it is the latter, the length of service to a family should be governed by the family's capacity to protect and care for their children; however, there is a recognition that those services may either be provided by the Department or by another service agency.

Recommendation: "implement a weighted caseload count to accurately reflect the number of cases being carried by frontline staff and indicate the number of children within the families that each worker is managing."

REGIONAL OFFICE RESPONSE - Non case load carrying staff are not incorporated into the numbers for calculating the average caseload. We do however support looking at staffing based on workload vs. caseload. Jefferson

has been able to hired six new staff in the last two months and are currently working registers for additional social worker positions. Additionally, we are continuing to look for ways to streamline duties and monitor that CPS referrals accepted are those that meet criteria. Community support is needed to develop and utilize resources outside CPS for prevention and cases that don't meet criteria.

CENTRAL OFFICE RESPONSE - The average caseload for 2007 was 17.1 and 18.0 for 2008. There is a webinar presentation available through the Child Welfare Information Gateway. The link to the site is: http://www.childwelfare.gov/systemwide/workforce/compendium/.

The video is titled ***Resources for Improving Outcomes for Children and Families through Caseload/Workload Reductions.*** The site also features information and data from the Child Welfare Workload Compendium which is an online searchable database of State and local child welfare workload initiatives. The APHSA Survey (2005) concluded: Reduced caseloads, workloads, and supervisory ratios = "most important agency action that CW agencies must take to retain qualified workers and supervisors." It is an accepted fact that change happens through relationships and spending time with children and their families leads to positive outcomes. A stable and effective workforce is due to the child care worker having a manageable caseload.

Recommendation: "Cabinet should be wary of the conditions it places on families that contradict the working needs of the family."

REGIONAL OFFICE RESPONSE - We agree that efforts should be made to accommodate families' schedules when implementing services. Neighborhood Places provide a convenient resource for families. We will continue to train staff to use FTMs to identify and address any barriers families encounter.

CENTRAL OFFICE RESPONSE - Objectives and tasks should be negotiated with family members to be family specific and individualized to the issues identified. The safety of everyone is paramount. Reviews through Central Office have identified concerns with the case planning process and the case plan. There are concerns statewide. SSW and FSOS are being advised to write concise case plans where the Primary Level Objective which deals with safety or why the case is being opened with the family, develops tasks around the most pertinent issues for the family. There has been a tendency to develop too many tasks for the individual and family which leads to frustration and a sense of hopelessness.

Recommendation: "The Cabinet should work to expand the Domestic Violence Unit and work to ensure that the DV Unit of the Cabinet has access to up-to-date training."

REGIONAL OFFICE RESPONSE - We will explore this recommendation further and will work with Central Office as needed.

CENTRAL OFFICE RESPONSE - Expansion of the DV Unit would be a regional decision. There are no current plans to expand training opportunities. This is primarily due to the specialized DV teams not being developed in most regions. Training opportunities via webinars, teleconference, or other electronic means are shared with regional staff by central office throughout the year; however participation in such is voluntary. The Training Branch offers an introductory DV course open to all employees; Domestic Violence and Family Preservation Services; and DV continuing education course which is offered electronically and can be taken as the worker's schedule permits.

Jean Keen with the Division of Violence Provision Resources (DVPR) provided very informative information pertaining to Recommendation #8. It is broken out into sections for clarification purposes.

Recommendation: "Cabinet should work to expand BIP programs (number of providers)"

There are currently 15 certified batterer intervention providers (BIP) in Jefferson County:

