Annual Report
2008

Kentucky Citizen Review Panels for Child Protective Services

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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

Web sites:

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

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

All recommendations are in **BOLD** print

** Previous reports have contained the Cabinet's response to the Citizen Review Panel report as well as the Memo of Agreement between the Cabinet and the CRPs. These were removed this year in order to save space, but may be obtained by emailing Blake Jones at Bljone00@uky.edu

Dear Citizen,

Thank you for taking a moment to read the 2008 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 80 Panel members serving on five regional Panels in Kentucky, representing thousands of volunteer hours. The Panels' mandate is to evaluate the policies and practices of the Kentucky Cabinet for Health and Family Services and to make recommendations for the improvement of child protective services. In turn, the Cabinet is required to respond to the Panels' recommendations—in writing—within three months.

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 fairness and their dedication to assisting the Cabinet in better protecting Kentucky's children.

This is a public report and may be shared with anyone. It can be accessed electronically at www.uky.edu/socialwork/trc or you may obtain a hard copy by emailing Dr. Blake Jones at Bljone00@uky.edu.

I would like to thank Gayle Yocum, our Frankfort-based liaison for all of her hard work, and the many volunteers for their tireless efforts of behalf of Kentucky's children. I would also like to thank the Cabinet's liaisons who attended each meeting and were an incredible e asset as the Panel members pursued their mission. Finally, many thanks go to the Chairpersons of the Panels: Bryan Fantoni, Heather Schill, Dr. Peggy Pittman-Munke, Hope Price, and Margaret Banks. Their leadership has been invaluable.

Blake L. Jones, Ph.D.

Program Coordinator

Eastern Mountain Citizen Review Panel

Margaret Banks, Chair

*Shauna Moore**	*Laura Kretzer*	*Michele Kilgore*
Paul Sandlin	*Deborah Clemons*	*Jean Rosenberg*
Rita Whicker	*Anita Cantrell*	*Deanna Johnson*
Charlotte Logan	*Mandy Stumbo*	*Donna Creech*
Deborah Hensley	*Genesia Kilgore-Bowling*	*Joanna Fugate*
Darlene Johnson	*Irene Davis*	*Glenda Shrum*
Donna VanHoose	*Josie Wright*	*Bridget Turner*

** DCBS Liaison*

The Eastern Mountain Region Citizen Review Panel worked in two teams this year. The Big Sandy Team (Paintsville) reviewed the policies pertaining to re-entry to explore if policies were in place to support the success of placements to avoid re-entry to the Out Of

Home Care system. The Kentucky River Team (Hazard) reviewed after-care plans for children who are removed from their homes.

Big Sandy Team

The Big Sandy team looked intensely at the issue of re-entry and numerous policies associated with that issue. After reviewing several policies, performing an interview with direct service providers, and analyzing case summaries provided by DCBS, the Team found itself focusing on a few major points:

- In regard to Relative Home Placements, SOP 7E.1.3B indicates that a home evaluation isn't due until 30 days after the placement. Conversely, if the child is in OOHC, the services begin within 72 hours.

  Concern – a thumbprint of case reviews indicate that some relative placements disrupt before the home evaluation is ever completed.

  Recommendation – considering equalizing the services for all children, as it appears as though OOHC children receive more expedient services.

- Training for resource parents is extensive, but no known specialized training for relative placements.

  Concern – Relative placement providers may have no training nor have the supports in place to assist in making this placement successful.

  Recommendation – consider alternative ways to include relative placement providers in training opportunities or an avenue to seek assistance without the perception of failure being associated with seeking support.

- There is a local Eastern Mountain Policy that states when OOHC children return home, visits from the worker occur once a week the first month, then every other week the next month and then every 30 days thereafter.

  Concern – this policy is only for children leaving OOHC, therefore not providing the same level of supports for relative placements.

  Recommendation – consider giving all children equal opportunity to succeed in the placements by providing similar level of supports to the child and family.

In reviewing the materials, several questions came in to play in which apparently there is no answer available through the Cabinet's current data information system:

1. The reason for re-entry is not tracked electronically, so we do not know, nor can find out, why kids come back in to OOHC.

2. The system can track how many times a child is moved, but it can not be determined where they were removed from when entering or re-entering care (home, relative placement, etc.)

3. It can be determined how many times and when a child in OOHC is visited, but it can not be determined how many times the home of origin was visited nor supports offered.

The above questions were thought to be important when reviewing the level of support available to children and families to prevent re-entry in to OOHC. Without basic information in which to gather data, then the level of support continues to be a mystery.

In summary, the Big Sandy Team has reviewed numerous standards of practice, performed case reviews, interviews with front line workers, and engaged in multiple formal and informal conversations about supports for children and families to make placements successful. The general overall finding is that policy mandated supports for children in resource homes are much more in place than for children who are in relative placements. **Our overall recommendation is for DCBS/DPP to assess more closely the policy supports for all children who are not in their home of origin.**

Kentucky River Team

The Kentucky River Team spent the year in reviewing the policy for aftercare plans. This team's recommendations are below:

1) **When a child is placed back home after being in out of home placement there needs to be a new case plan within 5 days.** There appears to be time limits for case plans in all the other areas but this one, and we hope that this may assist with some reduction of reentry due to the fact that a child goes home and there isn't a new case plan to address their return or to assist with continuing to remain at home).

