Kentucky Citizen Review Panel for Child Protective Services

Annual Report

2013

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

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“Listen to the mustn'ts, child. Listen to the don'ts. Listen to the shouldn'ts, the impossibles, the won'ts. Listen to the never haves, then listen close to me... Anything can happen, child. Anything can be.” ~ Shel Silverstein
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Acronyms contained in this report and their meanings:
* CRP Citizen Review Panels
* CFHS Cabinet for Health and Family Services
* CPS Child Protective Services
* SRA Service Region Administrators
* QSR Quality Service Review
* CQA Continuous Quality Assessment
* DCBS Department for Community Based Services
* SOP Standards of Practice
* RNC Recruitment and Certification
* PIP Program Improvement Plan

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

** Recommendations are in BOLD
Dear Colleague,

Thank you for taking a moment to read the 2013 Annual report of Kentucky’s Citizen Review Panels. The Panels were formed in 1999 as a result of a federal amendment to the Child Abuse and Prevention Treatment Act. There are over 50 Panel members serving on two regional and one statewide panel, representing hundreds of volunteer hours. The Panels’ federal mandate is to evaluate the policies and practices of the Kentucky Department for Community Based Services (DCBS) and to make recommendations for the improvement of child protective services. In turn, DCBS is required to respond to the Panels’ recommendations—in writing—within three months. This report and the recommendations and responses from previous years can be accessed electronically at http://www.uky.edu/TRC/CitizenReviewPanels.

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 more information about this national network is at www.uky.edu/socialwork/crp.

I would like to especially thank the capable Chairpersons for each Panel who worked tirelessly to lead their teams in this difficult work: Dr. Crystal Collins Camargo, Chris Townsend, and Lisa Gabbard. Thanks also to our Frankfort-based liaison, Gayle Yocum, for her many years of supporting the Panels. We wish her well on her journey and welcome our new liaison, Gretchen Marshall. Finally, thank you to Stephanie Webb and Belina Turner, our regional liaisons. Their work is so important in insuring that the Panels have the information they need to do their important work.

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

Blake Jones, KY CRP Program Coordinator
Statewide Citizen Review Panel

Lisa Gabbard, Chair

Gayle Yocum*  Tammy Stanley  Ken Schwendeman
Gretchen Marshall*  Darlene Benzick  Kathy Sykes
Geri Willis  Rhonda Simms  Rev. David Jones
Verne Webb  Lisa Gabbard  Kate Goodenough Hackett
Rhonda Simms  Jerry Cantrell  Kim Reynolds
Tonya Barr

*DCBS Liaison

This year, the Panel continued working in our chosen groups: Centralized Intake, Community Partners, and “Gap” Children (those children who fall between the cracks of DCBS and the Department of Juvenile Justice). Below are the team reports for the year. Ken Schwendeman will continue to monitor the “Gap” children and report back to the group as needed.

Regional Centralized Intake Team

In 2012 The Community Partners Team of the Statewide Citizens Review Panel created and widely distributed a survey via email to the Department for Community Based
Services (DCBS) community partners to discern their working perceptions and relationship with DCBS. An obvious theme in the survey results conveyed the problems community partners were experiencing with the Regional Centralized Intake (RCI) Process for reporting abuse and neglect. A large number of DCBS community partners related they were experiencing frustration with their attempts to report abuse or neglect. The Statewide Citizens Review Panel Members are of the opinion that the problems identified by the community partners were valid and warranted further review. At the annual meeting of Kentucky’s Citizens Review Panels in August 2012 the Statewide Panel created the Regional Centralized Intake Team for further review of the RCI Process. The RCI Team decided to complete a SWOT Analysis to identify strengths/weaknesses of the nine Regional Centralized Intake Offices and to provide recommendations to improve their effectiveness and consistency.

The RCI Team of the Statewide Citizens Review Committee (SCRC) completed a SWOT Analysis of the nine Regional Centralized Intake Process. The Team gathered information from the following three sources:

1. 2013 Survey of the DCBS Community Partners with responses from 285 professionals who frequently use the Regional Centralized Intake Offices to report abuse.
2. CPS Call FACT Sheets:
   a. Sheets for the nine Regional Centralized Intake Centers for SFY 2012
   b. Statewide CPS Referral FACTS SFY 2009 through 2012
3. Information gathered from nine out of ten RCI Supervisors, were face-to-face interviews with two supervisors and questionnaires emailed to the others. Several attempts were made by the RCI Team of SCRP to solicit information from the Northeastern RCI Supervisor, but he declined to cooperate with the RCI Team of SCRP’s request.

The following is a summary of the findings gathered from each source and prioritized recommendations to Commissioner Teresa James to improve the system and ensure the safety of Kentucky’s children.
1. 2013 Survey of the DCBS Community Partners with responses from 285 professionals that frequently use the Regional Centralized Intake Offices to report abuse. The 2013 Survey mirrored the results of the 2012 Regional Centralized Intake Survey. Participants expressed frustration and dismay with how difficult the RCI was to access and were fearful the malfunction of the system placed children in danger of death or injury. The following are the highlights of the 2013 Survey:
   • 52.3% of the calls made to report abuse or neglect were placed on hold sometimes as long as 45 minutes to one hour.
   • 32.6% of the calls made to report abuse or neglect were not answered on the first call. Several respondents complained that they were on hold 45 minutes to one hour before their call was answered. There were other reports that their calls were never answered and they gave up and did not make a report.
   • 89.4% reported that once their calls were answered they were given ample opportunity to provide the information they wanted to provide.
   • 17.2% reported that the questions they were asked were not sufficient to provide the information they wanted to provide and they were not allowed to ask follow-up questions or make additional comments.
   • 67.7% of callers were told that their report did not meet the State’s criteria for abuse or neglect.
   • 66.7% of the callers had used the Kentucky Child/Adult Protective Services Web-based System to report abuse or neglect.
   • 78.6 of the callers who successfully made a report of abuse or neglect to DCBS did not provide feedback on the status of their report. The full survey and comments are an attachment to this document.

2. CPS Call FACT Sheets Findings
   The RCI Team of the SCRP calculated a standard deviation for the following data areas on the FACTS Sheets for the nine Regional Intake Centers for 2012:
   • % Calls Meeting Criteria
   • % Rated High Risk
   • % Rated Very High Risk
% Substantiated Abuse/Neglect
% Substantiated Abuse/Neglect or FINSA

The standard deviation calculation is a widely used Statistical Process Control calculation that is used to identify the "capability of any process" (understanding that "normal variation" exists in ANY process). Generally speaking...the rule of thumb in any business or for any set of data is that ANY process (whether the data points are human, pieces of production, etc.), if the standard deviation is between 1 - 3%, the process is said to be "in control" (predictable variation & repeatable outcomes/results). If the standard deviation is greater than 6 i.e. > +/-3%, the process is "out of control": i.e. process improvements must be made to bring the standard deviation "in control", so the outcomes/results can be predicted and reliable. The chart below is the data areas with the standard deviation for each area:

<table>
<thead>
<tr>
<th>Data Areas</th>
<th>% Calls Meeting Criteria</th>
<th>% Rated High Risk</th>
<th>% Rated Very High Risk</th>
<th>% Substantiated A/N</th>
<th>% Substantiated A/N or FINSA</th>
<th>Standard Deviation</th>
</tr>
</thead>
</table>

The data gathered shows that the "calls meeting criteria" are terribly "out of control" at 11.6%, something is very wrong with this process and its consistency/predictability. Also, both the "substantiated" columns are "out of control" by definition, but to a lesser scale than the one noted above (but this is believable--though still not okay-- since both of these sets of data are "outflows" from the "meeting criteria" data.) The RCI Team of SCRP is of the opinion that the "risk" columns are in control because the "process" has a more limited/specific (less subjective) set of criteria to establish the data points i.e. fewer "variables" in the process.

The spreadsheets containing the information gathered from the FACTS sheets listed above are an attachment to this report.

3. Findings from the information gathered from RCI Supervisors:
The information gathered by the RCI Team from the RCI Supervisors identified that there were strengths among the RCI Regional Offices. The summary of the SWOT Analysis is an attachment to this report.

The major problems identified from the data gather from the RCI Supervisors that serve as barriers to the RCI Offices performing their duty to protect children are:

• The phone systems in several regions are antiquated and cannot effectively handle the large number of calls they receive on a daily basis (6 of 9 RCI Teams reported significant problems with their phone system);
• No training specific to the work performed by the RCI staff (this was consistently mentioned by the RCI Supervisors we received information from);
• Inadequate staffing, overwhelmed/overburdened/burned out staff;
• Low morale: no raises in 5 years;
• Excessive staff turnover places a high number of inexperienced workers doing a very complicated job that requires experience;
• Breakdown in communication between RCI Staff, CPS staff and supervisory staff regarding SOP;
• Limited number of opportunities for RCI Regional Supervisors to meet with each other to discuss cases and learn from each other;
• TWIST is antiquated and needs to be updated. The Response matrix does not match current SOP. There are too many crashes and information is hard to retrieve. When a worker is taking a call, he or she has to search multiple screens to determine if the perpetrator has a prior history.
• Having calls statewide from 11:30 P.M. to 8:00 A.M. Monday – Friday, holidays and weekend routed to a phone system operated via a contract with Seven Counties. The Seven Counties staff are also responsible for taking calls made to the statewide Suicide Prevention Hotline. Suicide prevention calls take precedence over the calls made to report abuse or neglect;
• Poor communication with community partners calling to report abuse, especially school personnel;
4. RCI Team Recommendations to the Commissioner for CHFS/DCBS
   a. Purchase and install an integrated phone system that has the capacity to record calls made to the RCI DCBS Team. With the phone and internet technology that exists today, there are low cost modern phone systems available that will improve the efficiency of this critical call system dramatically.
   b. Develop orientation training for new staff who are assigned to answer calls that prepares them to do the work performed by the RCI staff. Ongoing staff training should be provided as well. Gather input from the RCI Supervisors to develop the training content.
   c. Determine staffing levels that will ensure 100% of incoming calls are answered promptly. This includes providing this same level of performance Monday - Friday 11:30 P.M. and 8:00 A.M., and weekends and holidays.
   d. Make the appropriate updates to TWIST to reduce software crashes, update the system so RCI staff will not have to search through multiple screens to discover prior abuse history and update the software so the Response Matrix matches current SOP.
   e. Provide opportunities for the RCI supervisors to meet quarterly to share information, to discuss unique abuse/neglect cases, to plan improvements to the RCI system, and provide each other with emotional support.
   f. Increase communication with community partners who call to report abuse or neglect, especially school personnel.
   g. Identify opportunities to improve communication between RCI staff, CPS staff and DCBS leadership.