Ronald D.	Dobbs	Dobbs & Associates, Inc.	3801 Springhurst Blvd, Suite 101	40241-	(502) 423-7222
Deborah	Feaster	New Beginnings Education and Counseling Ctr	2210 Meadow Drive, Suite 5	40218	(502) 222-5722
David E.	Harmon	Dave Harmon & Associates, Inc.	4010 Dupont Circle, Suite 226	40207-	(502) 896-8006
Leo D.	Hobbs	New Beginnings Education and Counseling Ctr	2210 Meadow Drive, Suite 5	40218-	(502) 222-5722
Michele H.	Hagan Jackson	New Beginnings	2600 West Broadway, Suite 209	40211-	(502) 222-5722
Herbert	Marcum	Transitions - Seven Counties	914 East Broadway, Suite 216	40204-	(502) 584-0044
Keith	McKenzie	Greater Louisville Counseling Ctr	332 West Broadway, Suite 905	40205-	(502) 587-9737
Ursula	Melhuish	Family Care Center	1425 Story Avenue	40206-	(502) 584-1369
Linda G.	Merkley	Louisville Behavioral Health Syst	3415 Bardstown Rd. Suite 300	40218-	(502) 693-2453
Kevin	Pangburn	Family Care Center	1425 Story Avenue	40206	(502) 584-1369
Alfred L.	Perkins	Dave Harmon & Associates, Inc.	4010 Dupont Circle, Suite 226	40207-	(502) 896-8006
Robert E.	Thompson	Robert E. Thompson	3044 Breckinridge Lane, Suite 204	40220-2193	(502) 493-8002

Roger	Walker		115 Winners Circle	40257	(502) 594-5117
Michael	Wardford	West End Counseling Services	3508 Dumesnil Street	40211-3441	(502) 776-1156
Maurice	Williamson	Shelton & West End Counseling	2201 Griffith Ave	40212	(502) 599-6652

The Cabinet offered seven trainings for batterer intervention provider certification in SFY 09 training forty-three mental health professionals.

Recommendation: "Cabinet should work to expand BIP (length of program)"

The Cabinet was successful in amending 920 KAR 2:020 during the winter legislative session. The amendment included increasing the minimum length of batterer intervention from twenty to twenty-eight weeks. This became effective April 1st, 2009 for all certified BIPs.

Recommendation: "BIP should be offered on a rolling income scale to allow for families who are essentially indigent, to have the services and move toward reunification as a more wealth family would be able to."

The average cost of BIP is $75 for initial assessment and $24 per group session (minimum of 28 sessions required). Average total cost is $747 spread over about a seven month period.

Most BIPs make allowances for indigent clients and will offer reduced rates when necessary. It should be noted that there is no billing mechanism for the mental health professionals who do this work; batterer intervention cannot be billed to Medicaid, general fund, etc. and we cannot expect them to volunteer their services.

If funding were available, an alternative would be for the cabinet to contract with BIP providers for services provided to clients referred by DCBS. Keeping a family intact while providing victim services to mother and children and batterer intervention to father would be far less inexpensive and have more impact on the family than OOHC.

Recommendation: "The Cabinet should work to expand the Domestic Violence Unit and work to ensure that the DV Unit of the Cabinet has up-to-date training."

Specialized intake teams for cases of co-occurring domestic violence and child abuse can be "best practice" when the proper resources are allocated and the concept is supported. The model of the concurrent DV/CPS Team in Jefferson County has garnered national attention in the past, and the model was actually featured at a national conference on concurrent DV/CPS in Denver in March of 2007. The presentation

was conducted by the FSOS of the concurrent DV/CPS team at the time, the one time Director of Programs at the Center for Women and Families and two staff from the Division of Violence Prevention Resources.

Recommendation: "The Cabinet should work more closely with the BIP providers to ensure that the experience of children is taken into account by BIP and that the impact of domestic violence on children is included in BIP programming".

Since its inception in 1999, batterer intervention programs were required to include effects on women and children in their curriculum. The Cabinet amended 920 KAR 2:020 during the winter legislative session of 2009. The amendment included changes to the required curriculum for batterer intervention. Beginning April 1st, 2009, all certified BIPs must include sessions on parenting after violence and abusive head trauma prevention.

Additionally, batterer intervention can be a useful tool in child protective services work, if there are open lines of communication, and there is a structure to maximize the benefits for the domestic violence victim, added protection for the children involved and to hold the batterer accountable.

