

*Kentucky Citizen Review Panel for
Child Protective Services*



**Annual Report
2010**

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Acronyms contained in this report and their meanings:

<i>CRP</i>	<i>Citizen Review Panels</i>
<i>CFHS</i>	<i>Cabinet for Health and Family Services</i>
<i>CPS</i>	<i>Child Protective Services</i>
<i>SRA</i>	<i>Service Region Administrators</i>
<i>QSR</i>	<i>Quality Service Review</i>
<i>CQA</i>	<i>Continuous Quality Assessment</i>
<i>DCBS</i>	<i>Department for Community Based Services</i>
<i>SOP</i>	<i>Standards of Practice</i>
<i>ILC</i>	<i>Independent Living Coordinators</i>
<i>RNC</i>	<i>Recruitment and Certification</i>

Web sites:

Kentucky Citizen Review Panels: www.uky.edu/socialwork/trc

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

**** Recommendations are in BOLD**

Dear Citizen,



Thank you for taking a moment to read the 2010 Annual report of Kentucky's Citizen Review Panels. The Panels were formed in 1999 as a result of a federal amendment to the Child Abuse and Prevention Treatment Act. There are over 50 Panel members serving on two regional and one statewide panel, representing hundreds of volunteer hours. The Panels' federal mandate is to evaluate the policies and practices of the Kentucky Department for Community Based Services (DCBS) and to make recommendations for the improvement of child protective services. In turn, the Cabinet is required to respond to the Panels' recommendations—in writing—within three months. This report and the recommendations and responses from previous years can be accessed electronically at www.uky.edu/socialwork/trc

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

I would like to especially thank the capable Chairpersons for each Panel who worked tirelessly to lead their teams in this difficult work: Charlie Baker, Joanna Rodes, and Reverend Vicki Garber. Thanks also to our Frankfort-based liaison, Gayle Yocum, for her many years of supporting the Panels.

This is a public report and may be shared with anyone. We hope that it will become part of the larger conversation about each of our responsibilities in protecting our state's children.

Blake L. Jones, Ph.D. Program Coordinator

Statewide Citizen Review Panel



Reverend Vicki Garber, Chair

*Gayle Yocum**

Melissa Bowman

Ken Schwendeman

Angela Harris

Kevin Kavanaugh, MD

Virginia Johnson

Kathy Sykes

Nicole Barber-Culp

Geri Willis

Sasha Rich

Rhonda Simms

Ron Gray

Rev. David Jones

Verne Webb

Lisa Gabbard

**DCBS Liaison*

Introduction:

It was our purpose to work in two separate areas of concern: worker safety and foster care aging out. The desired outcome of the worker safety sub-group was to analyze issues of safety for workers statewide and to make recommendations regarding improvements on worker safety. The desired outcome of the foster care aging out subgroup was to review the currently used curriculum for life skills of youth in the aging out process, to talk to front line workers and life skill instructors and to make recommendations for improving the aging out procedures where necessary.

Activities and conclusions:

The Statewide Citizen Review Panel met for the first time in October, 2010 to organize and share information about the purpose and work of the Panel. Subsequently we held numerous phone conversations and met in person.

At our second meeting we identified two major areas of interest and concern: worker safety and foster care aging out. The Panel separated into these two groups and set goals and strategy to accomplish the goals.

1. The worker safety subgroup met regularly via teleconference and email and spoke to workers and supervisors. They also sought and are continuing to seek to review reported incidents where worker safety was jeopardized. They reviewed current policies and practices, viewed utilization reports and had conversation-action points with Supervisors from the Cabinet. All recommendations are the result of Capstone project findings, review of current policies & practices, review of utilization reports, and conversation-action points with Supervisors from the Cabinet regarding Worker Safety (3-17-2010).

One major area of concern was the fact that many areas of the state into which workers must go do not have adequate cell phone coverage which might prevent the worker from calling for help.

The subgroup concluded that there were a number of measures that could be taken to insure greater safety for workers in front line and investigative positions. (Refer to recommendations below)

2. The foster care aging out subgroup also met regularly via teleconference and email. In addition, they reviewed the current Life Skills curriculum, had an in person conversation with supervisors in Northern Kentucky, had a teleconference with front line workers and ILCs, and submitted questions to Keith Jones, the Coordinator of the Independent Living Coordinators.