Submitted respectfully by the Statewide Citizens Review Panel’s RCI Team, Darlene Benzick, Kim Reynolds, Rhonda Sims, Janet Stickels, Verne Webb, and Jerry Cantrell, Team Leader
Community Partners Team

Last Year’s Retreat:
We chose to continue our work from last year which was “How to Eliminate Constraints between DCBS and Community Partners.” A Strategic Plan Worksheet was created to sharpen our focus on the goals.

SRA Survey:
As a result of follow-up conference calls, a cover letter and survey were crafted especially targeting SRAs. Both the survey and the cover letter were very professionally done thanks to those who had expertise in this area. The results of the survey and next steps were discussed in subsequent team conference calls.

The “What Works” Conference:
It was decided that our part in the conference in June would be to utilize a speaker from Geri Willis’s region where there are already successful meetings on going between DCBS and Community Partners. Geri reports that much good has been accomplished through this effort there and many constraints have been removed. The speaker has been confirmed and is on the agenda for the conference.

Meeting on April 27:
Discussions were held about our work next year. We tentatively decided to explore the feasibility of a limited scope Client survey dealing with clients’ experience in how they got information about services available from Community Partners through their contact with DCBS. Blake has forwarded a document from Gretchen that gives guidelines for such interviews. We are reaching out to Blake for guidance on this matter. It may be that such a survey has already been done or that some college or university Social Work Department might want to partner with us on this project.

Summary and Future Directions

Last year’s survey for DCBS workers and Community Partners as well as this year’s SRA survey have yielded much good information. However, we feel that the third and final piece of the effort on our part would be some form of client survey so that thoughtful and meaningful recommendations can be made next year.

By December 2013, the Statewide CRP Community Partnerships Committee, in conjunction with the DCBS CRP Liaison, will review the Academy curriculum for the purpose of determining strengths/gaps in the knowledge/skills base for the content areas of community partnership and asset building in reference to the coordination and development of community resources/services at the local level; as evidenced by recommendations for the inclusion of and/or strengthening of evidence-based, best practices in community partnership and asset building. Expected Outcome - an intentional effort to enhance the knowledge base and practices of supervisors and frontline workers in the area of community partnership and asset building through
training opportunities offered through the DCBS Academy with follow-up at the local level in collaboration with community partners and the CRP.
The Jefferson County Panel developed its 2012-2013 strategic plan at the Retreat and subsequently revised it at its September Meeting. Both goals continue the work from 2011-2012 in two areas: To promote awareness of mandated reporting and appropriate fulfillment of reporting responsibilities through an outreach campaign; and, explore and enhance staff and management team perceptions of the CRP and our role in system improvement.

Goal: To promote awareness of mandated reporting and appropriate fulfillment of reporting responsibilities through an outreach campaign

At the suggestion of the Commissioner, the panel agreed to attempt to collaborate with Prevent Child Abuse Kentucky (PCAK) to develop a plan for a campaign to educate the Jefferson County Community. Two meetings were held to explore the possibility of this. It was determined, however, that the priorities of PCAK, which has a much broader scope
than the panel, was to develop a training curricula and conduct a Train-the-Trainer process to expand statewide capacity. The panel determined that based on its volunteer status and purpose, this was beyond our scope.

The panel also agreed to conduct a mandated reporting outreach campaign in Jefferson County. The panel composed a letter which was transmitted electronically to a wide range of potential reporting sources, reminding them of their responsibility to report and the overarching reason why this was important, emphasizing the opportunity for online reporting, and directing groups to the Cabinet or PCAK for training as needed. The electronic letter was sent to a list of 70 individuals including schools, day care centers, service providers, law enforcement and associations representing provider groups. The chair of the panel filmed a guest spot on the local WAVE-3 TV talk show, *The Power to Change*, regarding reporting child maltreatment. In addition, the panel composed and submitted an op-ed piece for publication in the Courier Journal in May. The use of video spots that could be rebranded for the Commonwealth was also explored. Due to the expense and a lack of funding this effort was not within the panel’s capacity at this time. The panel also explored collaboration with the Partnership to Eliminate Child Abuse and Kosair Child Abuse Prevention group. It was determined that each of these groups had a well-established plan and focus and were moving forward and that there was no need for further collaboration.

Based on the 2012 findings related to reporting trends in Jefferson County compared to the balance of the state, the Cabinet indicated that review of data revealed that Jefferson County was reportedly mis-documenting reports received and that some of the trends that appeared to exist were a function of that process. The Panel requested and received data in the spring of 2013 to compare with the prior year to determine if this was in fact being demonstrated in the numbers. In addition, panel members with reporting experiences reviewed the current length of wait time and experience with the web-based system. Based on this information, the panel finds that the modification made by Jefferson Intake has put them on a trajectory to be more in line with state reporting rates.

**Goal: Explore and enhance staff and management team perceptions of the CRP and our role in system improvement.**

The panel wished to interact with DCBS staff and supervisors to demonstrate appreciation for their work, and raise awareness of the role of the CRP and monitor worker perceptions. It had been hoped that the panel would be invited to meet with regional management to address perceptions. The Cabinet did not accept the panel’s offer to assist with some of the actions planned in response to the 2011 Organizational Culture Survey completed by Dr. Anita Barbee. Although this was communicated to the SRA, the panel was not invited to a management meeting, and has to date not received a copy of the survey report.

In response to a request from the panel, the Jefferson County Service Region Administrator, Jackie Stamps, sent a status report to the Chair dated May 6, 2013 describing actions taken by the region to address staff retention and morale. This detailed
The Panel wants to acknowledge the seriousness with which Jefferson County regional management has approached these concerns and the sincere efforts to address issues identified by staff. To summarize, Ms. Stamps reports emphasis on increasing staff resources and changing work culture. A number of “quick wins” have been completed, including increasing regional and statewide management support and availability, revising the hiring process, and timely resolution of issues identified through the Continuous Quality Improvement process. In addition, work groups were formed to address ongoing issues. Examples of actions implemented as a result of workgroup recommendations include Resiliency Conversations, a weekly recognition newsletter, streamlining the placement process, providing protected staff time to complete administrative duties, and redesign of team specialization and assignment processes. Central Office has also provided support, including approval to hire 10 additional staff, and approval of overtime for reduction of past dues. Although some of the themes summarized below echo those identified prior to these efforts it is important to recognize that organizational change and improvement of morale take time.

Between November and May, the Jefferson County CRP visited each child welfare team including those out-stationed at Neighborhood Place locations to host a Coffee and Donut Reception to acquaint the staff with the role of the citizen review panel and engage staff in a general discussion about their work. Despite notice being provided to the appropriate unit manager and/or supervisor in advance by the CRP liaison, direct supervisors often stated that they were unaware the visit was to occur, and for some locations participation was very limited or nonexistent. At Neighborhood Place sites, those attending were often not DCBS staff. Concerns clearly expressed by Non-DCBS Neighborhood Place were not included in the DCBS staff themes below. Investigation teams were not included in this process this year, as a similar reception was held with them in May 2012. Several of the teams expressed appreciation for this effort.

It was clear that staff in general were unaware of citizen review panels and the role they play. These were not formal focus groups, however after each reception, notes were taken on the issues that were raised, and they are organized into overall themes below. These themes are not listed in any particular order.

Staff are Dedicated and Trying Hard to do a Good Job in the Face of Challenges

It was clear from interaction with staff that most have a love for their work that transcends pay. However it should be noted that this is despite facing numerous challenges such as staffing shortages requiring staff to come in early and work later to do what needs to be done.

Workload is Overwhelming, Leading to Poor Morale and Inadequate Services to Clients and Staff Do Not Trust that Supervisors and Administrators are Advocating For Them
Staff on virtually all teams report overwhelming caseloads and a concern that practice is suffering as a result. In addition, many staff are not confident that regional management is advocating on their behalf with Central Office or the Legislature to improve the situation, and report inconsistency across supervisors in terms of how and whether or not workload is managed. There is a lack of trust between workers and supervisors/administrators that anything is being done to relieve the burden.

**Redundancy or Administrative Tasks and Decisions Take Away from Service Delivery**
Multiplying the impact of caseloads is the administrative burden workers report related to unnecessary paperwork, meetings and audits. There is also a sense that there are more personnel actions that may be related to workers being overwhelmed with work and not meeting expectations. The decision to cut Kinship Care and Child Care is seen as shortsighted and highly likely to increase workload and the burden on families.

**Not Enough Placement Resources**
Staff report that foster homes are full and there is a sense that kids are not returning home as quickly as the past. The Placement Team can’t recruit homes because they are doing CPS investigations. In summary, administrative decisions to address workload issues have impacted services and resources.

**There is a Disconnect Among Intake, Investigation and Ongoing Teams on Which Reports Should Be Accepted — there is an external pressure from community calling in good faith to report and internal to take less reports and cases**
This is an area the panel found over the past three years, involving workers believing Intake is accepting reports that shouldn’t be accepted that have to be investigated. Intake feels squeezed between community calling in good faith to make a report and internal staff pressure to not accept reports. Regarding reports that are “on the fence” and there is not clear guidance in the SOP, they feel like they must accept them. The process for decision-making on reports remains problematic—current process doesn’t work.