2) A case plan is reviewed every six months and recommendation acted upon but we felt six months is too long to wait to address a problem. There should be a review and formal follow up on the case plan in a more timely manner such as possible every two months so that if there is a problem then a new case plan is developed and services given sooner than later when things could potentially get worse **A case plan is good for six months and can be modified and evaluated more often. The recommendation is that the case plan have formal reviews more frequently and maybe even on monthly visits.**

3) We realize that "kinship care" sits out there kind of alone, and that when a child is in relative placement services offered to them are very limited and different than if in foster care placement. due to the fact that once the child is removed and placed with relatives dynamics change and this isn't just a typical child one takes in but a child who has obviously been through something and will therefore react and relatives need to know how to deal with this and what to expect--as well the fact that this is an added expense

and struggle for the relative and they are in need of services such as respite and/or daycare. **We would like to recommend that there be some extended time limited services for relative placement and that this include training for the relatives such as foster parents may receive just shorter in duration**. These could include how to deal with grief, sexual abuse, and discipline.

4) **We believe that a family liaison/family mentor (similar to the START program in Martin County) would be helpful both for relatives doing relative placement and for parents who have their children removed and placed back.** We think that this kind of support may help thwart problems before removal and the hope that the folks would talk to the family mentor when in need.

5) We find that the aftercare plans are really just "paper." There appears to be no follow up and community partners aren't aware of them and the part they may play with these families. We also know that there is a certain amount of time that if there is no follow up that a child will enter into care or a case be opened just as in relapse with people with addictions. **Aftercare plans need some type of follow-up**. **For example, there could be a family maintenance team or aftercare team and they could ensure that the family follows up with aftercare plans. There needs to be some follow up, time-limited support, and education and involvement of community partners in development and follow-up with aftercare plans**

6) Finally, we encourage the use of more frequent and timely family team meetings

Northeastern Citizen Review Panel

Hope Price, Chair

Shari Stafford	*Ann Johnson*	*Pam Huweiler*
Rhonda Sims	*Carol Applegate*	*Jackie Johnson**
Joyce Vance	*Marilyn Slone*	*Geri Willis*
Ann Perkins	*Kristen Clarke*	*Marcia Hardy*
Scott Osborne	*Douglas Jones*	

**DCBS Liaison*

The Northeastern Citizen Review Panel worked in two teams this year, the Children's Advocacy Center (CAC) team and the Spouse Abuse Shelter Workgroup. Their reports area below:

Children's Advocacy Center (CAC)

The purpose of the CAC Workgroup was to examine the DCBS referral process with regionally designated CACs. In the Northeastern Region, which consists of fifteen counties, there are three regionally designated CAC's. Each serve five counties. Statistics were obtained from each CAC to determine number of referrals received from DCBS workers during the Fiscal Year 2007 (July 1, 2006-June 30, 2008). Those numbers were then compared with statistics provided by CHFS from their FY 2007 TWIST report.

The TWIST report provided overall sexual abuse cases reported by county. Statistics were analyzed to determine use of CAC by each county. The next step of the project was to conduct interviews of DCBS in six of the fifteen counties of the Northeastern Region. Two counties were chosen in each region based on use of CAC. Two counties were selected in each region, one who utilized the CAC often and one who used the CAC the least.

A simple interview tool was developed and utilized in all of the DCBS investigator interviews. Questions were open-ended and were used to inquire about the worker's utilization of the CAC, services used, and what, if anything, could the CAC do to increase referrals from DCBS.

Recommendations:

1) **CHFS adding a component to the CHFS Training Academy's Sexual Abuse segment. This component would include utilizing a CAC Executive Director to present a training on children's advocacy centers**. The worker would also be required to visit their regional CAC, spending a specified amount of time (possibly one day), becoming familiar with the local CAC services, employees and policies.

2) **DCBS workers become familiar with CAC policies and state laws which mandate certain policies.** Interviews conducted disclosed some misconceptions that workers have regarding CAC's including release of taped forensic interviews. To increase knowledge of current staff and to encourage building a partnership with local CAC, supervisors should schedule quarterly meetings/trainings with CAC executive director or other CAC designee. DCBS workers can work with CAC to coordinate referral processes and discuss any concerns regarding increasing availability of services.

3) **Transportation issues were voiced as concerns during interviews. Families have trouble affording transportation to CAC especially if located in a county. CAC's should look into ways to assist families with transportation cost. Request for gas card donations, applying for grants to establish a**ssistance funds at the CAC, and other fundraising efforts might prove helpful.