Recommendation: "the Cabinet should review its contract with 7 Counties to see if protocol can be established to provide prompt access to services for emergent families."

REGIONAL OFFICE RESPONSE - SCS has a program called Service on Demand for families to be seen the same day or as soon as they family can schedule. The first appointment can be set up in court or prior to court. SCS also has a program called SEAM which will provide a therapist intervention within a week for families awaiting in-home services.

CENTRAL OFFICE RESPONSE – The contract addresses the screening and assessment process. Delays in accessing services should be directed to the manager of the center.

Section 2.00- Scope of Work - Services Required,
C. The case manager shall:

1. Provide initial substance abuse screening. The screening/assessments shall be conducted using a form designed by Seven counties Services and approved by the Cabinet to record face-to-face interviews with the parent along with any other written screening tools necessary. Seven Counties Services shall conduct the assessments at either the parent's home or at

   one of the eight local Neighborhood Place sited (sic) located throughout Jefferson County in space provided by the Cabinet.

4. Maintain linkage agreements with other substance abuse treatment providers in the region, and assure that parents are accepted into a treatment program within five (5) calendar days and not put on a waiting list.

Recommendation: "Cabinet needs to factor transportation issues in when making families attend counseling or receive services; consider the de-centralization of services; and seek private funding or support form businesses or transportation entities to provide free or reduced rate transportation."

REGIONAL OFFICE RESPONSE – The DCBS no longer has funding for TARC tickets for P&P clients. This has been a valuable resource for clients.

Recommendation: "expand the number and type of in-home services."

REGIONAL OFFICE RESPONSE - We agree that in-home services have been a most valuable tool in diverting children from OOHC. We support continuation and expansion of in-home services. Jefferson is also working closely with community providers to increase skills in working with families of older youth and truants.

CENTRAL OFFICE RESPONSE - The Division for Protection and Permanency has issued a Request for Proposal to expand Intensive In-Home services, modeled after the current Out-of-Home Care Diversion contracts, to designated counties in the five regions that do not currently have Diversion programs. The number of additional families served will be determined by the successful respondent's negotiated cost per targeted child served to achieve identified milestones that are meant to keep children in their homes safely and without further maltreatment. It is the intention of the Division to work to expand intensive in-home services to all Kentucky counties, providing that funding is available.

The Division is also reviewing current Community Collaboration for Children and Family Preservation programs for appropriateness of services, needs and/or gaps in services, and priorities in anticipation of issuance of a Request for Proposal. In-home services are considered a priority for these programs.

SOUTHERN BLUEGRASS REGIONAL PANEL

Recommendations to prevent re-occurrence:

Recommendation: "Develop contractual relationships with entities to provide services to families who are not Medicaid eligible."

CENTRAL OFFICE RESPONSE - The Department for Community Based Services does not distinguish families who are or are not served under the Medicaid Program in the department's provision of child welfare services.

Recommendation: "Revise policy to address the needs of families with issues of substance abuse."

CENTRAL OFFICE RESPONSE – The recommendation is not specific as to the perceived need to revise policy. Substance use/abuse issues are addressed throughout SOP. There is policy regarding: CHILD(REN) EXPOSED TO METHAMPHETAMINE PRODUCTION (METH LAB) INVESTIGATIONS; FAMILY MEMBER WITH MENTAL ILLNESS OR CHEMICAL DEPENDENCY.

Recommendation: "Hold service providers accountable for meeting the requirements of their contracts. Specifically, private child care providers should be held accountable to provide notification when a child has been moved."

CENTRAL OFFICE RESPONSE - All DCBS contracts are monitored every 1-3 years on a schedule developed by the Division of Administration and Financial Management (DAFM). The tools used to monitor each contract are designed based on the specific and requirements of the contract. If deficiencies are cited, a Plan of Correction must be submitted and approved. In addition, if DCBS staff or management report specific issues related to non-compliance, DAFM can address those issues with the vendor immediately.