**Although the Resilience Meetings are Taking Place, Staff Cannot Fully Benefit from Them Due to their Being so Overwhelmed.**
Some of them had gone to the resilience workshops being hosted by the Cabinet and found them useful, however the time they are scheduled is problematic for interfering with work. They indicated it was hard to devote time to attend. There were mixed opinions regarding the value of these meetings.

**Staff Morale is Low as Well as Morale About the Work Overall**
This theme seems to permeate all areas of the work, and despite development of an action plan to address concerns expressed last year, little improvement is noted by the staff. Staff feel disrespected. They were concerned that many staff are either too young and inexperienced or are just “holding on” until they can retire, and a lack of a career ladder inhibits organizational commitment. They believe concerns expressed in the past such as lack of adequate academy training on the intake function and the slowness and issues with TWIST have not been addressed. In a broader sense, services are fragmented and
there is a lack of teamwork across agencies, and this concern was echoed by community partners in the neighborhood place sites.

**Staff have Concerns Regarding Specific Local Practices, SOPs, laws and regulations and would like a forum to express them**

Staff reported the following concerns:

* Some visits with children could be better done outside the home such as at school; this would also help in work flow since most visits occur after normal work hours.

* Some work that is required is more the duty of APS than CPS such as visiting the non-active dads which is not beneficial to protecting and serving children.

* Staff believe SOP regarding acceptance criteria need to be updated to “fit real life.”

* The new hiring practice of panel interviews takes hiring decisions away from supervisors. Staff are concerned that new hires are placed on teams (e.g., intake and the Crimes Against Children Unit) with no previous child welfare experience.
The Southern Bluegrass Citizen Review Panel has had a busy and productive year. We have continued to focus our efforts on finding ways to break down walls between the agencies in our community which serve children, especially with regards to confidentiality. In order to fully evaluate this topic, we conducted a survey of community partners and also staff members of the Department for Community Based Services. Additionally, we hosted a “Conversation on Collaboration” which was attended by over 40 community partners.

The results of our survey are below:
Community Partners

With what agency do you work?

Community Partners

In the work I do at my agency, I am able to effectively collaborate with the Department for Community Based Services in helping children and families.
Community Partners

If you believe that barriers to collaboration exist, what types of barriers do you encounter most often (check all that apply)?

- Time constraints
- Legal constraints
- Confidentiality
- Policies and Procedures within your agency
- Policies and Procedures outside of your agency
- Trust between your agency and outside agencies
- Client cooperation
- Role clarity

DCBS

What is your position at DCBS?

- Social Service Worker II (42.3%)
- Social Service Worker I (28.7%)
- Social Service Coordinator I (10.3%)
- Social Service Coordinator II (8.4%)
- Family Services Office Supervisor (6.6%)
- Other (2.8%)
I find that there are barriers between DCBS and Community Partners that prevent me from doing my job efficiently:

If you believe that barriers exist, what types of barriers do you encounter most often (check all that apply)?
At our “Conversation on Collaboration” meeting, we facilitated small groups and the following themes were discussed:

**Barriers**

- Drug Abuse-repeat offenses
- Lack of resources
- Time
- Understanding what DCBS does and what all community partners do
- Turnover
- One child, one meeting
- Face to face meetings
- One meeting with all decision makers
- Establish best methods of communication
- Build relationships
- MCOs
  - Time frame to change
  - Different providers for siblings
- Lack of communication between partners
- Barriers of legal confidentiality
  - Limits to access information
  - Different releases for multiple people for the same reason
- Places limitations of providers
- Need representatives for community partners—to be more involved in tx
  - Need implementation between and for community partners
  - Contact for the communication

**Ideas for Overcoming Barriers**

- Take time to explain the need
- Thinking of the timeline for treatment and get more done in the first meeting
  - Checking the appropriate boxes for the length of tx
- Get and keep copies of community partner releases on hand
- The possibility of a universal release
- Educate Foster parents on the policy
  - Who the “go to” people are
- Collaborate with all involved
- Training on who to go to on certain topics

**Successes in Collaboration**

- Work closely with law enforcement, school systems
- Have small meetings with partners
- Network with each other
  - Facilitating who is who/using list serve
  - Develop a list to make connections
- Maintain relationships with people leave/change
- Rapport building

**If you could change one thing about the child welfare “system” in our community what would it be?**

- “More about Social Work and less about paperwork”.
- Foster Care vs. Prevention Care
- Having an open system
- Neighborhood help; transportation, volunteer services
- Universal Release
- Focus on prevention instead of reaction
- Parents aren’t trusting
- Missing signs before it becomes a crisis
- What is the role of DCBS?
• Comp care charges $85 up front for DCBS referrals before they will run insurance (MH: substance abuse assessment)
• Kids get lost in the system, child not being consulted prior to removal.
• Foster children given more info.
• Aging out issues- not able to attend vocational schools.
• Policy Issues

“Adopting” a Visitation Room

This year, it came to the attention of the Panel that the visitation rooms in our local DCBS office were in disrepair; the furniture was filthy and the rooms were badly cluttered. The CRP decided to do something about this problem. We were able to get furniture donated and our Chairperson, Chris Townsend, was able to have four new toy boxes built. He found local youths in our community who painted the toy boxes. We meet at the DCBS office each month to clean and straighten the rooms.

Future Directions

• The establishment of an annual meeting\conference for community partners in the Southern Bluegrass Region. This meeting\conference would allow for different agencies to provide training on what their agencies’ role and responsibilities are relating to services they provide to our families in crisis. Through these learning and collaborative opportunities we hope to further our efforts in breaking down barriers and
strengthening our partnerships among various community partners. Our desire is to receive approval of professional credits for social workers and counselors in order to encourage higher attendance rates.

- We are in the process of following up on an idea by one of our family court judges to facilitate the opportunity to have community partner agencies to attend court at the same time to obtain parental signatures on release forms for the families each are serving. There will be a meeting between family court judges and panel members to establish a framework in order to make this solution to one of our biggest communication obstacles a reality.
Attachments
Community Challenge | All have a role in protecting kids

May 12, 2013 | 0 Comments

Worthy causes abound and calendars are filled with them. April and May are no exceptions with child abuse prevention and awareness for April and the issues around foster care and children for May. Both of these topics are stand-outs for our organization — and we believe, for all citizens, that child abuse prevention and awareness will serve the needs of foster children as well as children still in the care of their parents. When prevention of abuse or neglect fails, foster homes are there to parent these youngsters while their parents work on the conditions that led to their children being removed.

Child abuse and neglect are not pleasant subjects.

Because of confidentiality concerns for the children and our collective turning away, citizens either believe there is nothing they can do and leave it to the “experts” or believe any effort on their part would be futile and so do nothing except feel angry and helpless.

There are some things that any citizen can do:

• Support child advocacy organizations in your community by giving of time and talent or by contribution, even if it is small. Together those dollar bills and single hours or days can add meaningful support to these agencies. Governmental and private agencies are in great need of volunteers and monetary contributions to continue to serve more children in Jefferson County and the whole region, including organizations like the Foster Care Review Board or the Citizen Review Panel.

• Report child abuse and neglect. This can be done anonymously. All Kentuckians have a responsibility to report child abuse, not just professionals who work with children. The phone number is (877) KYSAFE1 or (877) 597-2331. Be specific. Be as accurate as you can and if you believe there is an immediate danger to the child, make that clear. Contact police if you feel it is necessary.
• Don't be afraid to be wrong. Reporting abuse and neglect including sexual abuse is not about being a "snitch" and should not be viewed as such; reporting is an action taken by an adult on behalf of a child in good faith that a child needs help. That report could save a family and if not the family, then a child or children from further pain. Unsubstantiated cases are not a legal issue for the persons on whom the report was made.

• Child protection is a community effort. Lead by example with your own children and grandchildren. Your example is seen and may be followed but you may never know about it. Talk about abuse issues in schools, churches and day care centers. Find out how these institutions and other child-serving organizations handle child abuse complaints against any adult associated with their group and whether or not the group has a plan to prevent child abuse, especially sexual abuse. Child sexual abuse and misunderstandings can be reduced significantly when adults do not have an opportunity to be alone with children.

• Respect the child. If a child comes to you or somehow you become aware of information and report it, believe the child first. Great damage is done to children who report abuse and are not believed and thus left alone with their abusers. Great resilience can be built in children when they are believed and abuse issues are addressed.

Stand up for kids wherever you are whenever you can!

CRYSTAL COLLINS CAMARGO

Chair, Jefferson County
Citizens Review Panel for Child Protection
Louisville 40202

Members include Phillip J. Thompson, Shari Clenoff, Charles Baker, J. Jay Miller, Constance Ard, Barbara Carter, Linda Haasdorf, Barbara Staffard, Saudra Moceri. — Editor
Real heroes are everyday heroes. Police Officers, Teachers, Doctors, and Joe and Jane Citizen make a difference every day. One of the ways they do that is by serving the needs of children.

Mandated reporting, the duty of every citizen of the Commonwealth who suspects neglect or abuse of a child, has just gotten easier and more accessible.

If you are not sure what requires you to make a report it is simple. If you have reasonable cause to believe a child is being abused or neglected, you have a duty to report. Training on reporting and the child protection system is available to your agency or organization from the Cabinet for Health and Family Services or Prevent Child Abuse Kentucky (http://www.preventchildabuseky.org).

You may wonder why you should care about mandated reporting. The most important reason is that as members of our community we all have a responsibility to participate in helping to protect our most vulnerable citizens, our children. The law requires you to report.

It is now easier to do your duty. You can still call 1-877-KYSAFE1 or 1-877-567-2371.

If you prefer to do a web report that is now available online at: https://www.dhs.ky.gov/Supports/reportaform.aspx.