Spouse Abuse Shelter Workgroup

The purpose of Spouse Abuse Shelter Workgroup is as follows:

1) To review the revised SOP of 9/15/2007 for Adult Abuse, Spouse/Partner Abuse, Neglect or Exploration & revised SOP of 8/1/2007 Neglect: Concurrent CPS/DV.
2) Interview APS/CPS direct line workers, their supervisors and if possible SRA's to get their input on the effectiveness of the new revisions.
3) Strengthen the relationships between Partner Abuse Shelters and Cabinet workers

Members of this team were Pat Collinsworth, Executive Director of Doves Gateway ADD, Ann Perkins, Executive Director, Safe Harbor, FIVCO ADD , Shari Stafford, Buffalo Trace Director, & Carol Applegate. Shelter Director, Women's Crisis Center, Buffalo Trace ADD.

In our meetings with direct service worker, their supervisors in the Buffalo Trace, FYCO & Gateway ADD's these are our findings:

New Spouse Abuse SOP's

- Intake information from Centralized Intake for person's entering shelter was not forwarded to the county office in which the shelter is located.
- The SOP requires DCBS workers of the county the DV shelter is located to become involved with the shelter resident when they have no history of that family. The over all feeling is that DCBS workers from the county of origin should be involved in the investigation.

- Persons coming from other counties falling between the cracks. When they return to Home County there is no notification to the county of origin that the family had been in shelter and may need of continued service.
- Both Partner Abuse Shelters and DCBS works believe a team service plan between the client, shelter and DCBS worker would be most beneficial to the client family system. That way all parties would be aware of all elements of the plan and the constraints if any that each party had.

Drug Usage Concerns

- Very high percentage of cases involves drug usage. There is limited or no means to test and/or verify client compliance.
- Funding for Drug testing has been eliminated.
- Almost all workers feel concern for their own personal safety in working with clients who use drugs, especially Meth.
- Workers express the need for increased training concerning drug usage by clients. The training would improve workers ability to access the situation and assist the family.

Centralized intake

- Depersonalized. Staff feel that since the move from Morehead to Ashland office they have no knowledge of who workers are.
- Intake process is delayed; and information is not gathered or given.
- Do not get timely reports
- Information not complete when they receive it, i.e., birth dates, addresses, names, etc.
- Workers the information that they receive is accurate. They feel it would improve if they could handle it locally.

Transportation

- Not enough vehicles. Counties having to share.
- Liability issues. Having to use personal vehicle for transportation, removing children, etc.

- Insurance coverage. Very high rates or not being able to access insurance because of company policies not insuring for client transport.
- Fear of losing their private insurance coverage because they transport Social Service clients.

Resources:

- No homeless shelters available
- In home services that was available with use of office aids now depleted
- Not enough funding to keep families from becoming homeless
- Budget cuts, limited resources to pull from, churches are at their limit.
- Fear of losing staff due to budget cuts. Expecting to lose employees in probation phase of their employment. Statewide cabinet will be losing 70 positions.
- Cabinet expects more and more of their employees but no new staff or available resources.

Supervised Visitation Facility

- Great need for a supervised visitation facility. Would alleviate many hours that short-staffed offices are having to provide.
- Private Child Care visits have been changed from 1X Quarter to 1X month not enough staff to travel long distances
- Staff safety for after hour visitation. Many times one worker is alone with child/children and parent.

Confidentiality Guideline/Restrictions between Community Partners

- Preventing timely and necessary access to client information

Worker Safety & the Bonnie Bill

- Not effective for front line workers
    - Lap Top Computers – Do not work away from office
    - Cell Phones – Most workers have their own. May not work in very rural areas

- Panic Button – Danger level highest in field. Worker would like Panic Buttons on their person and G.P.S. devices in their vehicles
- Workers stated safety concerns in their office, especially after hours during child visitation, family meetings and emergencies.
- Worker request double staff in unsafe situations.

Interpretation of Law and Policy

- Much too restrictive; many worker make decisions out of fear of what repercussions will be place on them by the state thus leading the worker to make decisions that may be best for family.

This team's recommendations are:

1) Shelters & DCBS develop and implement a multi disciplinary service team for each shelter that has a client with an open case

2) Next year, CRP's across the state take a serious look at Centralized Intake to verify and make recommendations for change.

3) State provide funding for Mandatory Drug Testing

4) Workers be accompanied by law enforcement when safety is an issue. Realizing this is a law enforcement shortage problem; our recommendation is that Law Enforcement and DCBS review, revise protocol/procedure for law enforcement officers to accompany DCBS workers on spouse abuse reports. Possibly this data could be used for more funding for law enforcement officers.

5) A state vehicle for every county

6) Each county office have at least one aide to help with transportation and supervised visitation

The Lakes Citizen Review Panel

Dr. Peggy Pittman-Munke, Chairperson

*Peggy Meriedeth**	*Gloria Olney*	*Ralph Prince*
Beth Moore	*Wendy Lay*	*Linda Johnson*
Sharon Bush	*Julie Copeland*	*Thomas Monroe*
Dianne Glasscock	*Evie Paschall*	*Jean Shipley*
Maria Huntley	*Sherry Litchfield**	*Kristi Griffey**

***** *DCBS Liaisons*

The Panel's recommendations were developed from a reading of files in several offices in the region and from discussion with DCBS employees and foster parents. Members of the panel were especially struck by the difference in care provided in out of home care. A number of our recommendations target this issue. Another issue that stood out to members of the panel were the number of substantiated cases in which the custodial parent[s] had conviction for drug issues and/or where drug abuse was part of the reason for referral.