The Office of the Inspector General (OIG) is responsible for the licensing of these facilities and will do at least yearly visits to ensure that all the requirements for licensing are current. If not, OIG cites the facility for any deficiencies and a Plan of Correction must be submitted and approved. The requirements are targeted more toward health and safety issues rather than quality of service or adherence to the agreements. The Children's Review Program does some monitoring of services provided and quality assurance in their capacity as Gatekeeper. Personal Service Contracts and Memorandums of Agreement (MOAs) are monitored by DCBS/DAFM/Contract Performance Section for compliance with the specifics of the contracts.

Mike Cheek, Director of the Division of Protection and Permanency, notified all DCBS staff of the new private child care TWIST tracking module. Notice was sent in the Protection and Permanency Memorandum, PPM 08-17 on October 30, 2008. The Federal Adoption and Foster Care Analysis and Reporting System

(AFCARS) requires states to be able to track and report the exact placement of each child in foster care. In order to comply with these requirements, Department for Community Based Services (DCBS) staff and Office of Administrative and Technology Services staff enhanced the capacity of TWIST (The Worker Information System) to track the physical location and moves for children placed within the PCP (private child placing programs) licensed programs. This enhancement project was referred to as the PCC Tracking Module Project. The new web-based module will dramatically improve the DCBS's ability to maintain timely and accurate information on the actual location of each child in OOHC and ultimately fulfill these federal reporting requirements.

The PCC TWIST Tracking Module has two primary goals:

1. Electronically store the currently assigned physical location of any foster child placed with a private child placing organization.
2. Improve foster child move data to include all foster homes and independent living locations.

Outcomes of the PCC Tracking Module Implementation include:

- The physical locations of foster children in PCC placements are now easily identifiable and reportable within TWIST.
- Enhanced collaboration reinforces communication and accountability between the DCBS and the PCC organizations.
- The number of reported moves now includes moves within licensed programs.
- A comprehensive directory of PCC foster homes and independent living locations is available at all times.

PCC tracking enhancements provide essential functionality for PCC users.

- Enables the user to view the placement history and current assignment of foster children.
- Notifies the DCBS worker of anticipated moves.
- Notifies the DCBS worker of the anticipated discharge date.
- Inputs the date of an approved move and/or discharge for the foster child.

Collaboration between DCBS case managers and PCC child care providers has been enhanced.

- DCBS case managers and PCC providers have a complete placement history of the child to guide therapeutic planning and collaboration on placement stability.
- DCBS and PCC providers have a comprehensive state-wide resource directory for developing common diligent recruitment

- plans for foster homes needed to match the needs of children in the state's care.
- DCBS case managers can electronically respond to notifications of anticipated moves.

DCBS Billing Specialists are now responsible for completing the enter/exit screens in TWIST. SSW's will no longer have this duty thus making more time available to work with families. Training has been provided on the new system.

Recommendations from supervisors:

Recommendation: "Measures of effectiveness need to include both meaningful quantitative statistics and qualitative measures. When individuals are reviewed, the process encompasses a review of the Twist System. Workers must have a minimum of 90% of all their notes processed in the system. The system is thus quantitative in their eyes. However, they feel the cabinet should consider some qualitative issues when reviewing caseloads of workers."

SOUTHERN BLUEGRASS REGIONAL RESPONSE - This issue is being addressed by having supervisors in Fayette County, meet with their associate each morning to discuss case distribution and to assure that every team and individual has a case load that is equitable, based on the amount of work a case requires, not just the number of cases an individual may have.

CENTRAL OFFICE RESPONSE – The Cabinet is truly interested in the quality of work completed by workers. We applaud this recommendation since it illustrates the high aspirations of DCBS workers that are very concerned about quality. Since 2002, case reviews that evaluate the quality of work are completed monthly. Each month, 4 cases per supervisor are randomly pulled from TWIST and assigned for supervisory review. At the supervisor level, case reviews are intended to be used in coaching and mentoring. Eighteen of these cases are randomly assigned for review at the regional level. The scores from the regional level are used to monitor PIP progress and identify regional needs and successes. Thirty-two cases from regional levels are reviewed each month at Central Office.