Sincerely,

Jefferson County Citizen Review Panel for Child Protection
Chair, Crystal Collins Crammack

Members: Phyllis J. Thompson, Shari Childress, Charles Baker, J. Jay Miller, Constance And, Barbara Carter, Linda Roodolf, Barbara Soland, Soundsa Vuker, Stephanie Web (Vogtani Larson)

For more information about citizen review panels, visit: http://www.dhs.ky.gov/panel/
Centralized Intake Survey Results
285 Respondents

When you called to report abuse or neglect, was your call answered promptly or were you put on hold and if so, for how long?

- Answered promptly: 47.7% (133)
- Put on hold: 52.3% (146)
When you called to report abuse or neglect was your call answered the first time? If not how many times did you call back to successfully make a report?

57.4% (190)
32.6% (92)

When you called to report abuse or neglect was the call answered in a professional and courteous manner?

Yes [250]
No [19]

12.9% (36)
I ended up having to call the national hotline before the report was taken.

It is crucial that we get the person's name when we give our names for our documentation. In a world were with FERPA law where I should not be e-mailing a report. It is crucial that we be answered and not wait on hold. More front line people are needed to get reports in.

The hotline worker was obviously annoyed with me that I was not using the online system. She was curt with me and got off the phone as quickly as possible.

Spoke to Ms. Carol Shelton. Not professional.

Sometimes yes, sometimes no

When I was able to reach someone, they were interactive and helpful. I have since stopped calling in because I can't get anyone to answer. I now email, which is not as productive as interacting with someone.

Had to call the 800 b/c I could not get anyone to answer the local/county number and have at times was only able to reach someone on an on-going team NOT @ the intake number!

Some very professional, have had experience where person answering was not professional at all.

They are hateful!

Person was not friendly or helpful at all.

Didn't seem very happy, but wasn't rude.

I have called multiple times. Most of the times I am treated in a courteous and professional manner.

Most of the time when reporting the other person is hateful and always in a hurry and repeatedly asks for the report to be repeated and most of the time snidely informs me that the report is probably not reportable.

Person on line was rude

Sometimes the person that answers the phone is courteous and at other times the person seems extremely irritated that you have called.

Staff is always professional and courteous!!
When the call was finally answered.

Professional Yes -- Courteous NO

Follow up call was made back to me promptly.

When I was finally able to get through on the phone line it was answered courteously.

No answer I just rang and rang.

Intake workers are very short when asking for information.

When it was answered.

Call was never answered.

However, there is one worker that takes calls frequently who is not professional and is rude. She is the only one that is a problem all other intake workers are wonderful.

The Hardin County intake staff are very courteous and helpful. They do take the time to explain the legal aspects of what meets criteria for a report when making a report or when I call to see if a report met criteria for investigation.

My answer would be sometimes, depending on the intake worker that answered the call.

Sometimes calls are answered professionally...it depends on who is answering the call.

He seemed a little "put out" to have to listen to any extra information other than the "required" info.

But being the caller I was frustrated that I had to wait that long to report an issue.

Was told once that maybe it was the child’s fault they got slapped for mouthing off which I think is very unprofessional especially when we all don't know all the circumstances.

Most of the time.

When answered.

Posing the question with a yes or no does not, in my opinion assist in problem solving....it varies....I would suggest looking at different times of the day for a better picture.

I can only reply in the negative, here, although no one was rude. I became impatient and frustrated, first because identifying myself as a "Professional", whatever experience or
validity that would have in the past - more subjective - system brought to bear on my issue or report was now irrelevant.

Did not seem concerned about the report

Always nice once you get a hold of someone, one time I had someone make me feel like she was negating my report, like it wasn't reportable.

Polite on the phone, but was not given a clear and concise reason of why a report was rejected when applicable

Those answering the phones are usually friendly and courteous

Most of the time, yes.

It was answered after I attempted to call, attempted to report online and THEN I called back to report.

When my calls have been answered on the hotline, the intake person was very professional and made sure they obtained all of the information.

Cold. Not friendly at all!

I remember a particular call I reported regarding a family that was unable to care for their child's mental health issues on the insurance the father had and the response I received was, "and you expect the state to pay for that"!

Not in a professional manner. Ignore the signs the signs. I had to argue with why it was valid. Also family had moved back and forth between several counties to escape DCBS heavy involvement.

It is still frustrating for me to be told that a case will have to be "ran by" a supervisor to see if investigation can take place.

Staff were distant, disinterested and indifferent

Very professional and appropriate.

I was called back from a different county and told there was no adult protection in this county.

Got answering service saying operators were busy and my call would be taken in the order it was received. Nobody ever picked up after 45 minutes.

Waited several times for over 40 minutes. I placed call on speakerphone to see how long it would take. Intake worker argued about acceptance criteria
Very courteous

The call was taken by someone who sounded put out that she had to answer the phone. I was not treated like a professional on the phone.

The intake workers have very short, disrespectful attitudes and seem bothered and troubled when I do not have ALL of the information they want me to have.

Person was rude

It was not answered. I waited till the next business day to contact the local office.

Call was not answered so I sent the report electronically.

When I've reported drug abuse as part of my report, I've been told that I need to call the police when I know there is drug use going on. The comments continued in manner that implied that she was thought I was using with this family. I worked with the family as a service provider and never used with the family. About a month later, the child was removed on someone else's report, but in the meantime, the family had lost housing and two community partners that were working with them that could no longer work with them. If the report would have been taken, it may have been a much easier case.

Discourteous and no sense of urgency by the individual answering the phone

Depends/varies when mental health professional calls, it would be nice for them to assume a certain level of knowledge. Take history offered, etc.
When you called to report abuse or neglect were you given ample opportunity to provide the information you wanted to provide?

Yes: 89.4% (259)

No: 10.6% (30)
Comments

When I told them who I am they would take the call but if not they would simply say it doesn't meet criteria.

Person taking call does not give you time to time to give all details.

I was always asked at the end if there is anything else that I would like to provide, but by then after being told it's probably not reportable and hurried along it feels useless.

They only wanted to ask you certain questions and did not give you ample time to explain the details of the report.

Was not allowed to elaborate on situation.

Depends on who the intake worker is - some cut you off, others let you provide all the information you have
However, I disagree with the first question being asked being what your name is. I don't care to give mine as I work in the field, but other people in the community who are scared to call might be hesitant and hang up.

Call was never answered

In the reports I have made in the past I have been told It would not meet criteria. Especially when someone in a high status told me to file, as well as others.

I only call when completely necessary. I have had custody situations as a professional and never have any of the situations met the criteria for a call back from a worker or help with the situation.

I felt like I was being interrogated and that they were not listening to my concerns making inappropriate responses. Such as this is nothing sounds like a runaway when I had clearly stated the mother had abandoned the child per my own knowledge and mom couldn’t be found. Or that they couldn't do anything without finding mom yet I informed them where the child was with no one to care for her.

I called a 1-800 number, and found that I had reached the central intake office in Jefferson County. I was told to call another number. By that time, I changed my mind about making the call.

However, when the investigating worker received the report only partial information was received leaving me to wonder if that was why the worker did not reply more quickly because it was an urgent report.

I got the feeling that the person taking the information was not trained to understand the nuances of a situation and was only interested in filling in specific data that fit the intake template.

I felt like I was trying to escape from a loop and even thought I continued to give information, my report had already be "marginalized" or "disqualified" as I had already missed their "MARK".

The questions were not sufficient to provide all information

Client and a second witness gave their names even though they are vulnerable employees.

At times, I felt like I was only being asked the minimum amount of information to fulfill the report. I had to interject to add the additional information.

However, I often have to repeat myself multiple times. It sometimes takes 30min or more (after the phone is answered!) to complete the report.
Things have been omitted from reports that I had once it made it to the investigative worker.

At times

I am questioned as to whether patient can perform their own ASL's. This is not normally something I know, especially if it is a new patient.

I was told to "just fax it in." It didn't seem like it was important to them.

Although sometimes I feel like they don't want to hear all the background information that makes my "case" for making a referral.

Just did no good.

Wanted to give more details

Two parts to this question: No, questions were not asked in a manner that was designed to gather all of the information. These intake workers need more training in conducting interviews and asking questions. I was, however, allowed to add comments.

Very few questions asked.

My calls were not answered.

Couldn't get through so I sent the report electronically.

I wasn't asked any questions, other than the purpose of my call

Fortunately, because of the nature of my job, I knew the correct "magic words" to compel a reaction by DCBS

The questions often seem to be off base. They are missing the point of the call or they give suggestions that have clearly been done if a QMHP is reporting.
When you called to report abuse or neglect were you informed whether or not your information/referral met criteria for child abuse, neglect or exploitation?

Yes: 31.3% (86)

No: 68.7% (189)
When you called to report abuse or neglect were you informed whether or not your information/referral met criteria for child abuse, neglect or exploitation?

- **Yes**: 31.3% (86)
- **No**: 68.7% (189)
Have you used the Kentucky Child/Adult Protective Services Web-based Report System to make a report of abuse or neglect?

- Yes: 33.3% (95)
- No: 66.7% (180)
I would suggest calling in mock referrals at random times and see for yourself. I no longer use the local intake team. If it’s sexual or physical I call the state police so I know the report will be followed up on. Many of my community partners are very dissatisfied with the service. Thank you for this opportunity.

The request for your personal information by the hotline is not acceptable. We have been told we can make an anonymous tip, yet when our names are taken the local offices are releasing this information to the families. This puts those who are following the law in a potentially dangerous situation. Also, when it is felt that a person is in eminent danger, the local DCBS offices refuse to talk to you. They do not reserve any type of professional courtesy to other professionals, but treat you as a bother. For these reasons, you will find a lot of people will not bother to report possible abuse.