Recommendations:

1. The worker safety subgroup

Recommendations:

- 1. Require all workers to review DCBS safety policies & procedures with their FSOS and complete safety training at least twice a year.**
- 2. Have the State CRP (Worker Safety) members schedule a meeting with the Cabinet's Safety Trainers in which to share the findings of the Capstone project and to observe the current training standards and/or interventions.**
- 3. Have the Cabinets' Safety Trainers along with the CRP members jointly review the ideas and/or concepts of interactive simulators (such as the police use - which New Jersey is piloting), and behavioral/body language based upon violence escalation recognition coupled with drug recognition training (as in intoxication effects).**
- 4. Initiate an immediate in-depth follow-up and/or investigation once a "safety" incident has been reported by field staff in < 24 hrs and pull all staff from that environment pending investigation outcomes.**
- 5. Review staff incident reports & take appropriate action in areas of high occurrence (i.e. request more workers be assigned to particular regions to assist with home visits, etc.)**
- 6. Make certain that there is cell phone coverage for workers, perhaps utilizing "On Star" in state vehicles. Where there is no cell phone coverage, there should always be two workers on the initial contact.**
- 7. In line with this is a need to be able to access records checks quickly, especially across state lines." (3-10-2010) Conversation with Supervisors from the Cabinet who work with Worker Safety.**

Conclusion: "There is a safety coordinator and some steps have been taken to initiate greater safety. The most important need seems to be on training to learn to de-escalate a

situation and to sense how long to stay in a situation before calling for police help or leaving. Capstone training for workers would give the workers opportunity to be trained in a safe setting.

2. The foster care aging out

Recommendations:

1. Training and Mentoring of ILCs

- a. Recommend the Cabinet expand their contractual relationship with ECU to include one extended session with ECU's Facilitation Center for training of all ILC's with at least one follow-up session per biennium.**
- b. That the Cabinet be encouraged to provide continuing education that specifically addresses the need for creative and motivational teaching methods for those who teach the life skills curriculum for children who are aging out.**
- c. That for at least the first year of their employment, new workers to the program be assigned a 'mentor' who is either already working in the area of teaching life skills or has a back ground in teaching. The mentor might be a volunteer with a teaching background.**
- d. That those who attend these continuing education units be encouraged to become a networked group for mutual support and training.**

2. Curriculum, Implementation and Standardization

- a. That small changes be made to the curriculum to more reflect the highly computer literate culture that we are becoming. For example, add a section on how to use the computer (including how to use publicly available computers as in the library) to hunt for a job. This should include automating the Independent Living skills curriculum.**
- b. In an effort to encourage going to college that we develop a way to make electives available for the foster care youth through the colleges**

- c. **Recommend the Cabinet expand use of the "blue folder" of soft skills to include a "green folder" of evidence-based and developmentally appropriate strategies/skills/knowledge with attached forms of assessments for each aging-out youth at age 17.**
- d. **Recommend that when possible forums for foster care parents and/or youth be held in a neutral location once or twice a year.**
- e. **Recommend the Cabinet require team development meetings between the RNC's, P & P's, and contracted ILC's bi-monthly for the purpose of case review of aging-out youth.**
- f. **Recommend that we look for ways to achieve minimal standardization of the aging out procedures from region to region. That is, recognizing that different regions have different needs and expectations, there should still be a way of assessing whether or not the child has accomplished a certain 'minimum' that would be required in all regions.**

3. Community Partnerships

- a. **That we find ways to encourage community, school, and church participation, using resources in the greater community on a volunteer basis to assist in appropriate areas. For example, perhaps a local bank teller could teach a section on writing checks, balancing a check book, applying for a loan, etc.**

Miscellaneous Recommendation

- 1. That the Panel leadership meet with leadership from the Cabinet for conversation as to areas that Cabinet believes that they need help in.**
- 2. That the Panel and the Cabinet foster a growing relationship of trust and mutual accountability for the sake of the youth of Kentucky.**