The following is an excerpt from the instructions for the CQI Case Reviews and illustrates the focus on quality. For each review, a report is generated that can be used by supervisors to coach and mentor staff in using high quality practices.

The issue is using these quality indicators as measures of performance in evaluation or in case weighting. The minimum standard is for workers to complete the work; quality only counts if the work is done. We can hold staff accountable for doing the work. Using quality indicators for performance

evaluation or assigning caseloads is complicated by factors such as setting the standard of quality and the subjective nature of quality reviews. At this time the methodology for measuring quality and setting quality standards is subjective. The federal standard is that all case work be at 95% completed with high quality work. Kentucky achieves this standard in several domains, but it is a very high bar for any worker to achieve as a minimum standard. High quality is a standard that DCBS workers strive for and we are proud of them for this aspiration.

CQI Case Review Instructions

Mission: The single common mission of CQI case reviews is to improve the quality of case work provided to children and families.

Principles:

- Casework quality is complex and relies on multiple factors interacting over time to produce results for families and children.
- Case reviews are part of the continuous quality improvement process where casework quality improves over time.
- Each level of case review contributes to assessing case work and informing needs for coaching and mentoring, training, policy supports, practice supports, systemic changes, or problem solving.
- Each level of case review uniquely contributes to the mission, but no review level is inherently superior to another review level.

Levels of Review

Level	Purpose	Supports for the purpose
Supervisor	Supervisor reviews identify a caseworker's strengths and needs for coaching and mentoring. The supervisor uses the review process to assist their team in improving best practices and quality case work.	The case review is based on specific expected practices; it is a guide to practice. Data from the team is available to the supervisor for 3 months to use in tracking trends or team needs.
Regional	Regional reviews are intended to identify supervisors that need coaching and mentoring, regional trends that suggest actions needed with courts or community partners for example, and data to support action planning at the regional level. Scores from regional reviews are used to support and measure achievement of the program improvement plan (PIP).	CQI specialists and administrators will have access to their data at any time to identify trends or performance on specific items. Summary reports are available at any time. The "Data in a Glance (DIG) – Case Reviews" report displays quarterly item scores for all regions statewide.
Central Office	Central office reviews are intended to help state level policy analysts understand state and regional trends that suggest the need for action such as policy changes, training needs, practice supports, or advocacy with courts or other community partners.	Central office CQI site administrators will have real-time access to all state data and access to summary and quarterly trend data.

Recommendation: "Policy changes/reorganization should require direct input from front line staff. Policy makers should have a minimum of two years *recent* experience in the "trenches". Supervisors also feel that it would be beneficial to call on current front-line supervisors to assist in the review and change of policies."

CENTRAL OFFICE RESPONSE – There is a specific process for review of draft SOP by the field. Upon completion of the draft SOP with the Branch Content Expert, the SOP Drafter provides the material to the QAPD (Quality Assurance and Policy Development) Supervisor/Branch Manager and the content Branch Manager for review and approval. Any changes requested by the Branch Manager are completed.

Upon approval of the Branch Manager, the material is issued by the SOP Drafter for a Central Office (CO) review. Occasionally, the CO review may occur simultaneously with the field review, but at times the Branch Manager or other Management may determine it is best to have a separate review prior to a field review. The draft SOP is provided to regional management, FSOS' and Specialists. It is the expectation that the FSOS will discuss the material with their staff and solicit feedback. Any comments requesting revisions are to be approved by the Branch Manager.

Upon approval of the Branch Manager, the material is issued by the SOP Drafter for a two (2) week Field review. Any comments requesting revisions are to be approved by the Branch Manager.

Recommendation: "The safety needs for workers needs to be addressed. recommended that the initial meeting with the family should be at their office, rather than the client's home. This would allow the caseworker time to assess the case, gain awareness of the parents and children, and begin to formulate a case plan that would be meaningful for the client."