Increase Intake. Please include things that would make it a referral should it be really close. We take seriously the time of the intake worker and do not call for trivial things.
We need to not be on hold while we are supposed to be working with students in schools. It ties the teachers’ hands who have limited time to call during school as well as counselors and social workers. School is from 7ish till 4:30 and School employees should not be waiting on the phone with serious intake cases especially when we are discouraged because of FERPA with sending referrals in over the web etc. or fax. I understand funding is bad. We have to have a common ground for intake calls. We never had to wait years ago nor work so hard to get referrals to take. Educational Neglect should not be so hard to obtain. Schools are working very hard to educate students and providing so many resources to parents and students. When a call goes in for this please have the workers more knowledgeable about what will assist the caller when they make the call to have the referral stick. Your time is most valuable. Ours is too. Administrators seeing us on hold are not encouraging or best use of our time when we should be serving students. There has to be a way to increase the people answering the phones. 45 min average is too long. I was even put back on hold after the call was picked up. Once my call was even dropped from the music that was playing while I waited patiently on hold. We value your agency but it is discouraging callers to call and we have to have this for teachers or the person who heard the allegation to call. Teachers should not have to wait to report. They simply cannot and Social Workers and Counselors should not be put in the position to call things in for them since they cannot wait on hold. Please it is very unprofessional to be put on hold. It shows we are calls are not valued and that the system is overwhelmed.

Some situations work better when called in. This situation was difficult to use the online program because I did not know the name of the perpetrator and the child who reported it was a 4 year old. The person on the hotline was rude and I was not treated in a professional way. I don't care if people are not following "protocol" I still treat them respectfully! It seems like since the online system started, the hotline workers are not happy when you call them.

Follow up is greatly needed. DCBS is not good about using a team approach and does not stay in contact with other team members. It would be nice to be invited to case plan meetings and kept abreast of any DCBS recommendations. They are not team players. They expect others to jump through hoops when they are in need of something.

I've been a Guidance Counselor for 10 years and have rarely found much success dealing with DCBS. I would say in one given school year, I may have to call and report 3 times maximum. I feel that when information comes to me and I find it is serious enough to call DCBS that any and all calls should warrant some kind of report. I wouldn't call if I didn't think someone needed to look into the situation further. Time and time again, we make calls and reports, but never see a change in the child's situation or placement.

The system in Western KY works pretty effectively for the most part. The breakdown seems to occur once reports have met criteria and are sent to the local offices. This is especially true for reports of neglect. Sometimes workers do not investigate the reports in a timely manner. I was told by a worker once when a report had met the criteria, where a child was living in a condemned building with no water, electricity, heat or food, "Not
everyone had electricity or running water 100 years ago, and they survived." I was appalled.

I have encountered/experienced more than a handful of times in Fayette County that the phone just rings and rings, put on hold where no one ever picks the phone back up (with more than 15-20 minutes passing, I hung up), or continuous busy signal. On one of those occasions, it was a Friday afternoon and I was not able to get assistance from Fayette County/no answer, so I called the hotline 800 number only to be directed back to Fayette County. Then had to call hotline back, and insist that someone take the information based that I could not get ANYONE to answer the phone in Fayette. I was then directed to the online site, but had computer difficulties to only have to call the hotline 800 number back. Before it was all over I called the juvenile service team number and explained what was going on only to be told that they could not assist but could transfer me back to the intake line. All of this took over an hour on a Friday afternoon. I hung up and did not call back. There is not any consistency when calling the local intake number, some days they answer then others I experience the above. A lot of times, I just end up doing a written report and mailing it to the local intake office.

I believe that reporting to a local office is much better method than centralized intake. Reporters, including school, day care, and hospital personnel have voiced opinions that they prefer reporting to local offices. Most people don't like being told to call another number to make a report. For some it takes a lot of courage to make that first call and am not sure family or friends who are reporting will make that next call.

Intake staff was very professional and friendly.

I think it is crucial for people to promptly answer calls of this nature. As a professional, my time is limited and when I have to make repeated calls and wait on hold for 20 to 45 minutes and am still not able to successfully complete a report, I am very discouraged in the system. It compromises safety of children when the calls are not received and it compromises confidence of professionals and families in the community when the first step in accessing the system for safety/risk of children cannot be obtained. I have also worked w/families who have teenagers in the home who have sexually perpetrated or attempted to on younger children in the same home and the families are left w/out resources and are unsure what to do. I have been unable to access the reporting line to make a report or to confirm that a report has been made.

I think that the criteria for accepting a report is too high. I've always had to call back to find out if it was taken as a report or not. At times, I've been told that risks that I thought were pretty substantial did not meet criteria.

I have only used the web-based reporting system to report abuse/neglect this school year. Many of my reports have immediately been followed up with a phone call asking more questions and giving me information about investigation. One worker even called to find bus stop because the apartment was vacated and she was concerned enough to want to locate the parents that day. I have been very pleased with the responses, professionalism,
and effort to build a partnership from DCBS workers this school year. It has greatly helped us in meeting our students' needs.

I don't feel this is a good system. People are not friendly. The problems that are reported don't seem important to them.

Need more phone lines and operators to answer the phones for such a large area.

Someone from each local office needs to answer the phone calls

I work in a family resource center which is funded through the cabinet for families and children. We are told we are supposed to work together and collaborate with the cabinet for the benefit of the children. Most of us have the same experiences with the cabinet and them not wanting to give us any information concerning our students and their welfare. We do not have to know the tiny details of an investigation, but that something is being done and being looked at with concern. We have kids pulled from homes and schools, new students placed in schools by the cabinet and we are never aware of it. How can we be effective if DCBS doesn't want to keep us informed?

Would really appreciate follow up information after referral is made

On multiple occasions when my staff or I have called, we have felt like the person on the other end of the call showed no concern. In fact, there are certain ones I would not care to speak to ever again. We only call when the case is truly something that we feel needs action that we cannot take. It is disheartening.

Friendlier operators, more encouragement to make another report if more information becomes available, answer the call do not let it ring, ring, and ring, if the call is reportable to provide feedback afterwards, provide a case worker's name to who it is given to

Workers should be held accountable for meeting time frames regarding neglect and abuse. There was a report of neglect called Wednesday to the Floyd Co Office and on Friday I made contact with the investigator, and he/she had not met with the children on Friday. Due to "something came up".

The school board and cabinet need to get together to form an open communication line that will hold up in court.

I think the system as a whole needs to be revamped as to what needs criteria and what doesn't. If a report is made it needs to be investigated without such high criteria so that the children are protected before a more serious case of abuse or neglect occurs.

I think that it is important to leave the person who is making a report with a sense of the next step(s). I know that what actually happens to the family is confidential and doesn't need to be reported back, however, some information about the next steps would (1) provide some sense of relief to a person who is worried about a child and (2) provide
positive feedback to someone who may be in the position in the future to help another child by reporting. Next steps could include letting the person know that the situation doesn't meet criteria or that it does meet criteria for investigation and that someone will be looking into the situation within the next 4 hours or 24 hours.

The only times I have ever called, it took too long to get through to someone. As a school nurse, I have kids and staff in my office A LOT. There have been times that I had to hang up and try again because it took too long to get through.

The issue I have is that several times, once I receive a report, I learn that is already being investigated by another agency. The other issue I have is that many reports that we have received to investigate don't always fit a criminal investigation. I personally don’t see the benefit of Central Intake.

It seemed so much better when we could call someone local and did not seem like it had to go through so many people. Afraid this may discourage private individuals from placing calls when they do not feel like they are talking to someone local. As a school employee for over 20 years, we have called on medical neglect for not taking a child to the dentist in pain, someone refusing to take child for glasses, etc. And those cases were resolved, simply by the contact. With a case of not replacing hearing aids that had been lost and destroyed, which had been prescribed by a Dr. and arrangements were so it would not cost the parents. The case was decided it was not medical neglect. I realize we cannot get a child to wear glasses; hearing aids etc., but seems we could insist a parent provide such, in case the child will wear them. The help you give is appreciated; we feel our hands are tied when we cannot get your assistance in such cases.

Just be NICER!!

Follow-up communication needs to be greatly improved! From the school perspective personnel needs to know when a child has a guardian ad litum change and who that contact person is. It would be of great help if we knew when students had open cases and who the contact would be so that we could keep them informed of any changes that we may see even if it is not enough to always report- knowing that there have been issues already makes some of the small things a big issue.

To clarify the call took 15-20 to be answered. Once answered things were handled appropriately.

I like the email system a lot, I usually am very rushed to call when I get a report and the email system allows me to report quickly. The workers that have come out in the last 2 years have been great and very friendly. I just feel that they are WAY overloaded with cases.

I do not mind using fax to send reports. However, it would be very helpful if someone could fax back or respond to let me know that the report has been read and received.
When we call to give updated information it seems that the case worker is not always happy to receive the information.

It would be very helpful to be notified of the outcome of my referral.

I have been very happy with how easy it has been to report this school year. Thank you for making the necessary changes. I would love clarification on the web reporting site on what constitutes as an emergency.

It has been much better on the phone the last two times I called as far as staff answering the phone in a timely manner.

I was pleasantly surprised (shocked) at the last referral I reported a few weeks ago. The phone was promptly answered; the intake person was cordial, professional and offered me the reference number at the end of the conversation (without me asking). FRYSC’s in our district still need follow up on referrals. We don't mind having to initiate the follow up to obtain the status of a referral, but we would like a response when we have an inquiry. In September I tried for 2 weeks to get someone to call or email me the status of a referral. After contacting Nelson Knight, I finally received a call and an email from everyone in the chain of command. I know staff is VERY busy, but it only takes a minute to send a brief email. Thank you for allowing me the opportunity to provide feedback.

Though I hate the long waits on the centralized intake line, I must say the personnel answering the phones are always very professional and courteous.

The process seems more personal than when it first began. I think it is fair and objective.

I love the web site, for me it is a lot better than having to make the call. They are calling me most of the time within 48 hours and letting me know they are looking into it.

Frustrating system to use. It was difficult to find the correct number, couldn't speak to someone in my own county, and then I never heard any more beyond the phone call.