The Lakes Panel wishes to congratulate DCBS on the excellence of its case work with children, parents, and foster parents. If the work done in the Lakes region is typical of the protection and permanency work done in Kentucky, the Kentucky can be very proud of its permanency and protection system. The Lakes Panel also wishes to express its gratitude to the staff members who made us welcome as we were reading files and also its gratitude for insights offered to panel members .

The Lakes Panel anxiously awaits the development of Family Court and Drug Court in every jurisdiction. We appreciate the court's support in securing the permanency of children across jurisdictions. We applaud efforts of the Justice Department toward the development of family centered services. A good working relationship between the Cabinet and the Court system is critical to the safety and well-being of children.

Our recommendations are divided into five areas for ease of reading:

Transportation and Cultural Competence
Child Custody and Placement Issues
Community and Partner Issues, Especially Regarding Racial Disproportionality
Mental Health and Substance Abuse Issues
Additional Support for DCBS

The Lakes Panel respectfully submits the following recommendations:

Transportation

1. **Provide transportation for those parents who lack reliable transportation related to carrying out their plan (for example, to get to meetings, classes, visitation). In those areas where there is reliable access to public transportation, provide vouchers for transportation.** Rationale: Some counties have limited access to public transportation (bus or taxi). In counties where there is access to reliable public transportation, some clients cannot afford the transportation. Transportation is provided for foster parents to get to meetings but not to biological parents.

2. **Give foster parents who have children of racial heritage who have different hair- and skincare needs from the caregiver some additional training and**

resources to help them take better care of the physical grooming and hygiene needs of these children. Provide a voucher for a visit to a hair- and skincare expert at least every six weeks. This expert will report back to the Cabinet that the foster parents are taking appropriate measures. Rationale: children with ethnically specific hair- and skincare needs (we are referencing predominately African American and biracial children, but there may be other ethnicities with similar needs) which are unmet or unrecognized by caregivers from different ethnical backgrounds. Also, in some communities there might be an issue of availability of ethnically specific hair- and skincare products. Please also see Recommendation #15 below regarding the need for additional funding.

3. **A child's plan must provide relevant cultural competence training specific to the child's ethnic background and family culture.** For example (from a case reviewed): a private foster care provided as culture diversity content a discussion of holidays limited to Christmas, Easter and Cinco de Mayo to an African American child, and the caseworker signed off on this. Please also see Recommendation #15 below regarding the need for additional funding.

Child Custody and Placement Issues

4. **There is a concern regarding what happens to a child when placement with an appropriate relative – which occurs without court intervention – extends beyond a reasonable term (such as 90 days or more). The Cabinet is appropriate in making these temporary placement decisions. However, in situations where relative placement extends beyond a reasonable term, and the parent(s) are not working the treatment plan or not progressing well enough to have the child returned, then the recommendation is for Court intervention to be sought.** Rationale: Not only does the Court have the power to keep the child with the relative, but involvement with the Court would give the relative a legal custody document, as well as providing to the Cabinet the support of the Court to better motivate parents to comply with the treatment plan. It will

also give the relative the power to seek permanent relative placement if reunification is not achieved, and give the child the permanency desired by AFSA. Finally, judicial supervision over the placement of the child with the relative would add a level of protection for the Cabinet should something happen to the child while in the relative's care.

5. **Change present foster care system to give DCBS more control over private foster care.** Private foster care company would screen applicants and then submit names to DCBS to more screening, which must include a personal interview by DCBS personnel before family is approved to accept children. Further, DCBS would provide all foster parent training. This would avoid much of the inconsistency of quality of care present in private foster care. Please also see Recommendation #15 below regarding the need for additional funding.

6. **Recommend private childcare homes and facilities adhere to specific child-to-caregiver ratios (recommend NAEYC standards of child care ratios as recommended practice), particularly regarding care of special needs or medically at-risk children.** Also, include in any caregiver to child ratio the foster parent's own biological or adopted children, regardless of their age if under 18.

7. **Look at level of care to be provided by foster homes and see if foster home is truly providing a higher level of care.** One way to do this would be to compare services provided by most basic level foster home to see if there has actually been a change in service provided when the child's placement has changed. Also, recommend better and much more extensive training for those foster parents providing higher levels of care, both on physical and mental health issues – with DCBS either providing training or directly approving third-party trainer(s). Please also see Recommendation #15 below regarding the need for additional funding.

8. **African American and Caucasian children are at risk differently from the system. Some form of anti-racism training should be mandated for all foster parents.** Please also see Recommendation #15 below regarding the need for additional funding.

   Workshops should be offered in the school systems (including FRYSC's) about criteria for reports and referrals – focusing on offering more services to minority families that come to the attention of FRYSC's and on more speedy referrals for DCBS for Caucasian families. Further, we recommend that the Kentucky Dept. of Education add these training topics to their mandatory staff in-service requirements, along with the commitment to seek out qualified Cabinet staff or designees to deliver the training(s). Please also see Recommendation #15 below regarding the need for additional funding.