SOUTHERN BLUEGRASS REGIONAL RESPONSE - Staff are required to complete an FTM after the case has been transferred from investigations to ongoing (for OOHC case cases this must be within 5-days). FTM is when ongoing staff usually meets a client or family for the first time. Staff are not required to complete these FTMs in the home, most often these are held in the DCBS office, which allows ongoing staff to meet the family and have an opportunity to assess their safety when working with the family, and assist the investigative worker, community partners, and family in establishing an appropriate case plan, while in the safety of the DCBS office instead of the client's home.

CENTRAL OFFICE RESPONSE – New policy on worker safety has been developed and was effective 8/15/09. The policy does not specifically address

the FTM but directs the worker to check available information systems to review family history.

Recommendation: "create positions for more front-line workers to help reduce case loads."

CENTRAL OFFICE RESPONSE – Hiring for SSW positions continues across the state. Positions recommended to be filled are being filled as quickly as possible. Factors influencing the decision to fill a position include caseload size for a particular team/county, as well as an assessment of the remaining staffing complement. The current caseload size is 16.2.

Recommendation: "partner with an agency such as the Child Care Resource and Referral Agencies throughout the Commonwealth to train professionals in each community (or county) to lead parenting trainings."

SOUTHERN BLUEGRASS REGIONAL RESPONSE - We have also identified the need for appropriate, individualized parenting classes or skills training for many of our clients. We are currently addressing this issue by allotting 70% of CCC funds for direct in-home services and utilizing other agencies that can provide in-home services for our families. When it has been identified that a parent needs additional training to establish better parenting skills we ask the in-home service providers to work one-on-one with the parents and family to address the high risk parenting issues and teach appropriate parenting skills. However the management team values and supports the recommendations that CRP have made and are willing to work with CRP to help with developing this program .

Recommendation: "use PCWCP students as support aides/transportation aides while they are waiting on their permanent DCBS positions."

SOUTHERN BLUEGRASS REGIONAL RESPONSE - We have addressed the transportation issue at a regional level by hiring more transportation aides. The Southern Bluegrass Region now has 6 transport aides, and two openings for additional transport aides, and a coordinator who assures that the transport aids are being utilized effectively.

Recommendation: "replicate/broaden Louisville's Parent Advocate Program across the region/state, in order to provide more successful mentor families for DCBS client families."

SOUTHERN BLUEGRASS REGIONAL RESPONSE - The Southern Bluegrass management team would also be interested in having this program statewide, if research indicates that the outcomes of having the program have been a

reduction of re-occurrence of maltreatment, more timely and effective reunification, and a reduction in the number of children in OOHC.

CENTRAL OFFICE RESPONSE – Although preliminary evaluation indicates enhanced outcomes for children and families, due to the state fiscal crisis, expansion of the program can not be achieved without additional funding.

Recommendation: "create a consistent implementation of the drug testing policy across the region which is affordable to clients. Explore the idea of workers giving clients drug testing in their homes or having drug testing available at the region's DCBS offices."

SOUTHERN BLUEGRASS REGIONAL RESPONSE - Staff in the Southern Bluegrass region strongly agree and support this issue, but recognize that this is an issue that must be addressed at a state level.

CENTRAL OFFICE RESPONSE – There are numerous issues surrounding reliability of testing and worker liability when SSW performs drug testing. Due to budgetary constraints, we no longer have a Drug Testing contract and the SOP written around Drug Testing is no longer applicable.

Recommendation: "utilize community partners in a more meaningful way in order to learn more information about family history and/or family patterns."

SOUTHERN BLUEGRASS REGIONAL RESPONSE - The management team strongly agrees that staff should be contacting community partners, especially those who have daily contact with children, such as teachers, while completing an investigation or ongoing assessment of the family's progress. We plan to take steps to train and better education staff on the need complete collateral interviews with community partners while assessing the safety and needs of children and families.

CENTRAL OFFICE RESPONSE – The CPS Investigative SOP and the Risk Factors and the Assessment of Child Protective Services Investigations training address the issue of engagement of community partners and the importance of their inclusion in work with the family.