I feel the lines of communication between DCBS and schools needs to be more open. I have had a case this year involving truancy. I heard from my truant officer that the case was about to be closed and the social worker had never contacted the school to check about attendance or any concerns we had. The school is not out to get parents, we are there to help. In many cases the children trust us to help them and we feel as if we can't because there is no communication lines open once we make calls.

It is very frustrating when you have an upset child and it takes this long to get assistance. I was worried the parent would arrive at school prior to assistance. He recently was let out of prison and did not want any serious incidents here at school.
I would like to see quicker response times in answering the phone, especially on evenings and weekends. Professionals will take the time to wait on hold to make a report due to their legal obligation; however, I fear that the average person will not.

I do not like the new system. Often, you are on hold for long periods of time. Because of this, you may be in a situation that the school day is ending and potentially having a child put back into a dangerous situation. We do make certain that this does not happen but this may not be because we were able to reach intake in time.

It would be beneficial if we knew whether or not our reports met criteria and were validated. I would also like to see more continuity between each organization when managing active cases. E.g. CDW, DCBS, DJJ, etc. this would help lessen overlap of services and could potentially speed up the processes which we use to provide said services.

I will be honest. I do not call frequently because I do not feel it is necessary, but when I do call I feel it is because it is a valid reason for DCBS to investigate. I have only had one case actually be investigated. The rest are not sufficient enough. Sometimes I do not have all the answers and I do not feel the situation should be ignored just because I do not have the right to go to the home to see the conditions and/or have not personally seen the abuse or neglect. I know that not every call can be investigated for obvious reasons but I feel that if it is another agency making the referral that there should be policies in place that allow our cases to at least be looked into. We are calling for a reason!

I feel that the centralized intake is somewhat impersonal and it's hard for me to stress the importance of the reports that I make. I like talking with local social workers who might already have an idea of the family that I am reporting on. I am clueless to whether or not my reports are handled in a timely manner.

Often times we receive zero feedback if the reports were taken or not taken. It would be nice to know if they were going to provide services.

I would really like to see a survey on more than just the "intake/phone manners" process regarding DCBS. I have worked with this agency for 20 years and even though the people change often, several things have not changed or improved. A survey on DCBS as a whole would probably be very beneficial for everyone.

If several complaints are made on one person, it seems that is when something is finally done, especially if it is someone in an official capacity who is making the complaint.

It has always been hard to work with this agency. The workers don't seem to return voicemails and supervisors just don't want to hear it. We are all here for the same reason- our youth and agencies should want to work together when necessary to take care of any of the child's immediate need. They are the only agency that handles custody issues. When parents drop their child off and say they are done with them and turn around and
leave this agency should take it seriously and respond. Where do I put child whose parents have said they are done?

The hold time to make a report is a major barrier to reporting. As a professional I know I have a legal and ethical obligation to report, so I will wait, despite the frustration. However, my concern lies with individuals in the community who would like to make a report but get frustrated with the process and choose to not hold. Quicker response to calls should be a priority goal.

The intake personal that I have had the pleasure to speak with seem more like disgruntled employees that are bothered that I called them. I also get the feeling that they are not taking what I am saying serious or not paying attention. Specific response to that was a time they were blowing me off until I pointed out who I was then they started listening a little better and it was apparent that they had not really listened to what I had reported. In addition I feel too many people that I hear say the same thing they don't even seem to hear what is said and are being bothered by our calls. Also I should not be able to call in 3 straight times with about 20 rings and no answer.

I quit calling and just faxed in the paperwork. I could never get anyone to answer.

Need to really centralize intake. Average citizens don't know about regions. There should be 1 number to report abuse/neglect... 1-800-####-####. The CPS referral that I attempted to make was done while I lived in Frankfort. The family I was calling on lived in Fayette County. The Hotline that I reached was in Jefferson County. Calling to report abuse/neglect should not be complicated.

I think more training needs to be done for workers concerning reports made from emergency shelters. They should be treated differently than other reports because they are time sensitive and the clients are transient. Training also needs to be done with workers regarding dumping clients at shelters without getting in touch with social workers at the shelters to inform them of the situation, especially if there is a language barrier that requires a translator that needs some time to prepare for or if there is a DV case, etc. It is a professional courtesy. Caseworkers using the PRIDE/drug court program and making their clients homeless is becoming an issue as well.

Thanks for trying to make this better. Having worked in rural/smaller areas than Jefferson County, KY, it seems it would make better sense to be able to talk directly to the worker assigned to a case that is on-going.

On one occasion, I tried for an entire day with no success. Other times I waited well over 30 minutes. No complaints about the staff answering the phone, just the amount of time (which of course no one has to waste in this profession) I had to invest to make each call.
I understand the need for DCBS to address referrals in a way that respects privacy and confidentiality. However, I have been extremely frustrated by the lack of communication between DCBS and community partners in situations where such collaborations would result in increased safety for at-risk children and families. For example, I worked with a family as the child's IMPACT Plus clinician. I provided collateral services to the parents, working on effective parenting. When a DCBS referral was substantiated on the father for hitting the child with a belt, leaving bruises, DCBS would not communicate with me regarding the case, even though the family signed a release. Meanwhile, the father remained in the child's life, and I had a sense that he was violating the DCBS safety plan. But I had no access to a written plan or supervisory guidelines and no one at DCBS would talk to me. Why would the state not want to partner with service providers (social workers!) already present in client homes to work towards increased protection of children? It makes no sense to me.

Respect and regard a professional referent, irrespective of hard criteria. Explain to all - educate anyone who enquires about criteria (but especially a Professional!!)

I felt the intake worker was not familiar with what is and what is not accepted as a report to be investigated. She was not very knowledgeable and could not answer my questions. She also did not take down all the info that was reported. She did not know if an investigation would be done on any of the reports I have made.

The wait time to contact via phone is at times, extremely inconvenient. The majority answering phones are very professional and efficient. From an outsider's view, the criteria for what qualifies or what steps to take are not consistent. I can have 2 very similar cases and both take different routes. I realize there may be additional information or such that may play into it, so I am trusting in the process.

Outcome: DCBS never made the site visit to this Day Care Center. The only visit came from the State's Child Care accreditation office, which proceeded to cite the center for environmental failures. Apparently the Center was never officially made aware of the child abuse claim nor investigated for abuse, while the employees who had previously taken their grievance to the Center Director, with no corrective action, were isolated and punished. However, the teacher in question (a relative of the Director) eventually left. Seems like the witnesses should at least have been told what level of investigation the State would actually undertake. They risked their jobs and were censured for it. My observation as an outsider is that the State is dropping the ball if they rely on certification visits to discover child abuse.

Yes, they need more people and a raise.

I have had two families to tell me that the social worker told them I was the one that made the report.

I think the centralized intake line is more "efficient" for DCBS but is disservice to our children and their safety in Kentucky. I almost always call my local DCBS office (Grant
County) to speak with a local intake worker. I specify "local" because a lot of the time Grant County DCBS workers see repeated families, are familiar with the case/family, and are more likely to open an investigation with knowing the history of the family than a centralized intake worker who doesn't know the family. The centralized intake workers are more likely to not send a referral to the correct county with a "minor" allegation therefore; there is no investigation for the child that has a family with a history of abuse or neglect. The Grant County office is awesome! Their supervisor is awesome! It starts from the top and that is why they are so successful! The P&P supervisor always treats all of her employees with the utmost respect, is very professional, treats every client with respect, she values their time, and their well-being. The only complaint that I have about the Grant County office is that it has been more challenging to work with them due to their stricter restrictions with confidentiality even though FRYSC's have a contract with the state to share information to help the family.

I do not like the current system; I prefer the old system where you called the office in the county you were making the report in. Also I feel that the new guidelines re. only a caretaker are too narrow, and limits the help, that a neglected or abuse child can receive. I make these comments having been a Police Officer and Investigator for 33 years.

We cannot make reports after 3:30 PM CT. or after 4:30 PM ET.

The standards need to be applied across the board. They need to be more receptive at taking cases that are unable to be shown if an adult with a child was a caretaker or not. If an adult was with the child and the incident occurred, they should be considered the caretaker. DCBS also needs to become involved in all child fatalities as they did several years ago prior to Centralized Intake.

I answered these questions based on the majority of the calls I have made. There has been more than one occasion that I have called the "after hours" line and never received a person to speak with, having been on hold for 25+ minutes.

Centralized Intake is a joke. They seem to be more worried about their image instead of helping investigators keep families safe. Eventually someone will get hurt due to their incompetence!!!

I prefer to call our local DCBS office to make a report.

Since i am a social worker, I think the most frustrating part of this is the unfamiliarity that u have with the person who u are reporting the case to.

I have had many instances where I have called in reports that I know should meet criteria, however they have not been accepted for some reason. I have also had instances where I have called in reports and am told that they will submit the report to make a record of the call but that it will not be accepted for investigation. Later that same date, I will get a call from a DCBS worker stating she has been assigned to work the case with me. This puts DCBS behind in the investigation, because by this point I have already completed a
significant amount of work that the worker will now have to duplicate. Centralized Intake has always been professional and courteous with regards to politeness on the phone, but there have been many instances where referrals were not accepted when needed. One such example was a case of a 14 year old hanging himself in a closet and his 10 year old brother had to cut him down because the mother was in the middle of a mental breakdown. CI rejected this report stating that it does not meet criteria, yet I have read an accepted report between two children where one shot the other with a NERF dart. This bothered me as it appears that a family that just experienced this traumatic experience would be more in need of DCBS services than one where two kids shot each other with a foam dart.

It is my belief that more workers would cut down tremendously on wait time. If the hotline needs more workers, I'm sure that the rest of the agency needs more workers as well. If there are not enough workers to adequate man the phone lines, how is the care of each case faring? People need the appropriate tools to do their jobs well and in the agency's case, trained employees are the appropriate tool. Thanks for your time.