   Recommends that Kinship Care cases be eligible to receive Child Care Assistance (CCA), if necessary, for an indefinite period when children in the custody of the Cabinet are placed in their home. The assistance should NOT be subject to financial qualifications. It is the understanding of the Lakes Citizen Review Panel that Foster Care parents are eligible for this Child Care Assistance without financial restrictions, but that Kinship Care relatives must take permanent custody after a one-year period and will not receive the Child Care Assistance after that. In order to make for an equitable situation, it would appear that both families need to be eligible to receive the same assistance.

Community and Partner Education Issues, Especially Regarding Racial Disproportionality

9. **Need better enforcement of DCBS guidelines concerning neglect and abuse for Caucasian children.** This needs to begin with training in the school systems to Family Resource Youth Service Center's and other school personnel (including teachers, nurses, support staff, transportation staff, etc.) about what must be

reported, by law. Investigations should not allow families with custody of children to claim if the custodial member[s] of the family is [are] not meeting the needs but another relative that lives close by is to have an unsubstantiated case but should open and follow-up on the case.

Certainly anti-racism training is critical but a part of this training must involve teaching community members to see Caucasian children's issues through the same lens as community members see those of African American children. (It is assumed that African American families and children have issues, while issues with white families and their children are ignored much to the detriment of Caucasian children). Further, we recommend that the Kentucky Dept. of Education add these training topics to their mandatory staff in-service requirements, along with the commitment to seek out qualified Cabinet staff or designees to deliver the training(s). Please also see Recommendation #15 below regarding the need for additional funding.

Mental Health and Substance Abuse Issues

10. **Recommend more focus toward prevention and education efforts regarding alcohol and marijuana abuse.** Most case files in the two offices in which cases were reviewed involved substance abuse by of alcohol and marijuana. Perhaps require drug checks for parents with convictions related to alcohol and marijuana. Steps should be taken to insure a referral to Drug Court in every area where is available. If Drug Court is not available, mandate diversion to local drug programs until Drug Court is available. Certainly not ignore methamphetamines, but be equally vigilant about other drugs of abuse including alcohol, marijuana and prescription drugs. Please see also recommendation #15.

11. **Better state funding for Community Mental Health Centers so that these are less dependent on available grant money to provide staffing and services.** More strict administration and accountability that all funds (State funds, grant

dollars, etc.) are used to meet the documented needs of the community served should be required. Rationale: There are long waiting periods for services for mental health issues and an insufficient staff resulting in expensive referrals to private providers where these exist. Much of the service provided quickly is related to whatever funding was captured for the “trendy drug or topic” of the moment.

12. **Have content of groups and counseling through group homes submitted to and overseen by DCBS so that Cabinet personnel are aware of what children are really receiving.** By this is meant the same kind of records that providers must give to insurance companies in order to be paid. These records would indicate the level of client change in compliance with the plan from one level to the next. Rationale: From reading cases and reports from service providers it is difficult to see what services are actually being provided. Please see also recommendation #15.

Additional Support for DCBS

13. **Recommend that DCBS be allowed to hire more paraprofessional social service aides to supplement, not supplant, existing professional Cabinet staff positions.** Families would be more likely to accept services initiated through the use of social service aides who also could help with parenting and homemaker support. This would give a way to monitor a family that is borderline. Rationale: Some cases are difficult to substantiate but referrals to DCBS seem ongoing. This would be a way to monitor these cases and keep them from escalating. This would allow degreed caseworkers to focus on the more serious cases. Please also see Recommendation #15 below regarding the need for additional funding.

14. **Many of the recommendations listed above that reference direct services and/or oversight by the Cabinet will not be possible without additional funding. It is clear that previous funding cuts have impaired the Cabinet in**

their good-faith efforts to adequately administer contracts. Budgetary decisions from a previous state-level administration appear to have lead to increases in contracting third-party services rather than administering those services within the Cabinet. While we can agree with this philosophy in theory, and recognize that this can enable a service agency to purchase a broad array of expert services ala carte, we feel that the Cabinet in general, and DCBS specifically, has not been given sufficient funds even to adequately administer these contractual services.

The key issue, we believe, is one of quality of service to children committed to the Cabinet. Many of the recommendations above speak to a need for increased (or in some cases, recaptured) quality of services delivered. Some of these recommendations speak to a need for new or expanded services. Most of these recommendations involve a need for greater oversight, management or direct delivery of quality services (including training and curriculum design) from DCBS staff to children, parents, foster parents, partners and the community at large. We believe that we do the social service delivery system – and the children and families it serves – a tremendous disservice if we allow our recommendations to be considered as unfounded mandates – thus, adequate funding MUST be provided, at minimum, for the recommendations noted above.

Questions for Further Consideration

1. Who determines services to be given in therapeutic care?

2. Is there an interdisciplinary panel that has designed curriculum for therapeutic foster care? If so does DCBS staff have access to this?

3. Who set up level of care systems? What are the markers that separate one level of care from another level?

4. Is there a way to make the level system in group homes consistent across the state? If so, how can this be linked to the matrix of levels of care in foster care?