Statistics Gathered/Children Aging Out

1. The transition curriculum and the transition process should be modified to intentionally address the needs of youth with disabilities transitioning from foster care to adult life. Both Title II of the Americans with Disabilities Act and the Kentucky Civil Rights Act require the programs of state agencies to be accessible to people with disabilities. However, we learned from our interviews with Keith Jones and the Independent Living Coordinators that there are no resources for adapting the transition curriculum, that ILCs and foster parents must simply do the best they can with what they have, and that some ILCs do not even attempt to address the disability-related transition needs of youth.
2. We think this approach falls short of the required standards for accessibility of government services, and does a great disservice to Kentucky foster children and youth with disabilities, who are a large percentage of all children in foster care. Many of these children and youth have physical, psychological, and learning problems as a result prenatal exposure to alcohol and drugs, abuse and neglect, and multiple foster care placements. For example, according to the Child Welfare League, 30 to 40 percent of children in foster care have health problems. Between 30 and 85 percent have significant emotional disturbances. It is estimated that 60 percent have moderate to severe mental health problems. Approximately 20 percent have developmental disabilities, intellectual disabilities, cerebral palsy, learning disabilities and speech, hearing, and sight impairments.
3. In addition, because many youth with mental health problems do not qualify for adult SSI benefits, they frequently lose their Medicaid cards when they age out and thus cannot get treatment or medication. Even a universally designed transition curriculum and process will not help these youth successfully transition to adulthood because the basis of their mental health stability disappears with the

loss of their Medicaid card, when they can no longer afford treatment or medication.

4. Therefore we recommend the Cabinet
 - 1) **develop a universally designed or easily modifiable transition curriculum**
 - 2) **support the ILC's work by providing them with consultants who have expertise in modifying curriculum and processes to address the needs of youth with various disabilities**
 - 3) **extend Medicaid coverage to youth who may not qualify for adult SSI, but who are, nonetheless disabled and need mental health supports**

Jefferson Citizen Review Panel



Charlie Baker, Chair

*Laura Johnson**

Bryan Fantoni

Bonnie Swicegood

Shari Christoff

Sheila Nelson

Phillis Thompson

Barbara Carter

Barbara Carter

Deonya Muhammad

Cynthia Curtsinger

Rebecca Johnson

Crystal Collins-Camargo, Ph.D.

**DCBS Liaison*

Preamble:

During this year the Panel has met faithfully, and often in our discussions - both as a whole and in small groups - one concern has always been present. “Does the Cabinet value our input?”

We realize that these are very stressful times and in such times it may be even more difficult to welcome criticism - even when such criticism is designed to be constructive. We hasten to note that as people and as professionals, Cabinet staff - both from Frankfort and from Louisville - have been unfailingly warm and courteous. In particular, the local staff have also been eager to provide us with any information we have sought.

However, we continue to believe that, as an organization, the Cabinet does not value or utilize our recommendations. We would appreciate further discussion of this concern. (Note: We are in the process of reviewing all the Panel recommendations and Cabinet responses for the past ten years. We believe this will further clarify this concern.)

Recommendations:

- 1. Provide training and resource materials to each Jefferson County team in regard to what specific in-home support & treatment services are available.**

- 2. Establish “Quality Performance Goals” for each contractor. (Examples might include timeliness of service delivery, number of clients served, client satisfaction, Cabinet worker satisfaction, etc.)**

- 3. On a Quarterly basis, gather data on these Goals and distribute a report to the Contractor, Cabinet management, Family Court Judges and this Panel.**

- 4. Host a meeting between Cabinet management, interested private contractors, other responsible departments in city and state government (MH/MR, Housing, etc.), interested citizens, and members of this Panel to review the topic of youth who are aging out of care. The goal of this meeting will be to improve - via co-operation and collaboration - both the quality of service planning and the successful transition of these young people into young adulthood.**

Thank you for adopting our mid-year recommendation to extend the contract with YMCA Safe Place for the Truancy Diversion Project. We wish funds were available for multiple years, but the extension to the end of the year does give the agency time to try to raise funds on their own for this exemplary project.

Southern Bluegrass Citizen Review Panel



Joanna Rodes, Chairperson

Jennifer Brown

Nancy Shinn

Heather Schill

Brandon Rayford

Cynthia Kay

Ellen Burke

Joellen Banks

*Mary Carpenter**

*Kristen Krebs**

Carol Stiles

Becky Crawford

Norma Threadgill-Goldson, Ph.D.

Angela Cleveland-Holecek

Larry Johnson

** DCBS Liaisons*

This year's project focused on the issue of youth aging out of care. It is known that young adults with a history of former foster care placement are more likely than their peers to be unemployed, homeless, pregnant, and convicted of a crime. Few of these youth pursue and complete college despite the financial assistance available to them if they extend their commitment to the Cabinet at age 18. This population undoubtedly needs a great deal of support and assistance in order to transition successfully out of care.