Centralized intake has removed the ability for me to have relationships with our local responders.

It would be nice if you didn't have to wait so long on the phone. It is difficult for teachers to hold that long.

I don't care for the intake system. I know the Social workers and feel it is best to talk to people that are involved in the case if it an open one.

As a professional we are obligated to make a report when we suspect any type of abuse, and that is not always easy to do. It would be nice to be afforded that same professional courtesy with some type of action by the agency actually happening.

The Safety Meetings that DCBS once initiated were beneficial. DCBS no longer sets up meetings. DCBS mediation and leadership made safety meetings more effective!

The reporting "wait time" has decreased over the past two or three reports that I have made and that had been my biggest concern in the past, it is getting better thank you

The wait time to reach someone when a call is made to the CPS Hotline should be improved. CPS Hotline Workers who work after hours, on holidays, &/or weekends should have access to TWIST because information is needed on children in CHFS care during those times.

All of my contact has been positive.

Evidentially the Kentucky Child/Adult Protective Services Web-based Report System needs greater exposure.
I believe that at times the system is designed to screen calls out. At one point because I didn’t know the address of the state foster parent they didn't want to take the referral even though the child was placed in foster care by DCBS. They also at times seem upset if you can't answer all of their questions. The system is frustrating and I miss being able to call the local office and give reports.

It has been my experience that the reporting system itself, notwithstanding the often very long wait on hold, is satisfactory. However, the length of time between when a referral is made, and a worker responds by calling back (again, I work in an emergency dept. and need a response from DCBS to help determine whether or not the child can be discharged with the family), is often long. At times, there is no response from them at all. This is, of course, frustrating, not in the patient's best interest, and is overall unprofessional.

I work with the elderly and when I call to make a report of exploitation or possible neglect or a safety concern there have been times where I am told APS cannot do anything or it's not severe enough to send someone out. I often wonder who is making that call and what criteria has to be met to get someone to assess a situation.

Also, when I call and make a report and I use my name, my name has been given to families. This has happened more than once.

It appears that reports to the local DCBS office is given more rapid response because they, many times, already have the family in the system and is so much more familiar with the area. Centralized Intake may make a decision that the call doesn't need a response but local workers who are more familiar with the area would view it from a different perspective.

I feel like they did their job, but the child was removed about a month or so. The child went back into the environment, of sexual abuse, neglect! They wanted me to do to court, but my life was in stake! This is a very serious & scary situation. I asked if I could be protected. They said, they couldn't guarantee that! My heart absolutely broke for this family. It still bothers me to this day! The mother is no longer with the abuser, but this child is scared for life! I used DCBS lots of times in my life! I understand their job is a very hard one! I know they want to keep families together, and we are over populated with our kids in system today.

Jefferson County works extremely well, has a very professional staff. It's much more difficult to work with the folks on weekends and holidays. They don't know if there is already an involved worker, and cannot answer questions about whether the case will be investigated prior to the time the child is likely to be discharged.

I appreciate the changes and improvements that have been made.

The phone system is extremely flawed. I have waited almost an hour before for someone to answer and sometimes, the recording did not say what to do if no one answered. I never receive feedback on whether my reports as a school counselor are accepted and we...
are never told about custody changes when they occur. This puts students in great danger. There was a time last year when DCBS would not confirm that a child had been removed from her sexually abusive father so he remained in our computer system. This means he could have taken the child home with him all because DCBS did not want to compromise confidentiality by telling us, a school, that the child had been removed.

I have followed up with families after making reports and some have taken 1-2 months before they have been investigated. This is a long time to have a child who was brave enough to speak out sitting in a hostile or neglectful environment.

I like the new reporting options.....the online option is very good, however, I was frustrated that my session timed out several times when I was interrupted to do other job related things... starting over was frustrating and I finally resorted to calling the referral in the second time I used the online reporting system......

Not enough consistency or staff to handle checking out the complaints.

It is my experience in social work practice that the central intake system is flawed and impersonal. It should be returned back to the local offices (ADDITIONAL STAFF SUPPLIED FOR INTAKE) where local workers know many of the families in their district already.

Our facility has been informed on many occasions that DCBS does not "accept" cases of alleged abuse if the client is able to perform their own daily needs. This has absolutely NOTHING with someone being abused. Many cases of alleged abuse, which occurred prior to admission, have been reported but DCBS will not follow-up because the patient does not need assistance in taking care of their own daily needs. This is just WRONG! When our facility reports a situation to DCBS, as is required by our policy, it would be extremely helpful if we could get some kind of reply in writing as to whether it would be followed-up or not accepted. This is just good business practice.

Help line would be helpful - staffed with someone that is familiar with criteria and could assist with the best avenue to follow. Sometimes i just have simple questions that could be answered, but can never seem to get them answered based on policy, procedures and KRS or laws.

I know this survey is in regards to the reporting system, but I'd like to report on the entire system itself. I know that the workers are understaffed, overworked and underpaid. However, there have been rude comments made to co-providers working on case; there is an extreme lack of follow up and follow through with services, phone calls, questions asked. Scheduled meetings the worker doesn't show up and doesn't give a courtesy call to say they can't show up. And most of the time, decisions are made upon the results of an investigation. They give directives to co-providers as though we work FOR them instead of WITH them. I'm not sure who makes the decisions regarding if a case will be investigated; but I’ve had to make repeated calls for family where a safety concerns were a huge problem. However, the case is never picked up. Then there are cases where a
parent may have made one mistake and the kids are removed from the home. I think that there are numerous biases on individual workers. Phone calls and emails go unanswered for days, sometimes weeks at a time by not only the workers, but the supervisors also. If I am ever able to speak with a supervisor or person in a higher position, then the family and or the co-provider is penalized for contacting someone above them. I had a CPS worker tell a grandparent, "the buck stops with me, I make the decisions regarding this child, and I have the degree, not you". I found that appalling and unprofessional. When these comments were reported to her supervisor, to my knowledge, there was nothing said or done regarding her statements. I empathize greatly because I know that the economy has put a lot of pressure on social services and the amount of work that is done for families in need; however, you still must remain professional and remove personal feelings aside to do your job.

I have had DCBS ignore neglect of mental health issues of single parent of a 4th grader. Made several calls client was suicidal (artificial) but spirally out of control. Mother left 2 different counties as the way to avoid DCBS that girl is no longer getting any services at all.

I had a good experience with my report of adult abuse. However, I continue to be frustrated with the handling of child cases. It seems there is no change in the status of the children who are in dangerous environments and there is constant (and in my opinion) unjust action in cases where children never needed to be removed from the home.

As we move the reporting process away from local community social workers, I believe our children are at risk. Local workers not only know many times the families, the resources, but have better communication and collaborative approach in the child's plan.

At a time when abuse and neglect are increasing, it does not make sense to make the process more remote. I think many cases get missed or overlooked with the current system. DCBS seems to focus on recurrent, often less serious cases of families in need of supportive services instead of attempting to address and focus on the more dangerous offenders, those most likely to result in serious injury or death of a child.

There is no emergency shelter for the elderly. There is a perception that it is useless to report suspicions of abuse or neglect because DCBS won't do anything anyway. DCBS has a very difficult job with very little legislative or community support. It is amazing to me that they are able to retain any staff at all. Very low pay. Not hiring licensed social workers. Lack of supervision on cases especially regarding adoption and placement.

Based on my experience, and that of community partners whom I have spoken to, there is inconsistency from region to region in what is accepted. That is consistent with the findings of a report on CI found on the CHFS website. Sometimes serious reports are not
being accepted. I think the greatest concern about CI is the lack of local community engagement. It is important for professionals to have a working relationship with local staff. This is lost through CI. I consistently hear complaints from people who call the local office, only to be told to call CI to make a report. This is inexcusable; and even happens when the reporter is a professional such as law enforcement or a medical provider dealing with an emergency. A person should never have to make two calls to make a report. Community partners need to have working relationships with their community DCBS office. DCBS needs to address this if they are going to maintain CI. I understand the intent of CI, but it needs to be implemented in a manner that maintains local partnerships. It is time for DCBS to conduct a strong outcome study of CI. Is it achieving the desired result?

Would love to have the ability to give all the information we have. As school personnel, we are with these kids 35-40 hours per week. We know the family, have known them for years. We

I was not satisfied with the results. The age of the person should not make a difference if there is abuse or neglect. They may have not been able to do anything for the person I called about but they could at least have sent someone to check the situation. They did not even offer to send one of the local workers.

I have used the current reporting system for several years now. I make about 10-12 CPS calls a year. Occasionally I am told my report will be assigned, once I received feedback on action taken; only once did I have to try more than once to get through, and rarely have I been put on hold. I have not used the on-line system because the phone system has worked well for me. The FRYSC people I supervise do prefer the on-line reporting, and have been pleased with it.

It would really be helpful to know what action was taken. When I was working with children I was never sure if it was followed up on or what was found and it put me in uncomfortable situations. Once after months a parent saw someone driving down the road and then made a negative comment saying that the lady had called DCBS on them. That was the only time DCBS had made a visit. I am in the home on a consistent basis and would be able to tell if changes were made. I would also like to know what qualifies as reportable. Is it written somewhere? I have reported roach ridden homes so bad the family was getting bitten and nothing was done as well as dogs and cats using the bathroom everywhere and it seems to be at the discretion of the agent that investigates when another worker reported a similar situation and they worked with the family for change. I would just like to know guidelines. Thanks.

Very dissatisfied. Unprofessional!! Unbelievable that nobody picked up the phone.

SOP's of DCBS are not consistent with the KRS 620s a person who reasonably suspects shall report. Once DCBS has the report they should then investigate. They are now requiring the caller to provide information that would require investigation and declining the reports. The interpretation of care custody and control has changed over the years to
limit investigations. The interpretation of caretaker has also changed over the years. The substantiation rates and acceptance rates have dropped sharply. The number of foster children has risen and the number of unmonitored relative placements has risen to above 15,000. We must review DCBS SOPs, administrative regulations and KRS to examine the intent of all three.