The Lakes Panel

- ☐ The Lakes Citizen Review Panel recommends that **Kinship Care case families be eligible to receive Child Care Assistance (CCA),** if necessary, for an indefinite period when children in the custody of the Cabinet are placed in their homes. The assistance should NOT be subject to financial qualifications.

- ☐ It is the understanding of the Lakes Citizen Review Panel that Foster Care parents are eligible for this Child Care Assistance without financial restrictions, but that Kinship Care relatives must take permanent custody after a one-year period and do not receive the Child Care Assistance after that. In order to make for an equitable situation, we recommend **kinship families be eligible to receive the identical assistance as foster families.**

Jefferson Citizen Review Panel

Bryan Fantoni, Chair

*Laura Johnson**	*James Harrington*	*Bonnie Swicegood*
Mary Lou Cambron	*Shari Christoff*	*Sheila Nelson*
Phillis Thompson	*Barbara Carter*	*Dr. Ann Swank*
Marjie Miller	*Kate Miller*	*Cynthia Curtsinger*

**DCBS Liaison*

The Jefferson County Citizen's Review Panel chose for its focus this year, the Academy and all training mandated by the Cabinet for new workers. To that end, the Panel sought and received the entire training curriculum which was divided amongst the Panel for review respective of the various fields represented by the Panel members. Additionally, the Panel held two separate meetings with workers and supervisors in Jefferson County to discuss what they saw to be the problems or benefits of the Cabinet's training and how that training was translating into real case work by new workers. Lastly, the Panel met with a number of individuals from the Cabinet concerning our preliminary findings and sought their comment and expertise on how or what could be done to improve or address the deficiencies. From all of these resources, the Panel has concluded that there are some significant areas in need of improvement within the training protocol used by the Cabinet and there are areas which are quite successful. While Jefferson County has many issues unique to it, the Panel will address the overall issues from a state-wide perspective. To the extent the Panel's recommendations are Jefferson County specific, they will be labeled as such.

ISSUE

Sometimes workers have to travel to Bowling Green, Murray, etc. depending on the training session that they are scheduled. This means that they have to either leave the night before or early in the morning. Most of these folks will not have had a paycheck but will have to put out for meals and gas. Also, the cabinet is slow to reimburse the worker for expenses. This is difficult for those starting a new job. Also, if workers are in another city, the travel time takes away from the time they have at their work space here in Louisville.

RECOMMENDATIONS

The Cabinet should consider the implementation of a program whereby those attending training are reimbursed in advance of incurring expenses or upon completing that week's training. If there were a set weekly reimbursement for food, those checks could be prepared well in advance of training and simply handed out at the conclusion of the week. Further, the Cabinet would have 4 days from the beginning of the training to prepare reimbursements for the worker's travel to and from training. The Cabinet should take all necessary steps to enact a reasonable reimbursement policy and provide for immediate reimbursement on these limited issues which occur before a worker will have even received a pay check from the Cabinet. The Cabinet should review how other Government entities are providing more timely reimbursement to employees.

ISSUE

Academy is very academic, i.e., it meets the needs of the university or college offering it to qualify for college credit more than it meets the needs of the cabinet to prepare a worker to work in the field. It is the panel's understanding that some portion of the Academy uses materials that are likewise used in the teaching of courses for which students may receive college credit, and which do not necessarily meet the practical requirements of the training. Further Academy courses qualify for specific Graduate Level College Credit.

RECOMMENDATIONS

The Cabinet should review all course materials and eliminate those elements of the course work that would qualify the course for college credit, at a minimum for those individuals completing the training that have already received their degrees and do not require further college credits. The intention of this recommendation is to eliminate, for all workers coming into the Cabinet's employ with pre-existing degrees, the requirement that they complete college course work, homework, writing requirements that are inserted into the curriculum specifically to accredit the course for college credit. This would free up their time to work at a more practical level while not in training and be available to participate in on-the-job learning opportunities. The Cabinet should ensure that any academic requirements necessary for graduate credit are not unduly impacting the workers ability to perform training when in the office.

ISSUE

There is no "hands on" training. Supervisors get in trouble when they give workers cases while the worker is going to the academy. The academy works on "made up cases" and this in not helpful for workers when they get back to the field. Also, there is no shadowing for new workers as part of the academy nor is there time for the workers to shadow team members. Supervisors must give workers time to complete "homework" from the academy instead of the workers working on cases.

RECOMMENDATIONS

Homework is homework. If homework is to be assigned by the Academy to be completed during the "100 days in the office" then this homework cannot conflict with the daily training experience that a worker can earn by shadowing other workers and assisting on cases. Either the academy should limit the homework assigned, or find a better method by which the workers attending the Academy can incorporate their shadowing of workers with assignments (i.e. – Required to turn in a Family Assessment on a specific week, new worker would shadow a worker and complete, with supervision, the Family Assessment forms in TWIST. Those documents would be brought to the training and discussed.) The Cabinet should consider working more closely with Supervisors to provide better mentoring to new hires during and following their Academy training. This Could be accomplished without horribly affecting the overworked supervisors by having the trainees assist them in necessary case paperwork.