The panel decided to obtain data through interviews and focus groups in order to gain an understanding of the *experience* of youth while transitioning out of care. Three

focus groups were formed: 1) Youth Group consisting of 4 youth currently involved in independent living; 2) Foster Parent/Caregivers Group made up of 2 foster parents and 2 PCC workers; and 3) Worker Group of 3 DCBS workers and 1 private group home caseworker. The panel also collected surveys from 7 additional youth who could not attend the group interviews. The following is a summary of each group's feedback (including that collected from the surveys) and recommendations based on their responses.

Youth Group

Many youth indicated that they felt prepared in many ways for aging out, but not in others. Most commented that they had no complaints about their caseworker but stated that the contact was infrequent. The following things were listed as helpful: life skills as taught in foster care, placement or independent living (specifically cooking, accessing public transportation and money management). Thoughts shared about what makes a difference in aging out successfully included being goal oriented, re-committing, having a strong support system that gives guidance and knowing what resources are available for help. Ideas for how the Cabinet can make things better for aging-out youth included more hands-on independent living skills, ensuring that youth are fully informed of resources and helping kids build support systems especially for those who do not have family to help.

Foster Parent/Caregiver Group

Some positives pointed out by these members were having good relationships with the DCBS workers, support groups available to foster parents and having access to trainings. Some difficulties identified by this group – the need for ongoing training covering a broad array of topics related to caring for the teen population, the need for specific training geared towards empowering foster parents to support both the establishment and process of pursuing educational goals, a very long adoption process (17 year-olds typically do not get adopted for this reason), more freedom to give youth opportunities to learn skills (such as driving), more support and help from the Cabinet to get youth into college, and increased contact between the parent/caregiver and DCBS

worker. Additionally, foster parents voiced the need for standards to be set related to the foster parent's role in using the transition plan in a manner which would engage youth in the decision making process related to their future.

Worker Group

This group indicated that there was one training offered by the Independent Living Coordinator that was enormously helpful in building their knowledge about resources and issues related to aging out. Workers unanimously believed that this training should be offered regularly and made mandatory to any workers serving this population. Other areas were targeted as being in need of enhancement to assist workers in their efforts with aging out youth. One of these is the need for a more realistic and helpful transitional living plan at age 16; the current plan is described as quite tedious and time-consuming and meaningless to the youth. The plan is also not applicable to youth with disabilities. A second area of necessary improvement is the extreme difficulty youth have in navigating the system to access food stamps and Medicaid. Finally, the workers pointed out that they are not always adequately prepared to assist those youth with disabilities who have a more complex set of needs as they age out (SSI applications, for example).

Our Recommendations

1. Training

To be provided by both the Cabinet's training team and community partners.

For Cabinet Workers: Develop training for caseworkers that is focused on assisting youth aging out. Topics should include, at minimum, SSI, tuition assistance/waivers, guardianship. Expectations should be clear that all workers must have the training prior to taking on adolescent cases.

For Foster Parents: Policy should be revised to specify that at least one annual training requirement for foster parents be specific to aging out youth. The initial PSMPP should also include issues related to caring for this population. Any and all trainings related to aging out youth should emphasize the expectation that foster parents actively support the youth's plan for transition and allow/encourage youth to practice independent living skills under the family's guidance, particularly those skills relating to money management.

2. Consultative Meetings

Opportunities should be given to workers to consult on all cases of youth 17 years old to ensure that the youth's needs are being met as they relate to transitioning to adulthood.

3. Public Assistance Liaison

Designate a liaison within the Family Support office to assist youth in obtaining and continuing Medicaid, food stamps KTAP.

4. Post-Secondary Collaboration/Training

Increase collaboration with colleges and vocational programs to ensure that all requirements are met in a timely manner so that youth will have smooth start. As a result of CRP relationships, a pilot program is now being developed between Bluegrass Community Technical College and the Independent Living Coordinator to ensure that youth have the books and supplies necessary to prepare for post-secondary education. We recommend that the Cabinet support the active involvement of the caseworkers in this arrangement.

5. Caseworker Performance Evaluations

Employee performance evaluations should include specific feedback from youth regarding frequency and quality of relationships with their caseworkers.

Direct Quotes from Youth Regarding Aging Out

“Independent Living is good.”

“There should be more opportunities in foster care to learn what you need to know to help you prepare you for later.”

“My relationship with my social worker is like a lunar eclipse. A rare occurrence but very important when it takes place.”

“Make the options known – so many kids aging out don’t even know that there are programs out there.”

“Have a support system for kids who don’t have family or a place to take over when aging out so they don’t become homeless.”