I would love to receive feedback on my reports, or even to know if the report was taken or accepted. Often, I am working closely with these families, and it would help me in my work with them to know how/if DCBS was helping them, as well. When the family has a social worker that has collaborated with me, I have seen huge benefits for the kids and families.

Believe that current system is cumbersome, not reporter friendly, Current law/guideline too restrictive for afterhours hotline worker to use common sense and think outside of current criteria for contacting on call case workers for open cases, and especially awaiting tox screens on newborns when mother of newborn has a positive tox, or other actions that may place a newborn in harm’s way! In a hospital setting need to have better access to DCBS workers as discharges happen on Sat & Sun and cannot wait until Monday @ 9:00a.m. (After the fact) to have a discussion. Also, have only had one workers feedback over 3years. Feedback helps social works know that all efforts of reporting are being at least looked at.

I don’t like the centralized intake system and I have not had that many problems with it. I don’t like that I have no idea who I am speaking with, the line shuts down at 4:30pm, workers in county offices refer you to the intake number instead of listening to what I need to tell them and often the report is not taken as one and I then sit and wonder if it did not meet criteria or if someone failed to do their job. I know how to make a report as I am a former DCBS worker, but many of my staff finds this system frustrating and difficult. The key is knowing the "buzz words" and how to report the alleged incident so it MEETS the criteria set by the state. The real problem behind all of this is the state’s new definitions for what is and is not an abuse report. Many things that use to be are just no longer on the radar. Does that make those things Acceptable now in our society?

I have not called recently but in the past I have made referrals. I DO NOT like the system. When you are dealing with abuse issues I believe it is much better to talk to a worker in your county. One time the intake worker had no idea what office to report to even though I told her what county I was calling from, she insisted report needed to go to an office not even close to my county. It was insane!!! I think that you lose too much when info has to be reported 2nd hand. I also have had a problem getting someone in a timely manner.

They staff there are understaffed, as a result calls are being missed, and information is being documented inaccurately causing the front line workers to have difficulties investigating the concerns. Information is also not being entered timely into the system. Things have gotten better over the past 5 months in regards to entering information
timely however; there are still a great deal of errors and/or missed information. Information being relayed is not being documented accurately either.

The workers at CI need more training on asking appropriate questions to gather information. I am a social worker myself, so I know what information is typically needed. Jane Doe down the street is not going to have all of the information. When I have not had sufficient information, my experience has been that the workers seem annoyed. I can't imagine that Jane Doe would ever work up the courage to call again. Also, the wait times are tooooooo long. This gives those who have to work up the courage to call in more than ample opportunity to talk themselves out of getting involved in a family situation. Something must be done about the wait times. CI was a stupid idea. You need workers taking calls who know the community and the families.

Being told if your report was taken with seriousness and if there is anything that's going to be done would be nice.

The hold times are ridiculous. I know that when I need to call in a report, I will need to carve out at least an hour of my time. As a busy working professional, this makes things very difficult. Also, in my experience, NO CALL will be answered after 3pm. When I have called after 3pm, I have sat on hold until the phone lines are shut off for the day, and never got to talk to anyone. At that point I am forced to call the child abuse hotline, 1-800 number.

My most recent experiences with hotline have been positive.

Thank you for listening to your community partners when suggestions were made. I believe the system is on its way to help maintain a safer Kentucky for our youngest citizens.

Within 20 minutes a call was made to source of information that I referred them to. This was Elder abuse

Get rid of electronic telephone answering at local C DCBS Offices. Ridiculous

Make sure someone is ALWAYS available to take calls. There should only be one number for making a report statewide, regardless of the time or day. Having two separate systems is confusing and the two systems often give conflicting information.

When I have made electronic reports, I have received an automatic reply stating that the report has been received, but that still does not let me know if the report met criteria or not.

If I were to go about devising a system which was designed to be the LEAST accountable and responsive to the needs of Kentucky families, I would begin with a “Centralized Intake” system where a group of nameless, faceless individuals take calls from the public. I would then require the public to make numerous calls to actually speak to one of these
individuals. Then, I would make them sit on hold for 45 minutes when they finally got through. I would then have staff sit at their desk with a list of criteria that the caller is not privy to. Unless the caller said the right "magic word" I would deny investigation of the problem. Of course, I wouldn't keep the record of that denial with the rest of the information I keep with regard to that family. I would segregate it so that only those few who knew to ask for it would know where it was. Finally, I would not let the caller know whether I decided to investigate the problem. Nor would I inform the caller what, if anything resulted from their call. Oh, of course I would remove my call center a significant distance from the communities where the calls came from so there would be no one within my call center who might have a clue about the credibility of any of the concerns listed by the caller. Oh wait... that is our present system. It is an abomination and an anathema to what I always perceived social work was supposed to be about--protecting Kentucky's children.

Judges and other professionals (doctors, educators, etc.) should either be allowed to contact the local workers that they know and are familiar with and make reports or there should be a special manner for these people to make reports. They are all trained in noticing neglect and abuse issues and have severe limitations on their time. They cannot afford to wait 15+ minutes to make a report.

<table>
<thead>
<tr>
<th>RCI Center</th>
<th>% Calls Meeting Criteria</th>
<th>RCI Center</th>
<th>% Rated High Risk</th>
<th>RCI Center</th>
<th>% Rated Very High Risk</th>
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<tbody>
<tr>
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<td>12.9%</td>
<td>Southern Bluegrass</td>
<td>11.0%</td>
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<tr>
<td>Northern Bluegrass</td>
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<td>The Lakes</td>
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<tr>
<td>Lakes</td>
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<td>6.6%</td>
<td>Cumberland</td>
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</table>

Spread between highest & lowest  | 37.1% | 4.8% | 7.2% 
Mean (Average) | 59.5% | 10.8% | 9.2% 
Standard Deviation | 11.6% | 1.6% | 2.2% 

Salt River & Cumberland Always Below Statewide Average except when FINSA is added
The Lakes percentage always at or near Statewide Average
Greater than 10% difference between highest and lowest in 3 of 5 areas
SWOT Analysis for Department for Community Based Services
Regional Centralized Intake Teams
Completed by the CRP Statewide
Regional Centralized Intake Team: Kim Reynolds, Rhonda Sims; Darlene Benzick, Janet Stickels, Verne Webb and Jerry Cantrell

October 29, 2012

Regional Centralized Intake Teams that participated: Jefferson County Region AM & PM Teams, Cumberland Region; Salt River Region; Northern and Southern Bluegrass Regions; Two River Region; Eastern Mountain Region; Two Lakes Region.

Regional Centralized Intake Teams Not Participating: Northeastern Region

Strengths
- Experienced staff: maintain a staff that knows the job
- Keep focused on working toward a common goal of protecting children
- Applying a consist set of rules and maintaining consistency in following criteria for acceptance
- Meet two hour goal to decide if a case meets criteria and is referred for investigation within 24-hours if not imminent risk case.
- Consistently communicate that to the CPS Team that the case is an "imminent safety risk".
- Cooperative relationship with community partners
- Standard Operating Procedures (SOP): Driven by policy
- Experienced Regional Centralized Intake (RCI) Supervisor

<table>
<thead>
<tr>
<th>Data Areas</th>
<th>% Calls Meeting Criteria</th>
<th>% Rated High Risk</th>
<th>% Rated Very High Risk</th>
<th>% Substantiated A/N</th>
<th>% Substantiated A/N or FINSA</th>
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<tr>
<td>Standard Deviation</td>
<td>16.8%</td>
<td>3.6%</td>
<td>2.3%</td>
<td>7.9%</td>
<td>9.4%</td>
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</tbody>
</table>
Entering reports into TWIST and Sending reports meeting criteria timely to Field Office Supervisors (FOS) for investigation
Communication and cooperation with Child Protective Service Teams doing the investigations

**Weaknesses**
Several of the phone systems are antiquated and cannot effectively handle the large volume of calls they receive on a daily basis.
Limited opportunities to meet with other RCI Supervisors. RCI Supervisors need to meet quarterly and use opportunities to communicate and support each other via email and phone.
Lack of training specific to the work of the RCI Team (Consistently mention by the RCI's that responded to the survey)
Inadequate staffing, overwhelmed/overburdened/burnout staff
Low morale: no raises in 5 years
Excessive staff turnover
Breakdown in communication between RCI staff, CPS staff and supervisory staff regarding SOP.
Inability to fill vacant positions with people experienced in child protective services
TWIST: antiquated needs updated, Response matrix does not match SOP, to many crashes, information hard to retrieve when a worker is taking a call you have to search multiple screens to determine prior history.
Lack of involvement from Regional and Frankfort leadership; lack of direction and too many leaders.
Phone system in several regions inadequate to handle the calls (6 of the 9 RCI Teams reported significant issues with their phone systems).
Contract with Seven Counties: 2 to 3 staff to handle statewide calls while taking calls for suicide prevention hotline. The suicide prevention calls take precedence over abuse and neglect calls.
Poor communication with reporters, especially school personnel.
Families with more complex issues

**Opportunities**
Upcoming RCI specific training
Opportunity to make consistent decisions in 13 county area
Service providers have one phone number to call to make a report
Web-based referral portal
Basis and ongoing training opportunities
Working closely with IT to fix issues with TWIST
Hiring freeze ending will provide opportunity to be fully staffed and hire experienced CPS workers
Workload reduction options currently under consideration

**Threats**
TWIST crashing, operating to slowly, difficult to retrieve the information workers need to make acceptance criteria decisions
Budget cuts, the economy and inability to obtain adequate number of staff to do the job
Staffing losses
Increased number of abuse/neglect reports and increased number of children entering foster care
Outdated equipment, i.e. fax machine, phone system
Leadership in Frankfort and Regions not know enough about the work the RCI(s) do and insufficient support
Lack of training specific to the work of the RCI Teams