ISSUE

Supervisors are waiting over 6 months from the loss of a team member before having a worker in the office who can accept and handle a case load due to the nature and timeframe of the training.

RECOMMENDATIONS

The Cabinet should strive to adopt a "Hire Before the Need" mindset wherein the Cabinet is always hiring or training individuals to fill the job openings that come on a regular basis. The Cabinet's "reactive" stance to hiring places front-line supervisors in the position of having to cover a case load through an individuals training without being able to effectively mentor. While the Panel understands the importance of training workers BEFORE they begin working in earnest with families, it is solely within the Cabinet's discretion and ability to correct the situation by either stream-lining the training process or "Proactively" and "Prospectively" hiring people to replace turnover so that they might be able to begin work at a quicker rate. Addressing the overworked supervisors by providing a steady-stream of workers, trained and ready to work will allow the supervisors to act in more of a mentoring role which everyone agrees is the ideal situation and most likely to foster the team spirit which must exist in each individual work group.

ISSUE

Probation is too quick. By the time the worker gets through the academy, there is very little time for the supervisor to determine how a worker is going to do with the job. Since the worker cannot take any cases, the supervisor's hands are tied until the worker has finished the academy, which can take up to 4 months. Probation is 6 months. In addition, the trainers cannot provide any feedback to the supervisors about how a worker is doing in the academy, whether the worker is a disciplinary problem or informing the supervisor that the worker is absent regularly. This adds to the problem of short probation time because a worker may be able to keep it together for just the time they are in the field, until probation is over.

RECOMMENDATIONS

The Cabinet must simply change this requirement for individuals who are hired within the Cabinet and who must complete the Academy as a condition of their employment. Probation should extend a total of 6 months from the COMPLETION of the Academy training. Anything less does not provide the supervising worker with the chance to adequately grade and evaluate the worker's ability to not only do the job, but do it within the strict confined required by the Cabinet. To leave this problem unchecked is not an option.

ISSUE

Workers must sign a release for the training branch to give the supervisors any information about how the worker is doing in the academy. Supervisors must ask the worker to sign the release. Most workers will not sign these releases and thus there is a disconnect between what is happening at the Academy and how the worker is evaluated within his/her own working group.

RECOMMENDATIONS

This is a prime example of bureaucratic malaise hindering the effectiveness of the very program it exalts. **The Cabinet, ACROSS THE BOARD, should require a complete waiver of all confidentiality with reference to grades, performance, and behavior for all training or education provided to employees at the cost of the Cabinet.** If the Cabinet is paying for training, be it at a University or Seminar, as a condition of employment, that an employee's performance, grade and behavior during the training are of great significance. All the Cabinet must do is provide and mandate the execution of a waiver upon employment from the employee. Once done, the Cabinet should set up procedures wherein the supervisors are receiving, on a regular basis without the necessity of a request, reports of the employee's progress and grades during the training. Virtually all corporations which pay for continued education for employees require that the employee execute such a waiver in order to be reimbursed for the cost of the education or to seek further education. This concept is so plainly elementary, nothing less than complete correction of this problem can be expected as a response to this Recommendation. UPS has a similar model in place which requires documentation to the employer of school grades if the employer is paying for the school.

ISSUE

There is a lack of communication between the trainers and the supervisors. The training branch has not asked for any input from the field since this administration has come into office. There seems to be a total disconnect between what the academy offers and what the workers need. The academy is all theory but no real practice. Workers come back not knowledgeable about the services available in the community, how to make referrals, etc. Trainers need to communicate better with supervisors in order to allow training workers to work on on-going cases, even in a purely training role with supervision, while going to the academy. Then they can relate everything back to that case.

RECOMMENDATIONS

Invest in communications with the supervisors to determine what portion of the training is ineffective or how the Cabinet can better respond to on-going changes in

procedure that will produce the most prepared worker upon completion of training. The Cabinet can require, as a part of training, that workers be involved in a specific number of differing events (forensics, child interviews, court proceedings, parent interviews, CQIs, etc.) that would allow some flexibility between the different areas in the state. The Cabinet should consider incorporating a "scorecard" of sorts on which a training worker can track the events that he/she has participated in and upon which the supervisor can comment and acknowledge the training has been completed. This recommendation is not meant to infer trainees should have cases of their own during Academy training but when in the office, they should be involved in specific case from start to finish to begin getting a sense of the system.

ISSUE

The workers are not being introduced to the community partners specific to Jefferson County, nor are they coming back familiar with the particular Court format of Jefferson County. So much of the academy either is not relevant to Jefferson County and the trainers make inappropriate comments about how Jefferson County does things. Workers come back having no idea how to do things in Jefferson and get confused because everything in the academy is related to the rural area. The interviewed supervisors showed great interest in redeveloping the pilot project run by Barbara Carter in Jefferson County.

RECOMMENDATIONS

The Cabinet should recognize that Jefferson County, like some other urban areas, faces challenges that are unique and should seek to tailor some or all of the training to address the unique issues with working in an Urban environment with greater numbers of cases, children, in some cases a more diverse culture, and with different proceedings in Court than other, rural counties. The Cabinet should consider an additional continuing education requirement for Jefferson County workers to complete which would address Jefferson County Specific items during or immediately following the basic Academy training.

ISSUE

Workers get no training in time management and organization. When they come back, they have no idea how to structure their time to get things done. They need to learn how to structure time to get in a case, get things done, close the case and move on to the next case.

RECOMMENDATIONS

Time management training is an absolute necessity. For the Cabinet to neglect to train new recruits in time management when so much of their job, happiness, and success will be tied to managing the needs of so many people is a disservice to both the workers and the families they serve. The Cabinet should add this as a component of training and should consider it a first, very important step to preventing worker burnout, the main cause in the large worker turnover.

ISSUE

Workers need to be trained or taught how and when to reach out to other workers and/or supervisors when they need help.

RECOMMENDATIONS

Team work should be one of the greatest instilled value taught at the Academy in order to foster an environment that will prevent the type of worker burnout which is causing the excessive turnover. Teaching the mindset at the Academy will give the worker's the tools to use to ask for help, and to know that asking for help is both encouraged and preferable to giving less than their best for the welfare of the families they serve.

ISSUE

Budget cuts and threats of budget cuts are undermining the Cabinet's ability to protect children which will eventually result in another fatality for which a "Blue-Ribbon" panel will be conducted, the result of which will be to fund or re-fund programs that are threatened by budget constraints. This is unacceptable as there is no greater result of budget issues and employment caps then worker dissatisfaction and greater worker turnover.

RECOMMENDATIONS

The Cabinet and the State Government need to work together to maintain the funding at its current level at a bare minimum and fight to increase the funding so that the proper number of workers can be brought into work cases. To decrease funding to the Cabinet on the heals of the Boni Bill passage is both a disservice to the memory of Boni Frederick and a political move which may well result in further fatalities as worker safety is pushed to the back burner. Every representative who reviews receives these recommendations is answerable for this stark reality and should strive with every political muscle to ensure funding to protect the Children of the Commonwealth remains intact.

Southern Bluegrass Citizen Review Panel

Jennifer Brown	*Ryan Koch*
Nancy Shinn	*Kristen Krebs**
Heather Schill	*Roseanne O'Connor*
Eileen O'Malley	*Darlene Thomas*
Pam Black	*Kathleen Cleary*
Brandon Rayford	*Melanie Tyner-Wilson*
Cynthia Kay	*Terry Goldfarb*
Ellen Burke	

** DCBS Liaison*

The Southern Bluegrass Citizen Review Panel broke into two working teams this year. One team looked the concept of family team meetings and one evaluated how well the Department for Community Based Services collaborated with the school system. Each team did extensive interviews with frontline workers, reviewed standards of practice and policy to arrive at their recommendations.

Each team's recommendations are below.

Caregivers/ family are involved in planning and have input about the date/time and place of the meeting. Caregivers and children make a list of potential invitees to include but not be limited to extended family, friends, neighbors, clergy, helping professionals, and teachers. Families are provided with information about the purpose of the meeting, the format and decisions that are likely to be made there. The meeting should follow a prescribed FTM format consistent with best practice and the emphasis of the meeting should be on group decision making and individualized planning to meet the specific needs of the family.

Recommendations from Family Team Meeting Group:

1. **Add some sort of "mentoring" aspect to the training of new front line workers coming out of the academy. These mentors should be those who are using best practices, are considered "good" supervisors and those who value the profession (not those who are burnt-out).**
2. **Provide additional training for those workers leading Family Team Meetings**
3. **Clarify what the SOP says about team meetings so every worker is on the same page about the expectations and purpose of them.**

Possible ways to implement the above recommendations

1. Emphasis on the importance of Family Team Meetings (FTMs) to supervisors and hold them accountable for following/not following the updated SOP(i.e. add information about FTMs to Supervisor's Evaluation Process)

2. Attempt to provide more services allowing other counties to have FTM facilitators (similar to the relationship Fayette County has with the University of Kentucky).

3. Every effort should be made to have Family Team Meetings before child removal hearing before the judge.

4. A statement should be added to the SOP, FTM must meet the following criteria:

Recommendations for the Educational Collaborative Task Group.

Recommendation #1:

Once a year provide ongoing training to the education system on recognizing and reporting child abuse.

Target Audience: Preschool Facilities, Elementary, Middle and High Schools.

Target Participants: counselors, social workers, program directors and other staff interested in providing training to their school teachers and other staff.

Trainers: DCBS Specialist and Front Line Workers

The training curriculum should be developed and/or approved by the Cabinet for Health and Family Services, Department for Community Based Services (Protection and Permanency).

Recommendation #2

Once a year there should be an annual county meeting to evaluate progress in communication and collaborative efforts between the school systems and DCBS.

Recommendation #3

Work to form a partnership with the Universities Education and Early Childhood Education programs to make sure that teacher preparation includes information on recognizing and reporting child abuse.

Special Note from Panel Member:

While attending the national CRP meeting I heard another state report on another training delivery method: web base training on recognition and reporting laws. This would allow people who can't attend a face to face training to get the information at their convenience. At the end of the web based training participants could take a mini quiz and receive a certificate of completion.